ULTRADENT
PRODUCTS, INC.

Products & Procedures
MANUAL 2024

Dr. Dan Fischer
Founder, Ultradent Products, Inc.

45 YEARS
1978-2023

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. When he isn't working, he enjoys tending to his garden and spending time with his wife, children, and lots of grandchildren.

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

Facebook

Instagram

LinkedIn

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J-Temp™
TEMPORARY RESIN

ULTRADENT PRODUCTS, INC

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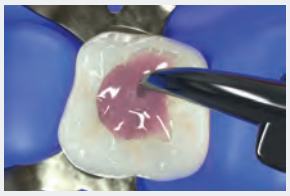
Bite Ramps & Temporary Occlusal Buildups

Structure for Isolation Clamping



Temporary Restorations

Splinting Between Implant Copings

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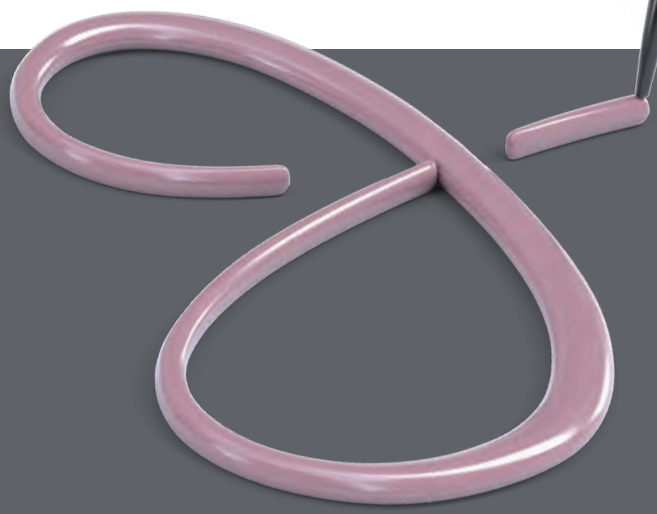


J-Temp™ temporary resin is a multi-purpose resin designed to be used in a variety of procedures. It can be used in temporary restorations, to splint between implant abutments for impressions, to provide structure for isolation clamping, and for bite ramps and temporary occlusal buildups. Having one temporary resin that can be used for multiple procedures saves you time, money, and shelf space.

SEE MORE AT
ULTRADENT.EU/J-TEMP

eu.ultradent.blog

WHITEN

45 YEARS 1978–2023

THAO NGUYEN - Little Cottonwood Canyon

WHITEN YOUR SMILE - Questions Behind Tooth Whitening

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

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.

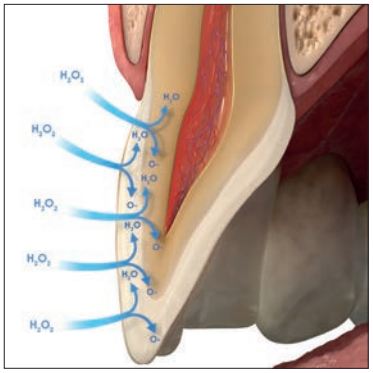
Other types of stains can penetrate into enamel and dentin from the inside, as a consequence of diseases, injury or medical treatment, e.g. congenital, systemic, metabolic, pharmacological, traumatic, or iatrogenic factors such as dental fluorosis, jaundice, tetracycline, and adult minocy-cline stains, 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 an active whitening ingredient, either carbamide peroxide or hydrogen peroxide. Peroxide gels break down into water, oxygen, and reactive oxygen molecules. These reactive oxygen molecules treat both the enamel and the dentin, oxidizing the bonds of discolored stain molecules. By changing the stained molecules, the tooth becomes lighter.[1]

Reactive oxygen molecules permeate the entire tooth, so there is no need for the whitening agent to be in contact with every surface of the tooth for the entire tooth to be whitened.
Because the reactive oxygen molecules need to dissipate from the tooth before bonding, it is necessary to wait 7–10 days before any bonding procedure.[2–4]



WILL WHITENING AFFECT BOND STRENGTH?

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

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

HOW LONG DO WHITENING RESULTS LAST?

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

WILL WHITENING CAUSE TOOTH SENSITIVITY?

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

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

No. Opalescence whitening has not been shown to weaken tooth enamel.[5,6,7]

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.

1. Kwon SR, Wertz PM. Review of the Mechanism of Tooth Whitening. *J Esthet Restor Dent.* 2015 Sep-Oct;240-57. **2.** Da Silva Machado J, et al. The influence of time interval between bleaching and enamel bonding. *J Esthet Restor Dent.* 2007;19(2):111-8; discussion 19. **3.** Spyrides GM, et al. Effect of whitening agents on dentin bonding. *J Esthet Restor Dent.* 2000;12(5);264-70. **4.** Unlu N, Cobankara FK, Ozer F. Effect of elapsed time following bleaching on the shear bond strength of composite resin to enamel. *J Biomed Mater Res B Appl Biomater.* 2008 Feb;84(2);363-8. **5.** 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 **6.** Cadenaro M, Navarra CO, Mazzoni A, et al. An in vivo study of the effect of a 38 percent hydrogen peroxide in-office whitening agent on enamel. *J Am Dent* Assoc. 2010;141(4):449-454. doi:10.14219/jada.archive.2010.0198 **7.** Cadenaro M, Breschi L, Nucci C, et al. Effect of two in-office whitening agents on the enamel surface in vivo: a morphological and non-contact profilometric study. *Oper Dent.* 2008;33(2):127-134. doi:10.2341/07-89

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 permited 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 prior to the whitening treatment, consider using a lower concentration of gel and/or reduced wear time. Patients can also use Opalescence™ Whitening Toothpaste Sensitivity Relief before and throughout their whitening treatment. Additionally, if patient tolerates whitening treatments without sensitivity, consider providing a higher concentration gel for more rapid results.

8. OBTAIN PATIENT'S CONSENT

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

9. DETERMINE THE FINAL TOOTH COLOR

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

10. PROVIDE SENSITIVITY MANAGEMENT IF NECESSARY

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

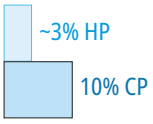
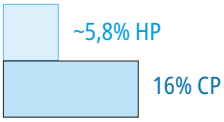
Note: Allow a period of 7–10 days after whitening treatment before placing any resin. The high concentration of oxygen in the tooth could have a significant adverse effect on polymerization of resins.

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

Opalescence™ Tooth Whitening Reference Guide

	PRODUCT NAME	CONTENTS	INDICATIONS FOR USE
	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
	**Opalescence™ Office 6 %**	Potassium Nitrate and Fluoride	COSMETIC, 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 intensity of whitening products.

FLAVORS	WEAR TIME	ACTIVE INGREDIENT	Hydrogen Peroxide vs. Carbamide Peroxide Concentrations
10 % Mint 10 % Melon 10 % Regular	8–10 hours a day	10 % Carbamide Peroxide	
16 % Mint 16 % Melon 16 % Regular	4–6 hours a day	16 % Carbamide Peroxide	
6 % Mint 6 % Melon	60–90 minutes a day	6 % Hydrogen Peroxide	
—	5x 20-minute applications DO NOT exceed 6 applications per visit	6 % Hydrogen Peroxide	

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

ULTRADENT
PRODUCTS, INC

#1 PROFESSIONAL TEETH WHITENING BRAND ON THE PLANET

Opalescence go
Tooth Whitening

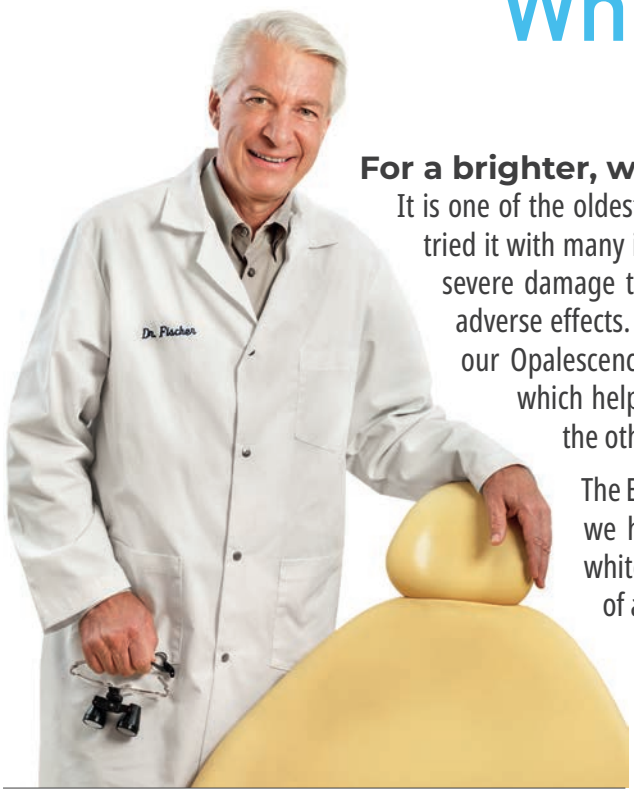
30+ years of experience

100 million smiles brightened

50+ industry awards in whitening

BLOG

Whiten – COSMETIC



Dr. Dan Fischer
(Founder and CEO of Ultradent)

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 mantain 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."*

	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	~3% HP 10% CP
	Opalescence™ PF 16 %	COSMETIC, TAKE-HOME Faster whitening, recommended to wear during the day	16 % Carbamide Peroxide	~5,8% HP 16% CP
	Opalescence Go™ 6 %	COSMETIC TAKE-HOME Ready-to-go, an alternative to OTC products	6 % Hydrogen Peroxide	6% HP
	Opalescence™ Office 6 %	COSMETIC, DENTIST-ADMINISTERED Fast chairside treatment	6 % Hydrogen Peroxide	6% HP

* Council Directive 2011/84/EU

CERTIFIED GLUTEN FREE GFCO.ORG

2023 REALITY [1]

Best Take-Home Cosmetic Whitening System

EU compliant

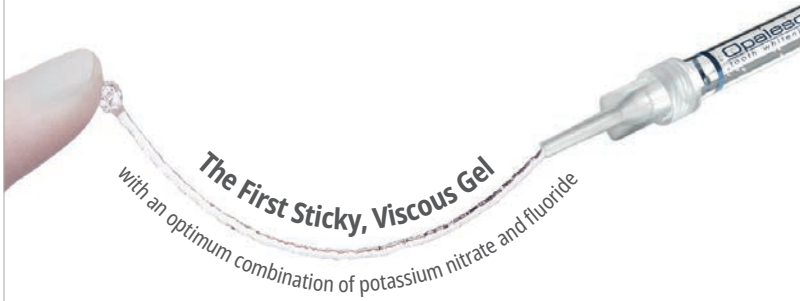
Opalescence™ PF 10% and 16%

CARBAMIDE PEROXIDE WITH POTASSIUM NITRATE AND FLUORIDE

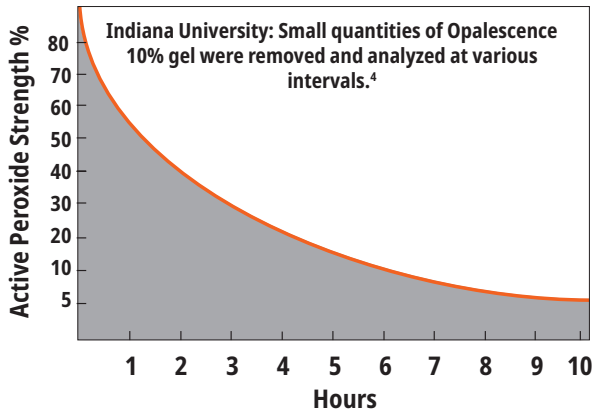
- Cosmetic tooth whitening with custom trays
- Opalescence PF tooth whitening gels contain PF (potassium nitrate and fluoride)
- Opalescence PF cosmetic whitening gel is designed to maximize patient comfort
- Sticky, viscous gel won't migrate to soft tissues and ensures tray stays securely in place
- 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 agents[2], and the sticky gel holds the comfortable tray securely in place. Opalescence PF gel contains potassium nitrate and fluoride. Opalescence is effective in helping reduce shade relapse as compared to competitor tooth 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,[5] 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.[3,6]



STAYS ACTIVE THROUGH THE NIGHT!



1. realityesthetics.com. **2.** Cordeiro D, Toda C, Hanan S, et al. Clinical evaluation of different delivery methods of at-home bleaching gels composed of 10% hydrogen peroxide. *Oper Dent.* 2019;44(1):13–23. doi:10.2341/17-174-C **3.** 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. **4.** 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. **5.** Matis BA, Gaiao U, Blackman D, Schultz FA, Eckert G. In vivo degradation of bleaching gel used in whitening teeth. *J Am Dent Assoc.* 1999;130(2):227-35. **6.** Morgan J, Presley S. In-office "power" bleaching of vital teeth as an adjunct to at-home bleaching. *Pract Perio Aesthet Dent.* 2002;14(2):16–23.

BEFORE AND AFTER

Courtesy of Dr. Robert Nixon

Before whitening.

Upper teeth after 5 nights of treatment 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.

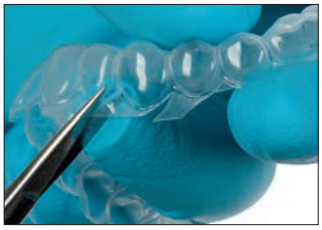
1. Haywood VB, Leonard RH, Dickinson GL. Efficacy of six months of nightguard vital bleaching tetracycline-stained teeth. *J Esthet Dent.* 1997;9(1):13-19

TRAY FABRICATION

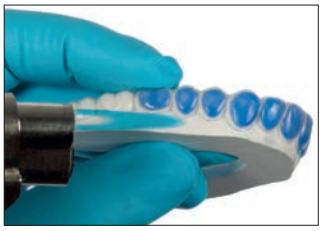
1. Pour impression with fast-set plaster or dental stone. Pour alginate shortly after making impression to ensure accuracy. Trimming is less work if quantity of stone is kept to a minimum. Palate and tongue areas are not poured or should be removed after plaster has set. Allow model to dry two hours.

2. For reservoir spaces, apply Ultradent™ LC Block-Out Resin approximately 0,5 mm thick onto 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. Scallop edges to avoid contact with gingival tissue.



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

4845 - Opalescence Refill Sleeves *10pk*

Opalescence PF Patient Kits

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

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

Opalescence PF Syringe Refills

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

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

Ultradent™ LC Block-Out Resin

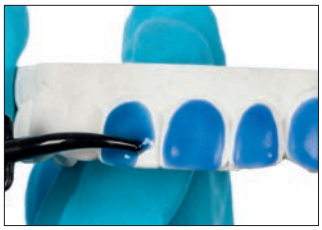
LIGHT CURED BLOCK-OUT RESIN

Black Mini™ Tip

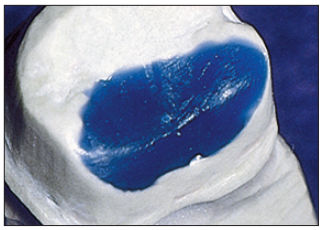
- Optimal viscosity for proper application
- Blue pigment for visibility during application
- Great utility resin with multiple uses

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.

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

1. realityesthetics.com.

240 - Ultradent LC Block-Out Resin Kit
4 x 1,2 ml (1,38 g) Ultradent LC Block-Out Resin syringes
20 x Black Mini tips

242 - Ultradent LC Block-Out Resin Econo Kit
20 x 1,2 ml (1,38 g) Ultradent LC Block-Out Resin syringes
20 x Black Mini tips

241 - Ultradent LC Block-Out Resin Refill
4 x 1,2 ml (1,38 g) Ultradent LC Block-Out Resin syringes

Use for reservoir spaces.

Also use for periodontal trays.

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

0,9 mm thickness

227 - Sof-Tray Sheets Medium *20pk*
1,5 mm (0.060") - 127 x 127 mm

1,5 mm thickness

284 - Sof-Tray Sheets Heavy *20pk*
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
PRODUCTS, INC

#1 PROFESSIONAL TEETH WHITENING BRAND ON THE PLANET

Opalescence™
tooth whitening systems

30+ years of experience

100 million smiles brightened

50+ industry awards in whitening

Powerful, professional whitening to go!

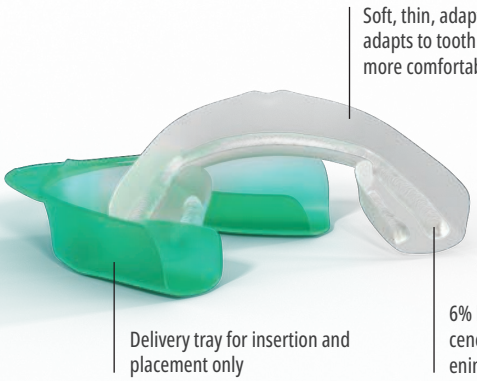
EU compliant

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.



1. realityesthetics.com.

PATIENT INSTRUCTIONS

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

2. Position upper tray on teeth.

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

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

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

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 Patient Kits *Case of 6*

Flavor	6%
Mint	4639
Melon	3593

10 x Each upper/lower trays in each kit
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

REFRIGERATE

Opalescence Go Mini Kits *Case of 12*

Flavor	6%
Mint	4649
Melon	3600

4 x Each upper/lower trays in each kit

EU compliant

Opalescence™ Office

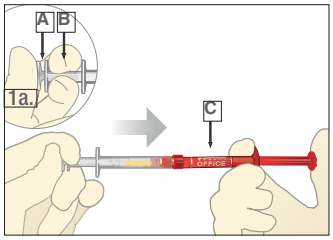
IN-OFFICE WHITENER
- 6% HYDROGEN PEROXIDE

Black Mini™ Tip

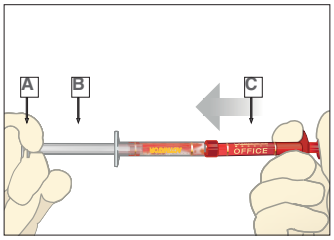
- Cosmetic tooth whitening with 6% hydrogen peroxide
- NO LIGHT NEEDED!
- Up tp five 20-minute applications, not exceeding 6 applications in one visit
- Opalescence Office whitening gel is designed to maximize patient comfort
- Precise delivery; Easy to see for complete removal
- Contains PF (potassium nitrate and fluoride)

Opalescence Office in-office whitening is a cosmetic tooth whitening system designed for a first-contact chairside whitening treatment. The beginning of the whitening treatment is under full control or supervision of the dentist, in accordance with the European Cosmetic Directive. Opalescence Office whitening can be used as a exclusive whitening treatment from start to finish. Set realistic expectations with your patients, as several in-office appointments may be needed. Opalescence Office gel is chemically activated, it does not require a light for whitening. Syringe-to-syringe mixing activates the product just prior to application. The activated 6% hydrogen peroxide is conveniently delivered via syringe and applied to teeth for whitening.

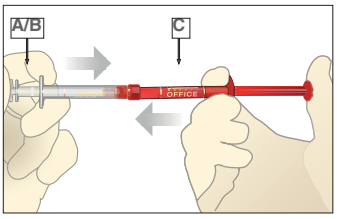
INSTRUCTIONS



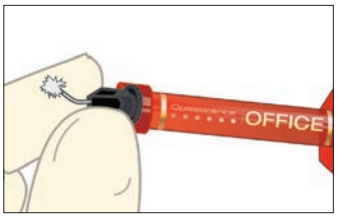
1. Check to see that the syringes are securely attached. Depress the small clear plunger (A) into the middle small clear syringe (B) to rupture the internal membrane and combine whitening agent and activator.



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



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



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

REFRIGERATE

4740 - Opalescence Office 6% Intro Kit
4 x 1,2 ml (1,49 g) Opalescence Office/Activator syringes
2 x 1,2 ml (1,34 g) OpalDam Green syringes
2 x Ultradent Luer Vacuum Adapters
2 x IsoBlocks, 2 x Shade guide cards
2 x SST tips
20 x Black Mini tips

REFRIGERATE

4757 - Opalescence Office 6% Patient Kit
2 x 1,2 ml (1,49 g) Opalescence Office/Activator syringes
1 x 1,2 ml (1,34 g) OpalDam Green syringe
1 x IsoBlock, 1 x Shade guide card
10 x Black Mini tips

REFRIGERATE

4759 - Opalescence Office 6% Mini Kit
2 x 1,2 ml (1,49 g) Opalescence Office/Activator syringes
1 x Shade guide card
5 x Black Mini tips

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

CERTIFIED GLUTEN FREE GFCO.ORG

2023 REALITY [1]

Black Mini™ Tip

Micro 20 ga 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.

INSTRUCTIONS

1. Apply OpalDam resin barrier 4–6 mm wide on gingiva. Seal interproximal spaces. Overlap resin approximately 2-3 mm onto dry enamel to seal. Extend resin one tooth beyond last tooth to be whitened. Light cure using a scanning motion for 20 seconds.

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

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

325 - OpalDam Refill *4pk*
326 - OpalDam Econo Refill *20pk*
1,2 ml (1,34 g) OpalDam syringes

1824 - OpalDam Green Kit
4 x 1,2 ml (1,34 g) OpalDam Green syringes
10 x Black Mini tips
10 x Micro 20 ga tips

1825 - OpalDam Green Syringe *4pk*
1826 - OpalDam Green Syringe *20pk*
1,2 ml (1,34 g) OpalDam syringes

1. realityesthetics.com.

Opalustre™ and OpalCups™

CHEMICAL AND MECHANICAL ABRASION SLURRY

White Mac™ Tip

OpalCups Bristle OpalCups Finishing

- Permanently removes superficial enamel imperfections
- Provides minimally invasive, permanent treatment
- Low 6,6% hydrochloric acid concentration aids in removal of surface imperfections
- Silicon carbide microparticles provide gentle mechanical abrasion
- OpalCups cups minimize splatter

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

Use Opalustre slurry and OpalCups cups to quickly remove unsightly enamel decalcification defects that are less than 0,2 mm in depth. Opalustre is effective in treating mild fluorosis and stains in the superficial layer of the enamel.[2] 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[3–5] following a teeth whitening treatment.

BEFORE AND AFTER

Courtesy of Dr. Bahrat 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.

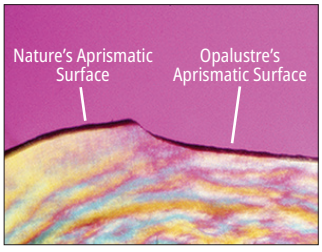
Courtesy of Dr. Rich Tuttle.

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

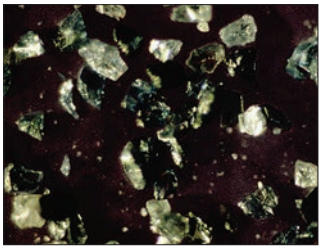
Courtesy of Dr. Jaleena Jessop.

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

Courtesy of Dr. Renato Herman Sundfeld.



Chemical and mechanical abrasion produce a natural-looking surface.



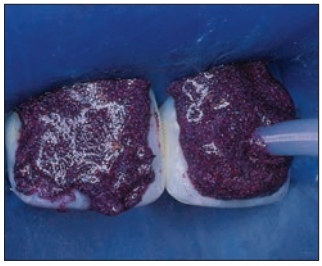
Silicon carbide microparticles contained in Opalustre slurry.

1. realityesthetics.com. **2.** Celik EU, et al. Clinical performance of a combined approach for the esthetic management of fluorosed teeth: three-year results. *Niger J Clin Pract.* 2017:20(8);943–951. **3.** Da Silva Machado J, Cândido MS, Sundfeld RH, De Alexandre RS, Cardoso JD, Sundefeld ML. The influence of time interval between bleaching and enamel bonding. *J Esthet Restor Dent.* 2007;19(2):111–119. doi:10.1111/j.1708-8240.2007.00077.x. **4.** Spyrides GM, Perdigão J, Pagani C, Araújo MA, Spyrides SM. Effect of whitening agents on dentin bonding. *J Esthet Dent.* 2000;12(5):264–270. doi:10.1111/j.1708-8240.2000.tb00233. **5.** Unlu N, Cobankara FK, Ozer F. Effect of elapsed time following bleaching on the shear bond strength of composite resin to enamel. *J Biomed Mater Res B Appl Biomater.* 2008 Feb;84(2):363–368.

INSTRUCTIONS - RUBBER DAM

Courtesy of Dr. Ted Croll.

1. Before.



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

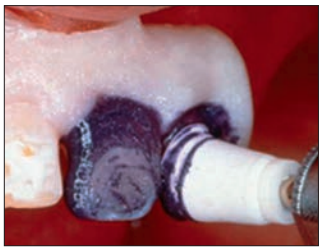
3. Use OpalCups™ Bristle cup to compress Opalustre slurry on tooth surface using medium to heavy pressure. Suction the paste from the teeth then rinse, evaluate, and repeat as necessary. Finish treatment by polishing with OpalCups™ Finishing cup.

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

INSTRUCTIONS - OPALDAM

Courtesy of Dr. Ted Croll.

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

5554 - Opalustre Kit
2 x 1,2 ml (1,87 g) Opalustre syringes
5 x Each OpalCups bristle and finishing
10 x White Mac tips

555 - Opalustre Refill
4 x 1,2 ml (1,87 g) syringes

5800 - OpalCups Bristle *20pk*

5799 - OpalCups Finishing *20pk*

UltraEZ™

DESENSITIZING GEL
WITH POTASSIUM NITRATE AND FLUORIDE

- Provides immediate results
- Treats 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 quickly treats sensitivity from toothbrush abrasion, thermal and chemical changes, tooth whitening, and root exposure.

1008 - UltraEZ Refill *4pk*
1007 - UltraEZ Econo Econo Refill *20pk*
1,2 ml (1,48 g) UltraEZ 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

Umbrella™

TONGUE, LIP, AND CHEEK RETRACTOR

- Naturally and gently helps the patient hold their mouth open without pulling or stretching their lips
- A new, innovative tongue-retraction design allows the tongue to comfortably rest behind the tongue guard, keeping it back and away from the working area
- Designed with anatomically placed/shaped bumpers, so clinicians can rest a hand on the patient's mouth without causing discomfort

Tongue, lip, and cheek retractor, page 37.

KleerView™

CHEEK AND LIP RETRACTOR

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

1821 - Kleerview *1pk*

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*

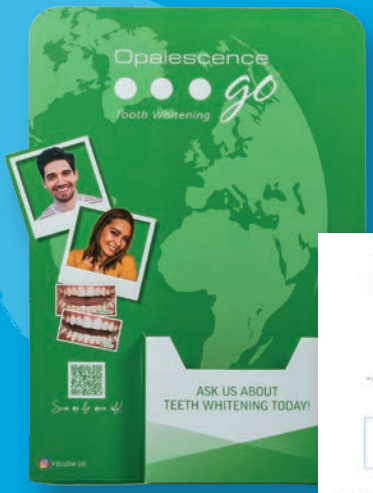
1. realityesthetics.com.

PROFESSIONAL MARKETING MATERIALS FOR YOUR PRACTICE

Use our professional marketing materials for cosmetic teeth whitening to promote whitening treatments with Opalescence™ whitening products at your dental practice.

FOR FREE
ASK YOUR LOCAL DEALER TODAY!

Flyer Dispensers
Opalescence PF/ Go design



Waiting Room Brochures
Whitening Instructions

WAITING ROOM VIDEO OUT NOW!

Get the new waiting room video produced by Ultradent Products to promote the Opalescence™ tooth whitening system to your patients. **Free Download!** Please contact your local dealer.

- Scan the QR code and watch the video

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Rely on Us™

How much

of your turnover

is spent on **wasted materials**?

Dental practices, like yours, are overlooking a large underlying problem preventing them from business growth: **inventory management**. What's most alarming and what practices are missing, is that they have lost control of inventory management and purchasing strategies because they haven't changed them to account for changes in patient numbers.

Following a MediEstates business review, **out of 280 practices**, the average material spend as a percentage of turnover was found to be **7.2%***. One-third of the practices were spending more than the average, and some were spending double that - twice as much as they needed to!

We also found that many practices were spending significant time placing their orders and were not managing the ordering process efficiently, with **20% placing more than 8 orders per month*!**

Take back control by following the QR code on the right!

Take action now
Scan to find out more

*MediEstates business review of 280 practices in 2019

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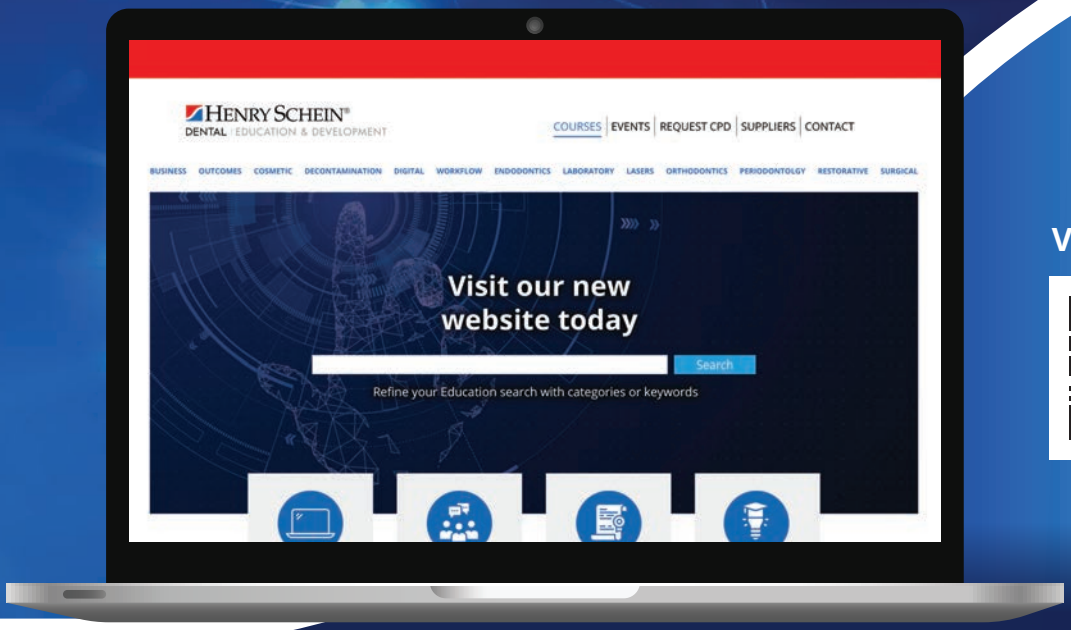
Your hub for dental education and dental CPD



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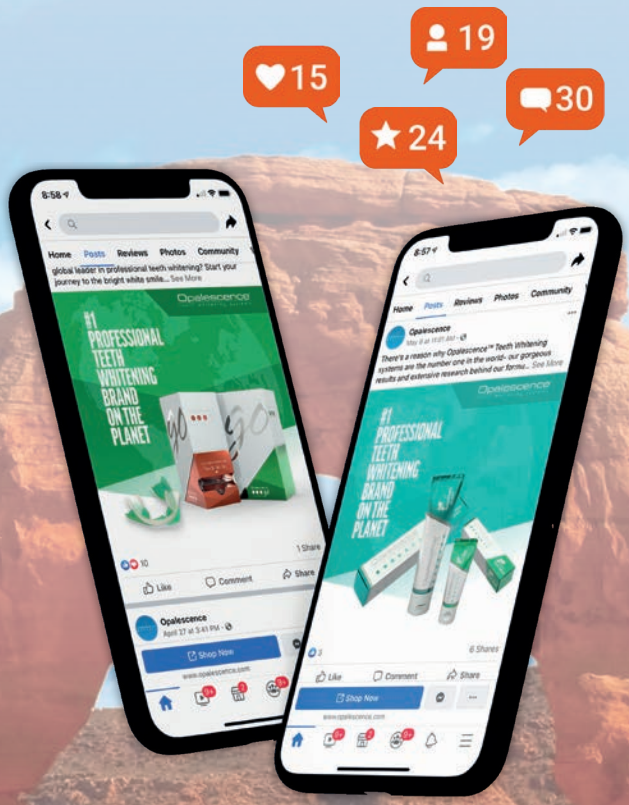

Share your cases on social media and tag our Facebook and/or Instagram accounts below. We would be pleased to reshare your cases with our social media community.

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PREVENT AND HYGIENE

45 YEARS 1978–2023

ANGELA WELLS - Cecret Lake

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

UltraSeal XT™ hydro™

HYDROPHILIC PIT AND FISSURE SEALANT

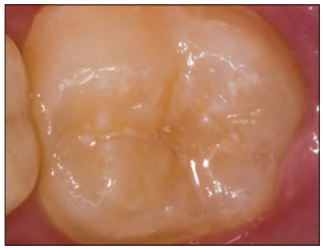
Inspiral™ Brush Tip

- 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 flowability[2]
- Two shades: Opaque White and Natural

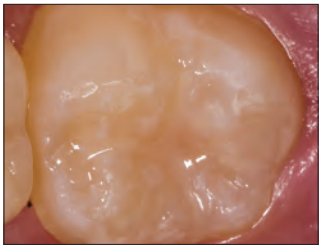
UltraSeal XT hydro hydrophilic pit and fissure sealant is a light-cured, radiopaque composite sealant that contains fluoride. It is stronger and more wear resistant because it is a 53%-filled resin and has less polymerization shrinkage than competitive products.[3] Used with the Inspiral™ Brush Tip, the thixotropic nature of UltraSeal XT hydro sealant causes itself to thin as it's expressed from the tip, allowing complete penetration deep into the pits and fissures. When the resin stops flowing the shear thinning ceases and placement is complete[4] — preventing it from running before it can be light cured. The advanced hydrophilic chemistry works when all visible moisture has been removed. UltraSeal XT hydro sealant is more forgiving of moisture deep inside pits and fissures.

BEFORE AND AFTER

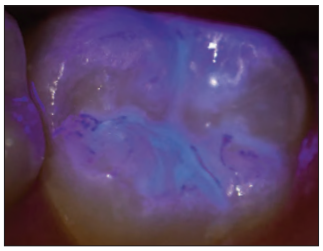
Courtesy of Dr. Jaleena Jessop.



Before.

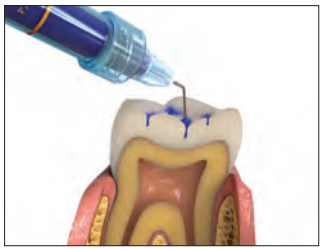


After.



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

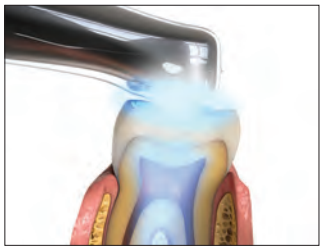
FOUR SIMPLE STEPS



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

2. Remove visible moisture.

3. Place UltraSeal XT hydro sealant.

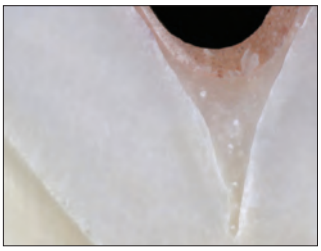


4. Cure for 3 seconds with VALO™ LED curing light on Xtra Power mode or 10 seconds on Standard Power mode.

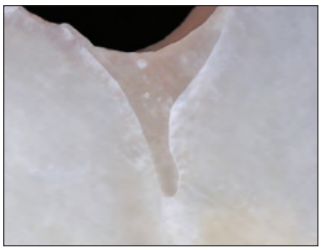
1. realityesthetics.com. **2.** Data on file. **3.** Data on file, tested to internal procedures. **4.** Data on file.

MARGINAL RETENTION AND MICROLEAKAGE

UltraSeal XT hydro Sealant

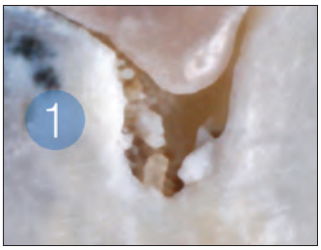


No microleakage.

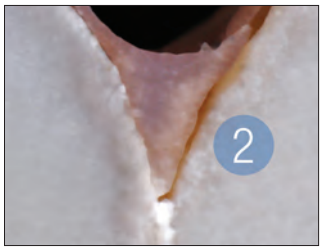


Sealed margins.

Competitor Hydrophilic Sealant

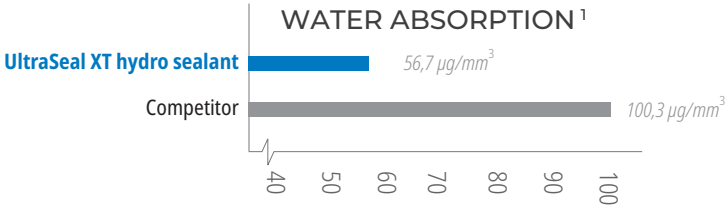


Microleakage.



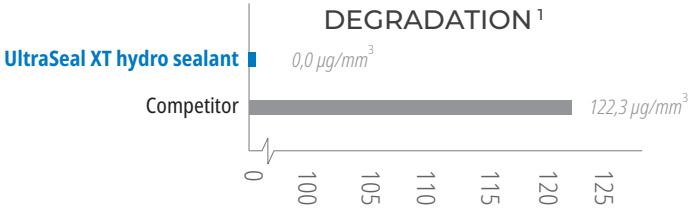
Peeling from margins.

WATER ABSORPTION [1]



Balanced water absorption allows forgiveness in moist environments without degradation.

DEGRADATION [1]



No degradation as a result of balanced water absorption.

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)

35551 - Black Light Keychain *1pk*

1. Data on file, tested to internal procedures.

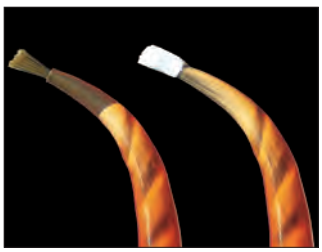
UltraSeal XT™ plus

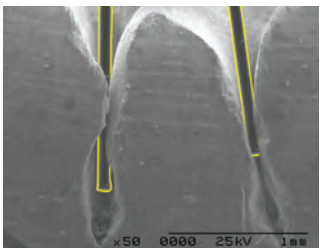
HYDROPHOBIC PIT AND FISSURE SEALANT

Inspiral™ Brush Tip

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

UltraSeal XT plus hydrophobic pit and fissure sealant is a light-cured, radiopaque composite sealant that contains fluoride. It is stronger and more wear resistant because it is a 58%-filled resin and has less polymerization shrinkage than competitive products.[5] Used with the Inspiral™ Brush Tip, the thixotropic nature of UltraSeal XT plus sealant causes itself to thin as it's expressed from the tip, allowing it to penetrate deep into the pits and fissures. When the resin stops flowing the shear thinning ceases and placement is complete[6] — 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 Inspiral™ Brush tip is designed to optimally deliver UltraSeal XT sealants.
Image of the bristles and tooth (on the right) were taken at the same magnification, and then overlaid.

BEFORE AND AFTER

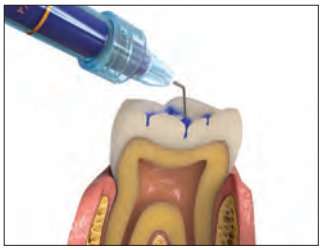
Before.

After UltraSeal XT plus sealant.

Before.

After UltraSeal XT plus sealant.

FIVE SIMPLE STEPS

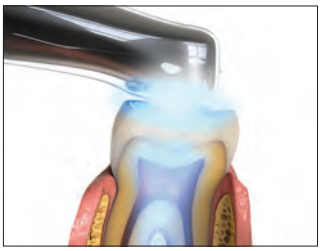


1. Etch for 30 seconds on uncut enamel, 15 seconds on cut enamel. Rinse.

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.

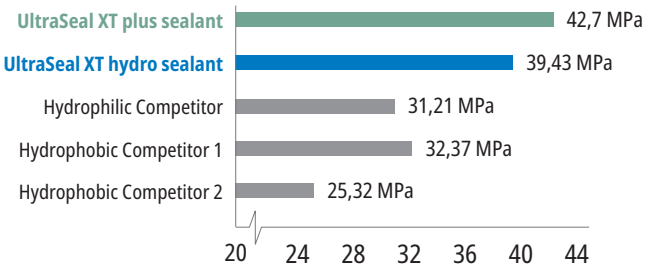


5. Cure for 3 seconds with VALO™ LED curing light on Xtra Power mode or 10 seconds on Standard Power mode.

***** Reality Ratings. Reality. Reality Publishing Company 1998–2017. **1.** realityesthetics.com. **2.** Alirezaei M, Bagherian A, Sarraf Shirazi A. Glass ionomer cements as fissure sealing materials: yes or no?: A systematic review and meta-analysis. *J Am Dent Assoc.* 2018; 149(7):640.649.e9. doi:10.1016/j.adaj.2018.02.001 **3.** Data on file. **4.** Data on file. **5.** Data on file, tested to internal procedures. **6.** Data on file.

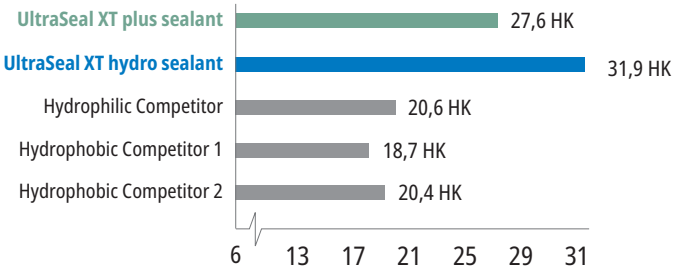
PHYSICAL PROPERTY COMPARISON

SHEAR BOND[1]



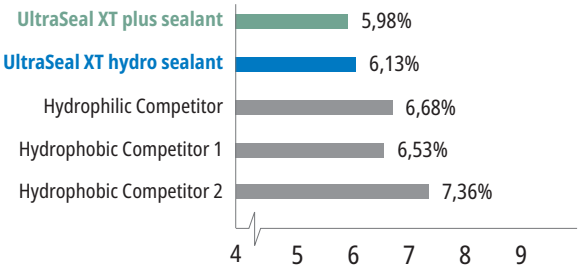
High shear bond strength is essential for retaining the sealant under normal use.

HARDNESS[1]



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

SHRINKAGE[1]



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

1. Data on file, tested to internal procedures.

UltraSeal XT plus Kits

Shade	Kit
Opaque White	725
Clear	563
A1	1286
A2	733

1 x 1,2 ml (2,04 g) UltraSeal XT plus syringe
1 x 1,2 ml (1,58 g) Ultra-Etch syringe
2 x 1,2 ml (0,95 g) PrimaDry syringes
10 x Blue Micro tips
10 x Black Micro FX tips
20 x Inspiral Brush tips

UltraSeal XT plus Refills

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

1,2 ml (2,04 g) syringes

PrimaDry™
DRYING AGENT

CERTIFIED GLUTEN FREE GFCO.ORG

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

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

Black Micro™ FX™ Tip

REFRIGERATE

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

717 - PrimaDry Syringe Econo Refill
20 x 1,2 ml (0,95 g) syringes

Enamelast™

FLUORIDE VARNISH

MORE THAN JUST GREAT TASTE!

SoftEZ Tip

Flavor-Free | Cool Mint | Caramel | Orange Cream | Bubble Gum | Walterberry

- Patented adhesion-promoting formulation for enhanced retention
- Superior fluoride release and uptake[2]
- Smooth, nongritty texture
- Nearly invisible appearance
- Nut free and gluten free

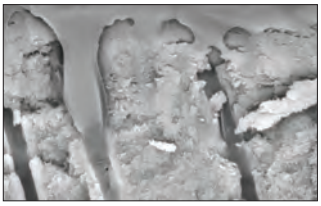
Enamelast fluoride varnish is a xylitol-sweetened, 5% sodium fluoride in a resin carrier. Its unique formula is made with a patented adhesion-promoting formulation for enhanced retention, while providing superior fluoride release and uptake.[2] Available in syringe applications in Walterberry™ flavor and unit-dose applications in Walterberry, Orange Cream, Cool Mint, Bubble Gum, and Caramel flavors, and Flavor-Free.

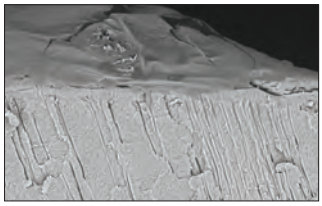
Enamelast fluoride varnish produces a mechanical occlusion of the dentinal tubules in the treatment of tooth hypersensitivity. The AAPD recommends fluoride varnish for use as a preventative adjunct to reduce the risk of caries.[3] The use of fluoride varnish for caries prevention has also been endorsed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

BEFORE AND AFTER

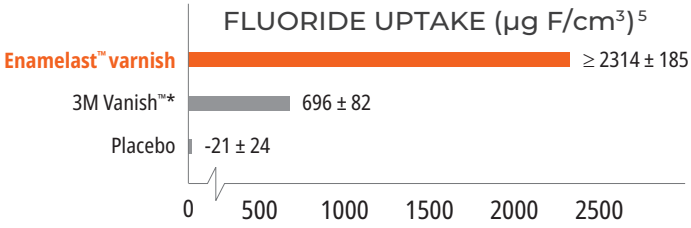
Before Enamelast fluoride varnish.

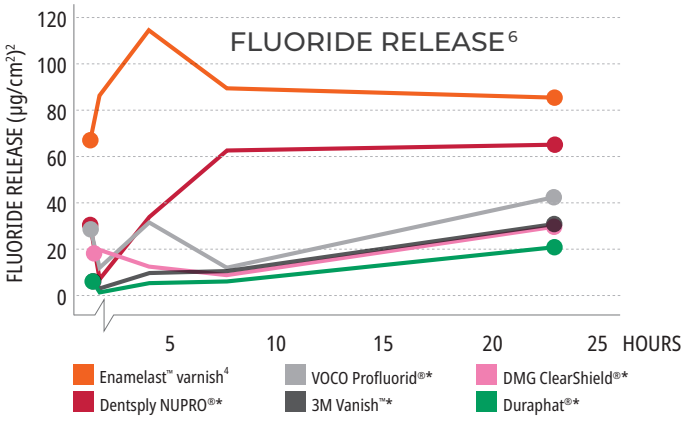
Immediately after applying Enamelast fluoride varnish.





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





***** Trademark of a company other than Ultradent. **1.** realityesthetics.com **2.** Schemehorn BR. Sound enamel fluoride uptake from a fluoride varnish. 2013. Data on file. **3.** 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. **4.** American Dental Association Council on Scientific Affairs. Professionally applied topical fluoride: evidence-based clinical recommendations. *J Am Dent Assoc.* 2006;137(8):1151-9. **5.** Schemehorn BR. Sound enamel fluoride uptake from a fluoride varnish. 2013. Data on file. **6.** Data on file. **7.** Test results based on Walterberry flavor.

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
50 ea - W, OC, CM, BG		4368
50 ea - W,CM, BG, C		4821

Ultradent™ Universal Dentin Sealant

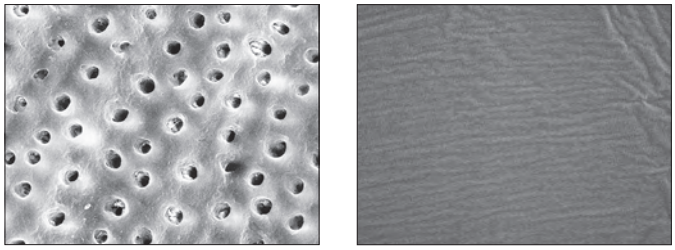
FOR TRANSIENT ROOT SENSITIVITY

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 discomfort after root planing or scaling.



Ultradent Universal Dentin Sealant covers dentin with a protective seal. Both surfaces have been conditioned with phosphoric acid for 20 seconds; SEM on the right was sealed first with Ultradent Universal Dentin Sealant.[1]

265 - Universal Dentin Sealant Kit
4 x 1,2 ml (1,08 g) syringes
20 x Black Mini Brush tips

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. Data on file.

BEFORE AND AFTER

Results in as little as one week[1]

Opalescence™ Whitening Toothpaste

ORIGINAL AND SENSITIVITY RELIEF

- Results in as little as one week[1]
- Proven to whiten teeth in four weeks[1]
- Contains hydrated silica which is proven to remove staining[1]
- Gentle on gums[1]
- Safe for long-term daily use
- Contains sodium fluoride to help prevent cavities and strengthen enamel[2]
- Exceptional fluoride uptake[3]
- 78 RDA[4]
- Triclosan and TiO_2 free
- Vegan - no animal products are used

Opalescence™ whitening is the leader in professional tooth whitening. Part of that product family is Opalescence™ Whitening Toothpaste[5], which was developed by a dentist. It actively removes surface stains and is gentle enough to use every day, thanks to its unique silica blend.

- Three kinds of exotic mint are blended into a fresh, clean, cool 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	4860
Sensitivity	4858

1. Çakmakçioğlu O, Yilmaz P, Topbaşi BF. Clinical evaluation of whitening effect of whitening toothpastes: A pilot study. *OHDMBMC*. 2009: 8(4);613. **2.** Sivapriya E, Sridevi K, Periasamy R, Lakshminarayanan L, Pradeepkumar AR. Remineralization ability of sodium fluoride on the microhardness of enamel, dentin, and dentinoenamel junction: An in vitro study. *J Conserv Dent.* 2017;20(2):100–104. doi:10.4103/JCD.JCD_353_16. **3.** Schemehorn, BR. Enamel Fluoride Uptake 09-107. Data on File. **4.** Attin, T. Assessment of relative dentin abrasion (RDA) of two toothpastes from Ultradent Products, Inc., Universitat Zurich: Zurich, Switzerland. 2021. Data on file. **5.** This toothpaste does not contain peroxide.

PREPARE

45 YEARS 1978–2023

TAYLON ASHBY - Lake Powell

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

Sable™ Seek™ and Seek™

CARIES INDICATORS

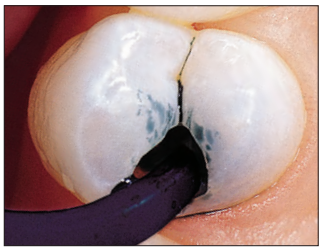
Black Mini™ Brush Tip

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

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

Seek and Sable Seek caries indicators stain carious and demineralized dentin and can be very useful for difficult-to-see areas, for example; undercuts of preparations, dark dentin, areas along the DE junction, etc. Green Sable Seek caries indicator helps visualization of decay in deep caries cases to help avoid pulp exposures.

PROCEDURE



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

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

3. Remove green-black 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

209 - Seek Kit
4 x 1,2 ml (1,25 g) syringes
20 x Black Mini Brush tips

210 - Seek Refill
4 x 1,2 ml (1,25 g) syringes

1804 - Seek Econo Refill
20 x 1,2 ml (1,25 g) syringes

1. realityesthetics.com.

Umbrella™

TONGUE, LIP, AND CHEEK RETRACTOR

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

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

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

DermaDam™

RUBBER DAM

2023 REALITY [1]

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

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

311 - DermaDam Medium 0,20 mm *36pk*
314 - DermaDam Heavy 0,25 mm *36pk*
15 cm x 15 cm

DermaDam™ Synthetic

DENTAL DAM

2023 REALITY [1]

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

1. realityesthetics.com.

InterGuard™

INTERPROXIMAL TOOTH GUARD

2023 REALITY [1]

The InterGuard interproximal tooth guard reduces risk of iatrogenic damage by protecting adjacent teeth.[2,3] Stable curls at each end leave transition angles clear for full access. The 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.** Lenters M, van Amerongen WE, Mandari GJ. Iatrogenic damage to the adjacent surfaces of primary molars, in three different ways of cavity preparation. *Eur Arch Paediatr Dent.* 2006;1(1):6-10. **3.** de la Peña VA, García RP, García RP. Sectional matrix: Step-by-step directions for their clinical use. *Br Dent J.* 2016;220(1):11-14.

OraSeal™

CAULKING AND PUTTY

White Mac™ Tip

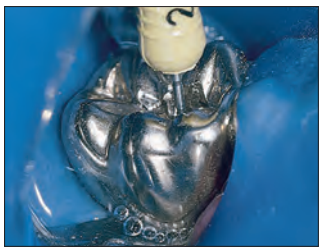
Black Mini™ Tip

- 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. Also used to fill in screw holes on implant impressions prior to making impressions.

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

PROCEDURE



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

USES

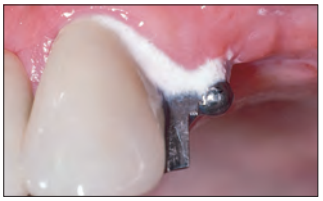
Ensure rubber dam seal when using strong peroxide for vital whitening, or when porcelain etching with hydrofluoric acid.

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

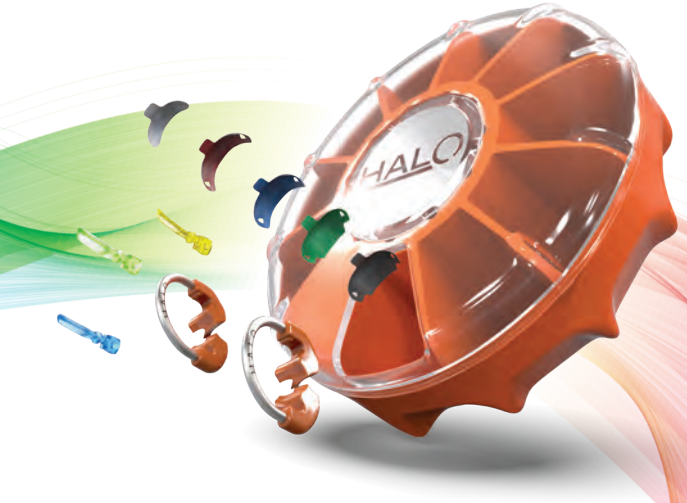
1,2 ml syringe	*4pk*	*20pk*
Caulking (1,28 g)	351	354
Putty (1,44 g)	353	355

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

Halo™

SECTIONAL MATRIX SYSTEM

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



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.

4831 - Halo Original Bands with Instruments Kit

2 x Each Universal Rings
25 x Each Original Matrices 3,5 mm, 4,5 mm, 5,5 mm, 6,5 mm, and 7,5 mm
25 x Each Wedges Small, Medium, and Large
1 x Halo Carousel
1 x Tweezers
1 x Forceps

4832 - Halo Original Bands Kit

2 x Each Universal Rings
25 x Each Original Matrices 3,5 mm, 4,5 mm, 5,5 mm, 6,5 mm, and 7,5 mm
25 x Each Wedges Small, Medium, and Large
1 x Halo Carousel

4835 - Halo Original Bands Mini Kit

2 x Each Universal Rings
5 x Each Original Matrices 3,5 mm, 4,5 mm, 5,5 mm, 6,5 mm, and 7,5 mm
5 x Each Wedges Small, Medium, and Large
1 x Halo Carousel

4833 - Halo Firm Nonstick Bands Kit

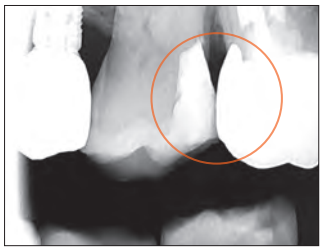
2 x Each Universal Rings
20 x Each Firm Nonstick Matrices 3,5 mm, 4,5 mm, 5,5 mm, 6,5 mm, and 7,5 mm
25 x Each Wedges Small, Medium, and Large
1 x Halo Carousel

4834 - Halo Firm Bands Kit

2 x Each Universal Rings
25 x Each Firm Matrices 3,5 mm, 4,5 mm, 5,5 mm, 6,5 mm, and 7,5 mm
25 x Each Wedges Small, Medium, and Large
1 x Halo Carousel

WHY CHOOSE A SECTIONAL MATRIX?

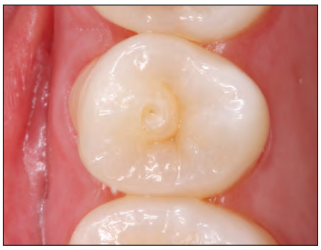
- Large food trap above
- Fails to restore proximal anatomy
- Thin contact at the marginal ridge
- Likelihood of fracture, occlusal interference, recurrent caries, and periodontal disease



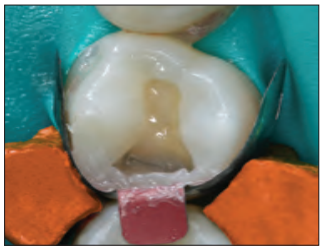
- User-friendly system
- Natural contours
- Tight, anatomically correct contact points at correct height of contour

DISTO-OCCLUSAL CLINICAL CASE

Courtesy of Dr. James Wright.



1. Pre-op.



2. Preparation with Halo system.

3. Post-op.

DISTO-OCCLUSAL CLINICAL CASE

Courtesy of Dr. Brett Richins.

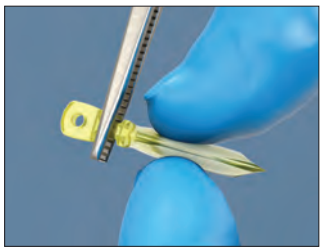
1. Pre-op.

2. Preparation with Halo system.

3. Post-op.

STEP-BY-STEP GUIDE

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



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

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

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

5. Carefully place Halo ring using the ring forceps.

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

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

Halo™ Matrices

MATRIX BANDS

- Anatomically shaped for ideal contacts
- Curve at marginal ridge creates ideal occlusal embrasure, reducing finishing[1]
- 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 uses
- Glass-filled nylon tines won't easily break, and won't collapse into the prep and create under-contoured restorations
- Ring contours secure the band in a natural and anatomical shape, helping to eliminate flash and reducing the amount of finishing needed[1]
- 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™

WEDGE

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

Size	100pk
Small	5042
Medium	5043
Large	5044

Halo™ Forceps

RING-PLACEMENT FORCEPS

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

5047 - Halo Forceps *1pk*

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

Omni-Matrix™ Sectional

MATRICES AND RETAINER CLAMPS

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

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

INSTRUCTIONS

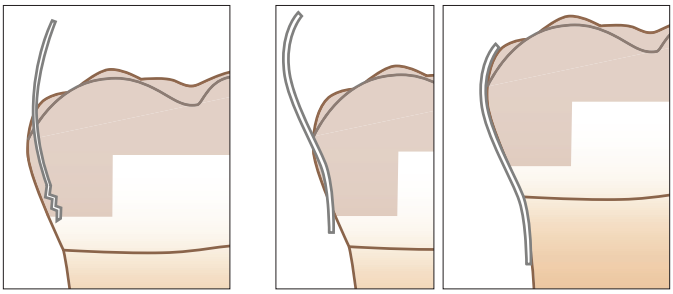
1. Place matrices then wedge.

2. Place retainer clamp.

3. Begin restoration.

Optional: Stack multiple clamps.

CONSTANT RADIUS VS. REVERSE CURVE



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

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

318 - Omni-Matrix Sectional Kit

4 x Matrix clamps

40 x Each Regular, Regular Extended, Large, and Large Extended

317 - Omni-Matrix Sectional Clamps

4 x Matrix clamps

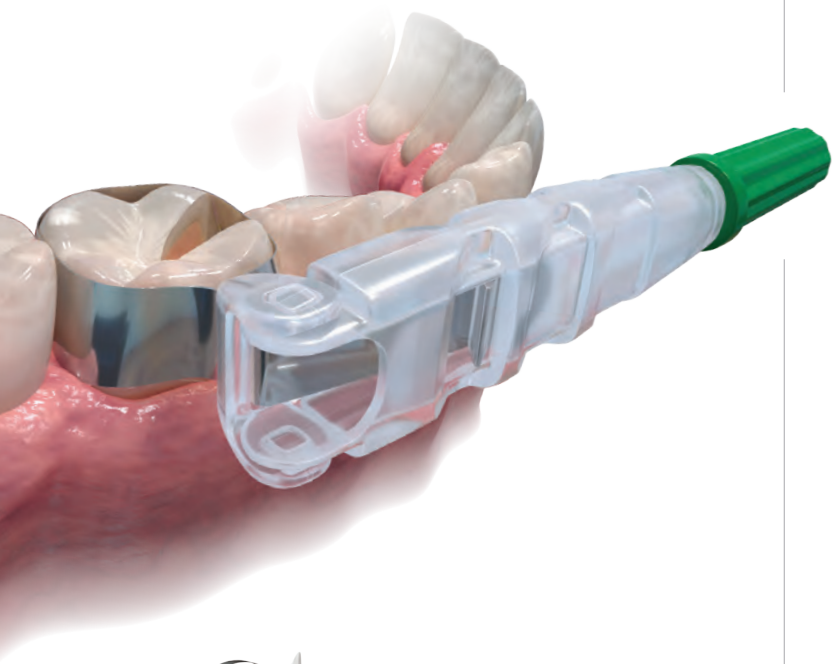
Band Size	40pk
Regular	304
Regular Extended	305

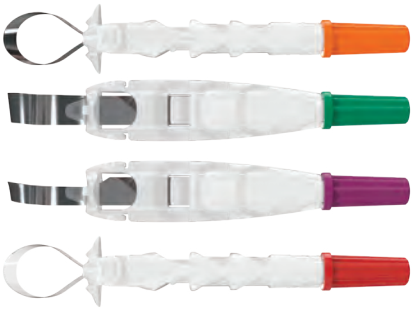
Band Size	40pk
Large	309
Large Extended	316

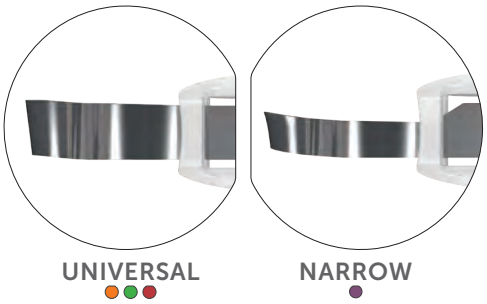
Omni-Matrix™

DISPOSABLE RETAINER AND MATRIX

2023 REALITY [1]







- Innovative shape allows procedural visibility and patient comfort[2]
- Ultra-thin burnishable stainless steel adapts to preparations[3]
- 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

Mylar	Wingless *48pk*	Winged *48pk*
6,5 mm — 0,064 mm	7703	8803

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

TISSUE MANAGEMENT

45 YEARS 1978–2023

JOHN NESBIT - Gunlock Falls

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

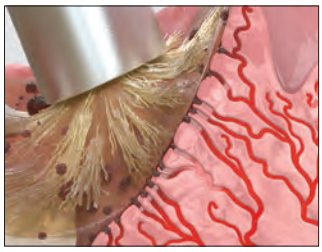
Our complete line of solutions continuously sets the standard for superior control and predictability while offering dentists fast, reliable, and affordable products.

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.

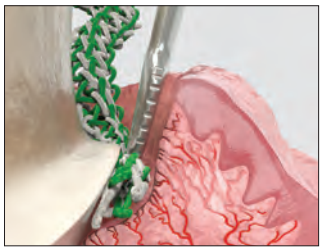
Firmly rub Viscostat™, Astringedent™, or Astringedent™ X hemostatics against the cut bleeding tissue to obtain hemostasis.

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.



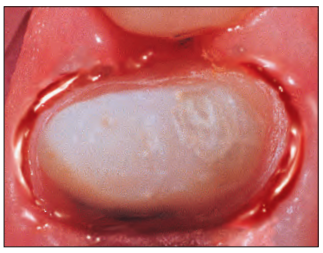
3. After complete hemostasis has been attained, excellent retraction is achieved using Ultrapak™ knitted cord placed with the Ultrapak™ packer.

FOR INDIRECT BONDING (LUTING)

PROVISIONAL REMOVED

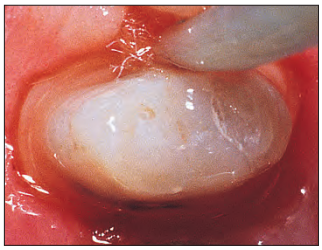
1. Well-healed tissue 2 weeks post-op.

CONTAMINATION



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

SEAL/DRY



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

WASH/DRY

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

SEAT RESTORATION

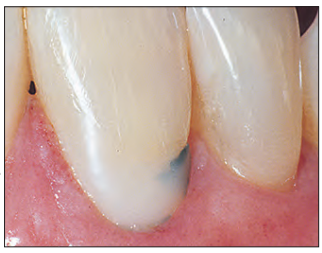
5. Bond/lute definitive crown.

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

FOR DIRECT BONDING

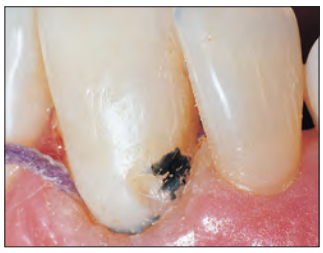
MICROLEAKAGE

Courtesy of Dr. Dan Fischer.



1. Leakage under recently bonded composite.

STAINING



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

ISOLATION

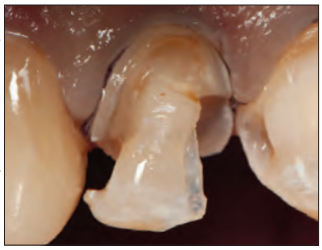
3. Isolate tissues with Ultrapak™ cord soaked in hemostatic. Proceed with bonding procedure.

RESTORATION

4. Repaired restoration.

CONTROL

Courtesy of Dr. Jaleena Jessop.

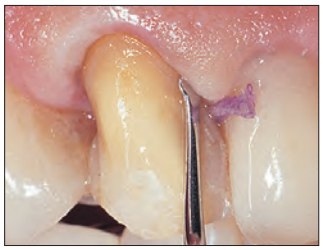


1. For restorations, Astingedent™ X hemostatic and Ultrapak cord are ideal for controlling blood and sulcular fluids and can also protect tissue from burs. Use a firm air/water spray to remove excess hemostatic solution.

BOND

2. Successful bonded restoration.

INDIRECT VENEER RETRACTION



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

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

TISSUE MANAGEMENT

FOR IMPRESSION TAKING

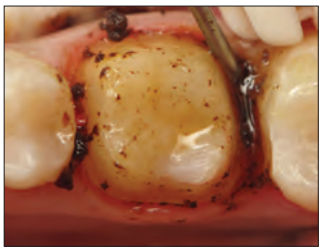
An astringent is a substance that eliminates permeability of epithelium to tissue fluid flow. The result is a dry field, an important tissue management solution. An ideal impression for successful crowns, veneers, and bridges must accurately capture the preparation margins. This can be ensured only through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

BLEEDING

Courtesy of Dr. Jaleena Jessop.

1. Subgingival preparation with bleeding.

HEMOSTASIS



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

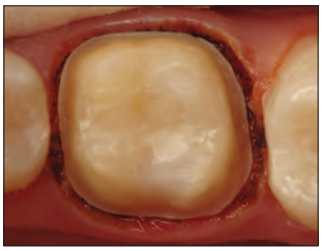
CLEANING/TESTING

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

DISPLACEMENT

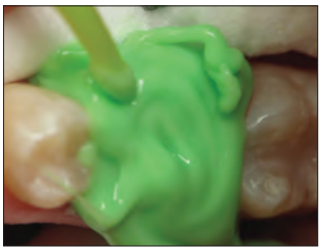
4. Soak Ultrapak™ knitted cord in Astringedent™ X hemostatic, pack, and leave for 5 minutes.

DRYING/TESTING



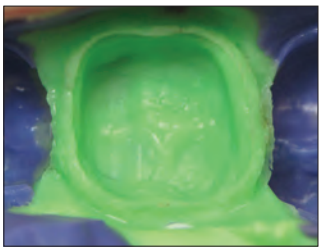
5. Remove Ultrapak knitted cord, follow with a firm air/water spray and dry.

TAKE IMPRESSION



6. Express impression material.

RESULT

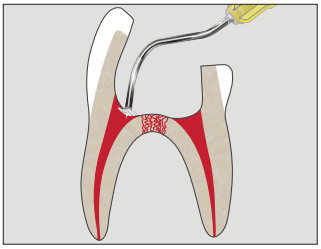


7. Predictable quality impressions.

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

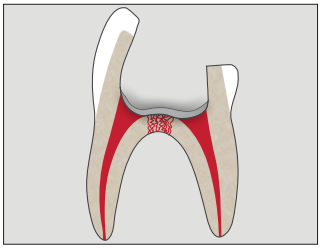
FOR VITAL PULPOTOMY IN PRIMARY TEETH - EXPANDED APPLICATION

HEMOSTASIS



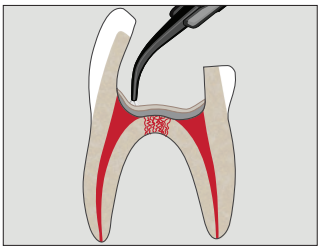
1. Control bleeding. Use Dento-Infusor tip with ViscoStat or Astringedent™ hemostatics.[1] Use sterile water for this procedure.

PROTECTION



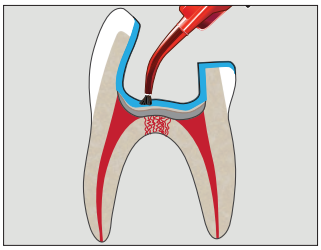
2. Place a thin layer of MTAFlow™ White repair cement over the root canal orifice.

BARRIER



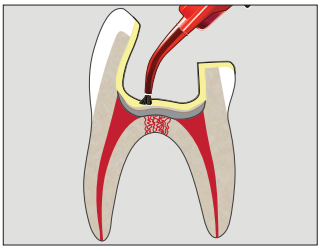
3. Apply a thin layer of Ultra-Blend™ plus liner.

ETCH



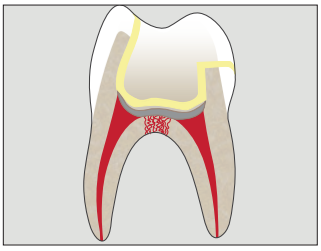
4. Apply Ultra-Etch™ phosphoric acid or Peak™ SE Primer.

BOND



5. Apply Peak™ Universal Bond bonding agent.

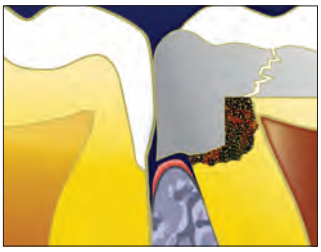
RESTORE



6. Use your preferred restorative material for definitive restoration.

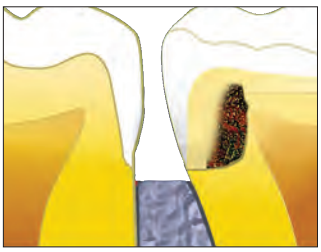
1. Fei AL, Udin RD, Johnson R. A clinical study of ferric sulfate as a pulpotomy agent in primary teeth. *Pediatr Dent.* 1991;13(6):327-32.

FOR CHALLENGING CASES



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

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



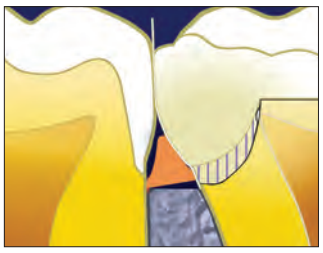
3. Expose gingival margin of restoration before placing a rubber dam. Move to step 4, if necessary, to improve visibility.

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

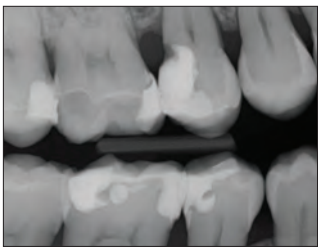
5. Place a dental dam; then remove residual caries. Treat exposed pulp if necessary. Etch and bond with Peak™ Universal Bond adhesive.

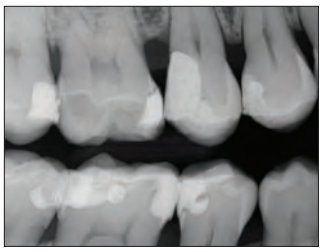
6. DO NOT wedge matrix band until first layer of composite has been placed.

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



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





Dento-Infusor™ Tips

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

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

Courtesy of Dr. Jaleena Jessop.

Bleeding must be controlled before starting any direct bonding procedure.

Profound hemostasis achieved, preparation is ready to restore.

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

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

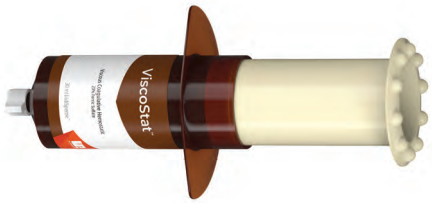
Tip infuses ferric sulfate hemostatic agent into capillaries, forming a cork-like "plug," then cleans coagulum away.

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

Dento-Infusor Tips, see page 135.

ViscoStat™

20% FERRIC SULFATE



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.

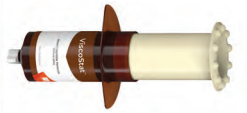
ViscoStat hemostatic solution is suited for a variety of dental and oral surgery procedures to arrest surface capillary bleeding. Such procedures include fixed prosthodontics, restorative-operative, periodontal treatment, etc. ViscoStat hemostatic is also recommended for retrofillings, canine impactions,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

1. realityesthetics.com.

647 - ViscoStat Dento-Infusor IndiSpense™ Syringe Kit
1 x 30 ml (36,69 g) IndiSpense syringe
20 x Metal Dento-Infusor tips with Comfort Hub™
20 x 1,2 ml empty syringes



645 - ViscoStat IndiSpense Syringe *1pk*
30 ml (36,69 g) syringe

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!

ViscoStat™ Clear

25% ALUMINUM CHLORIDE

Metal Dento-Infusor™ Tip with Comfort Hub™ Feature

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

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

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

6409 - ViscoStat Clear Dento-Infusor Syringe Kit
4 x 1,2 ml (1,42 g) syringes
20 x Metal Dento-Infusor tips with Comfort Hub™

6407 - ViscoStat Clear Dento-Infusor IndiSpense™ Syringe Kit
1 x 30 ml (38,52 g) IndiSpense syringe
20 x Metal Dento-Infusor tips with Comfort Hub™
20 x 1,2 ml empty syringes

6408 - ViscoStat Clear IndiSpense Syringe *1pk*
30 ml (38,52 g) syringe

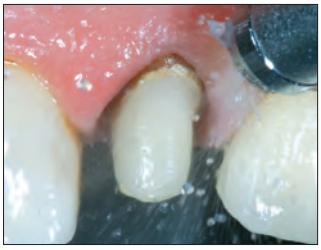
1. realityesthetics.com. **2.** Data on file.

PROCEDURE

1. Subgingival preparation and bleeding sulcus.

2. Scrub 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.

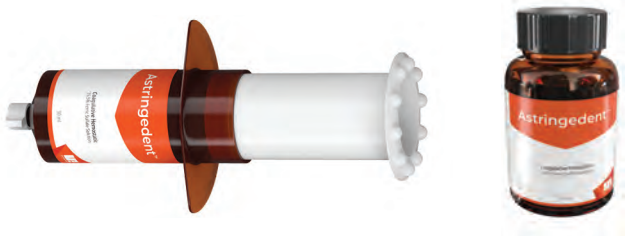


4. Remove cord. Firm air/water spray. Air dry. If necessary, scrub hemostatic into the sulcus again. Leave 1 minute. Facilitates great control in esthetic zone with no gingival stain.

5. Finished restoration 2 weeks post-op.

Astringedent™

15,5% FERRIC SULFATE



- The "Classic" hemostatic agent for profound hemostasis
- Stops 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]

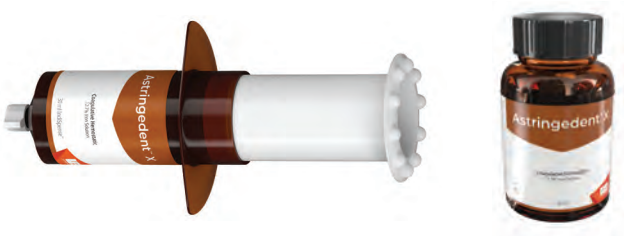
Note: ViscoStat™ and Astringedent hemostatic agents should be used with a Metal Dento-Infusor™ tip. The plastic Blue Mini™ Dento-Infusor™ tip should be used when you are dealing with newly healed epithelium, as the softer tip is slightly less aggressive.

111 - Astringedent Bottle *1pk*
686 - Astringedent IndiSpense™ Syringe *1pk*
30 ml (34,41 g)

1. realityesthetics.com. **2.** "Can't Live Without" Clinical Research Associates Newsletter, Volume 21, Issue 7, July 1997.

Astringedent™ X

12,7% IRON SOLUTION

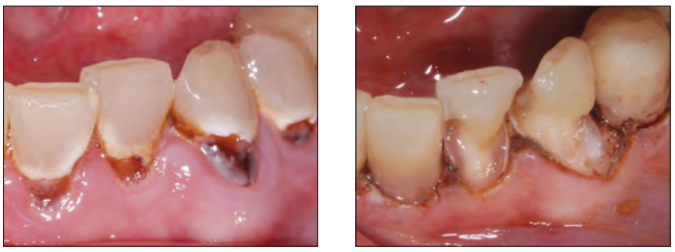


- Clinicians "go-to" hemostatic for all case situations
- Ultradent's fastest and most powerful hemostatic[1]
- Stops minor to severe bleeding

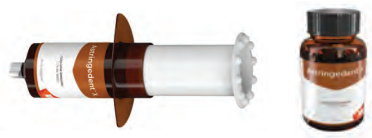
Astringedent X hemostatic is an aqueous 12,7% iron solution that works quickly to stop difficult bleeding. It contains equivalent ferric sulfate and ferric subsulfate. Note: Diluted Astringedent X hemostatic does not equal ViscoStat or Astringedent hemostatics.

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

Courtesy of Dr. Bruce LeBlanc.



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



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

1. Data on file.

Ultrapak™

KNITTED CORD

2023[1] REALITY'S CHOICE — Best Gingival Retraction Material

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

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

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

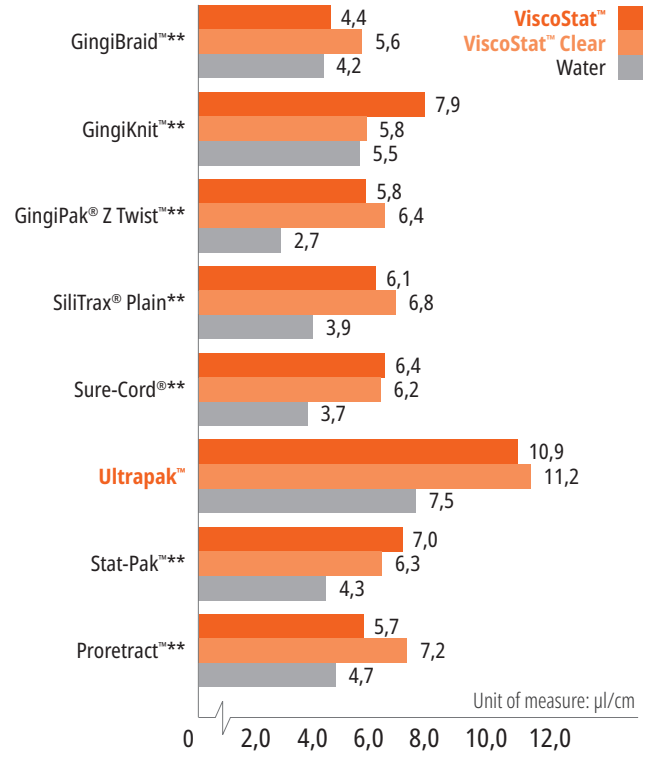
THE ONE WITH THE STRIPE!™

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

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

ULTRAPAK CORD COMPETITOR ABSORPTION COMPARISON

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



***** Data on file. ****** Trademark of a company other than Ultradent. **1.** realityesthetics.com. **2.** "Can't Live Without" Clinical Research Associates Newsletter, Volume 21, Issue 7, July 1997.

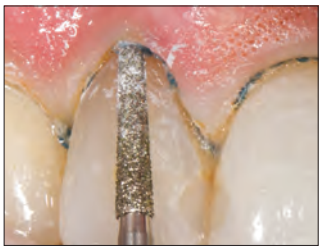
PRE-PREPARATION PACKING TECHNIQUE

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

PREPACK

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

PREPARATION



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

FOR DIGITAL IMPRESSIONS - COMPLETE HEMOSTASIS

HEMOSTASIS

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

CLEAR FIELD

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

DOUBLE-CORD TECHNIQUE

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

FIRST CORD

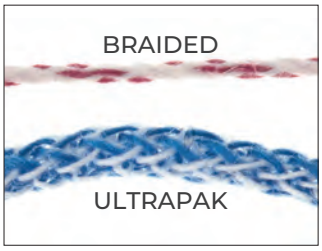
1. Once hemostasis is achieved, carefully place a single cord — such as Ultrapak® knitted cord #0, #00, or #000 — to the bottom of the sulcus. Use Fischer's Ultrapak Packers to place cords properly and efficiently.

SECOND CORD

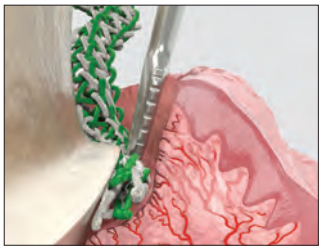
2. Place a second, thicker cord soaked in a hemostatic agent to expand the tissue laterally.

RINSE/DRY

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



Knitted Ultrapak cord is composed of thousands of tiny, interlocking loops so it compresses and expands easier than other cords. 100% cotton fibers provide high absorption[1] of hemostatic agents and sulcular fluids.



Ultrapak cord compresses upon packing and then expands for optimal tissue displacement.

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

Ultrapak CleanCut design features a blade in the cap for efficient cutting. A special dispensing orifice prevents cord from falling into the bottle.

1. Data on file.

Each bottle contains 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 anteriors and upper lateral incisors.

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

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*

ETCH AND BOND

45 YEARS 1978–2023

MELISSA AXEN - La Sal

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

ETCH AND BOND

Listed as a "CAN'T LIVE WITHOUT" product by a prominent independent research institute for more than 20 years.[5]

The industry leader for more than *35 years*

Ultra-Etch™

ETCH AND RINSE ETCHANT

Blue Micro™ Tip

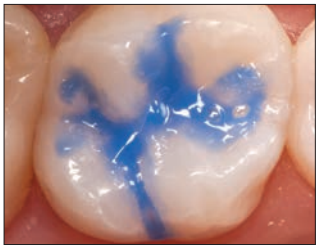
Inspiral™ Brush Tip

- Self-limiting[2] on dentin
- Penetrates smallest fissures and won't run on a vertical surface[3]
- 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.[4] 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.

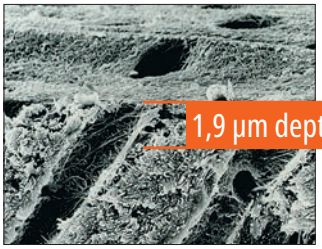
Ultra-Etch etchant is indicated for use on dentin and enamel to create optimal bonding surfaces. Ultra-Etch etchant can be used for 5 seconds to remove the salts created by etching porcelain.

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



Courtesy of Dr. Jaleena Jessop.

Clinical experience and SEM evaluations show that 15 seconds etch time on both dentin and cut enamel provides optimal conditioning of both substrates.[4]



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

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). **3.** Data on file. **4.** Perdigão J, Lambrechts P, Van Meerbeek B, Vanherle G. A field emission SEM study of dentin etched with different phosphoric acid compositions and/or concentrations. Katholieke Universiteit Leuven: Leuven, Belgium; 1994. Data on file. **5.** "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 institute[2]
- Delivers fresh, stable chemistry
- Easy, one-coat technique
- Precise and convenient application
- No rinse needed

Peak SE Primer is a self-etching primer mixed and delivered in the unique JetMix™ syringe. JetMix technology separates precise quantities of strong acid (pH 1,2) and optimized priming resin to prevent the hydrolytic breakdown and degradation that occurs with other self-etch chemistries. Components are kept separate until the clinician activates them. The mixed chemistry is stable and can be used for 120 days. Peak SE Primer is used prior to Peak Universal Bond adhesive to achieve unsurpassed bond strengths.

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

FOR INDIRECT BONDING

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

2. Thin/dry for 3 seconds.

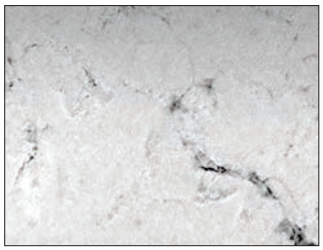
3. Apply a puddle coat of Peak Universal Bond adhesive and scrub for 10 seconds into dentin.

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

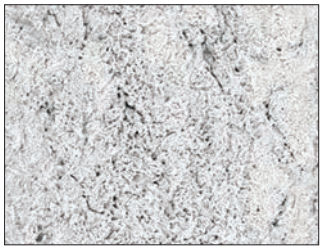
Highest Bond Strengths to Dentin and Enamel![3]

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

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



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



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

REFRIGERATE

5135 - Peak SE Primer Refill *4pk*
1,0 ml (1,19 g) syringes

REFRIGERATE

4554 - Peak™ Universal Bond Self-Etch Syringe Kit
1 x 1,2 ml (1,35 g) Peak Universal Bond syringe
1 x 1,0 ml (1,19 g) Peak SE Primer syringe
20 x Black Mini Brush tips
20 x Inspiral Brush tips

REFRIGERATE

4541 - Peak Universal Bond Self-Etch Bottle Kit
1 x 4 ml (4,5 g) Peak Universal Bond bottle
4 x 1,0 ml (1,19 g) Peak SE Primer syringes
40 x Black Mini Brush tips
50 x Mixing Wells
50 x Micro Applicator brushes

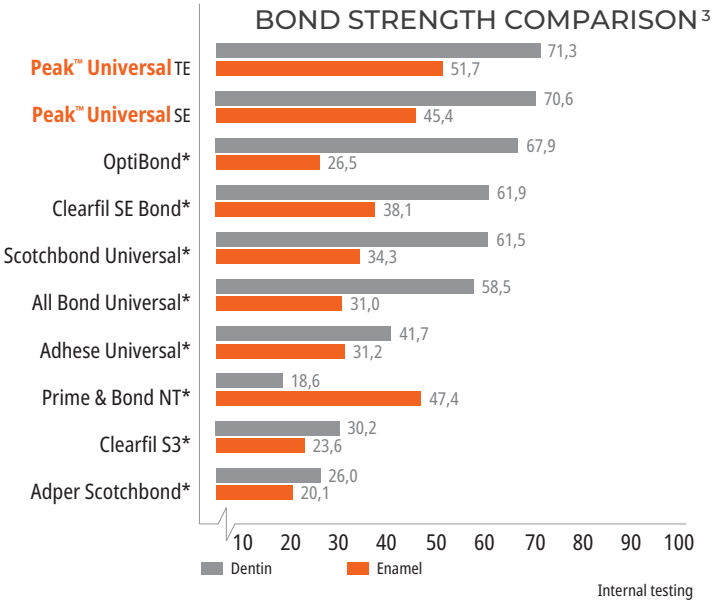
***** Trademark of a company other than Ultradent. **1.** realityratings.com **2.** Clinicians Report, Volume 5, Issue 8, August 2012. **3.** Data on file. **4.** Vargas M. Ultramorphological evaluation of the resin-dentin-enamel interface produced by three proprietary self-etching adhesive systems.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

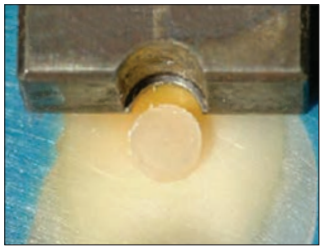
Peak™ Universal Bond

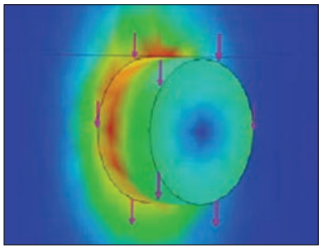
LIGHT-CURED ADHESIVE

- Features Ultradent's Dymetech™ phosphate monomer blend for enhanced strength and greater versatility
- Contains 0,2% chlorhexidine to help ensure long-term bond strength[2]
- Bonds to all dental substrates
- Ideal for direct and indirect bonding, as well as post and core procedures
- Works with self-etch and total-etch techniques
- Available in syringe or bottle delivery

The versatile formulation of Peak Universal Bond adhesive is ideal for direct and indirect bonding, including post and core procedures. With a 7,5% filler content and a blend of custom-synthesized phosphate monomers, its viscosity has been optimized for minimal film thickness and superior strength. It contains an ethyl alcohol solvent carrier and will cure with any dental curing light, including LEDs.







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

REFRIGERATE

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

REFRIGERATE

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

REFRIGERATE

4553 - Peak Universal Bond Syringe Refill *4pk*
4552 - Peak Universal Bond Syringe Econo Refill *20pk*
1,2 ml (1,35 g) syringes

REFRIGERATE

4543 - Peak Universal Bond Bottle *1pk*
4 ml (4,5 g) bottle

4545 - Mixing Wells *100pk*

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

PQ1™

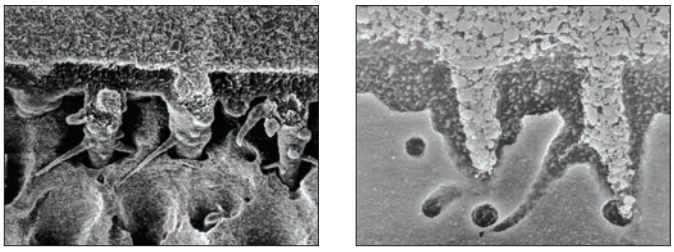
SINGLE-RESIN BONDING

Inspiral™ Brush Tip

- High bond strengths[2] to dentin, creating long-lasting bonds
- Ideal for direct bonding procedures
- Highly filled for convenient placement and ease of use
- Chemistry is radiopaque
- 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, zirconia, amalgam, 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.

Peak™-ZM

ZIRCONIA/METAL PRIMER

Black Mini™ Brush Tip

Zirconia and metal have met their match!

- Includes a unique blend of phosphate monomers, as well as the MDP monomer
- Convenient syringe and bottle delivery options
- Significantly enhances bond strengths to resin cements[1]
- Strong bond strengths to zirconia, alumina, and metal restorations

Peak-ZM Zirconia/Metal primer is specifically designed to provide high adhesion between the zirconia or metal surface and the luting material. Thanks to a chemistry containing the MDP monomer, Peak-ZM primer can increase bond strengths 5 times compared to using a resin cement alone.[2] With Peak-ZM primer, you can feel confident in your zirconia and metal restorations.

Note: Not for use with RMGI or GI.

REFRIGERATE

2464 - Peak-ZM Zirconia Primer Kit
2 x 1,2 ml (0,79 g) Peak-ZM syringes
20 x Black Mini Brush tips

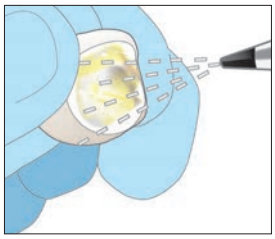
REFRIGERATE

2463 - Peak-ZM Zirconia Primer Bottle *1pk*
4 ml (3,2 g) bottle

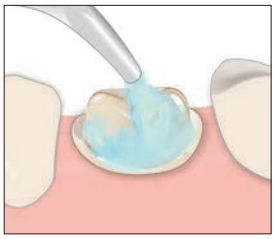
1. Data on file. **2.** Data on file.

PEAK-ZM ZIRCONIA/METAL PRIMER TECHNIQUE GUIDE

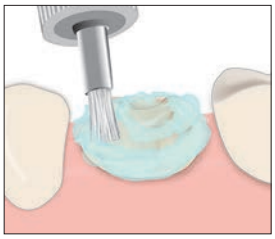
1. Clean, rinse, and dry preparation. Verify fit of zirconia or metal prosthesis.



2. Air abrade internal surface with 50µ Al02, 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.



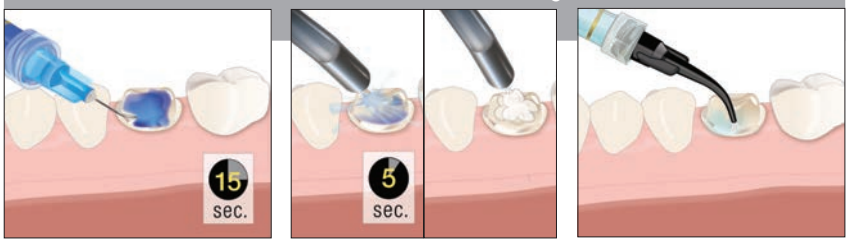
3. Clean tooth surface by applying an abrasive that is both oil and fluoride free.



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

CHOOSE

TOTAL-ETCH TECHNIQUE

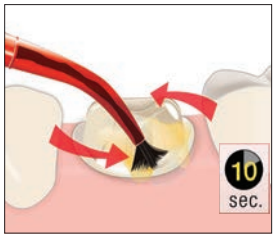


5. Apply Ultra-Etch™ etchant for 15 seconds. Rinse for 5 seconds, lightly dry, leave slightly damp.
Recommended: Apply antibacterial solution to preparation, suction off excess.

OR

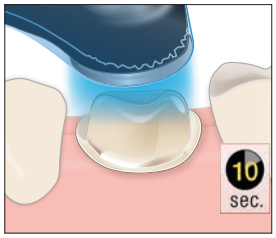
SELF-ETCH TECHNIQUE

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

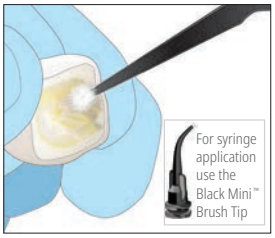


6. Apply a puddle coat of Peak™ Universal Bond adhesive in a scrubbing motion for 10 seconds.

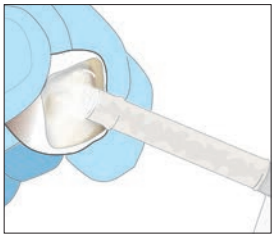
7. Thin aggressively with air and vacuum.



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



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



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

ULTRADENT
PRODUCTS, INC.

TRANSCEND™
UNIVERSAL COMPOSITE

Restorations with
JUST ONE SHADE

Transcend universal composite provides unprecedented shade matching with just one Universal Body shade due to its patented Resin Particle Match™ technology that eliminates the need for a blocker.

Deep amalgam staining presents one of the most difficult restoration situations to clinicians. In this case only the Transcend composite Universal Body shade was used to replace the amalgam, no blocker needed. Note the excellent color blending of the preserved oblique ridge.

Scan the QR code to learn more about Transcend Universal Composite or go to ultradent.eu/transcend

eu.ultradent.blog

Ultradent™ Porcelain Etch and Silane

90-Second Etch — 60-Second Silane

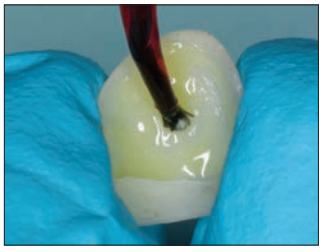
Inspiral™ Brush Tip

Black Mini™ Brush Tip

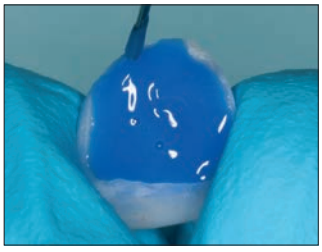
- Etch is easy to control and place
- Yields highest porcelain-to-resin bond strengths[2]
- Silane is a single component
- Use on feldspathic and lithium disilicate (IPS e.max®*) restorations

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

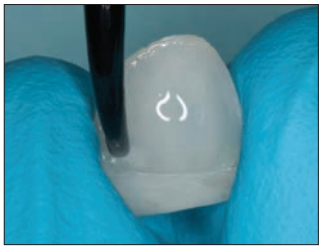
Porcelain Etch is designed for intraoral or extraoral porcelain etching. Use it for in-office etching of indirect restorations, such as veneers, inlays, etc. After porcelain etching, clean residual debris with Ultra-Etch™ etchant for 5 seconds and rinse thoroughly; follow with Silane application. Studies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



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

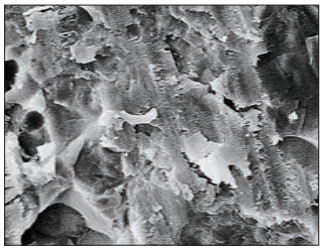


2. Apply Ultra-Etch™ etchant for five seconds to remove porcelain salts and debris formed by hydrofluoric acid etching.

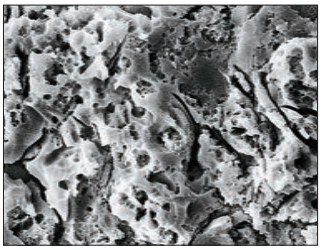


3. Apply a puddle coat of Silane to the inside surface of the prosthesis for 60 seconds, dry, and set aside. Do not rinse. Prosthesis now ready for luting/cementing.

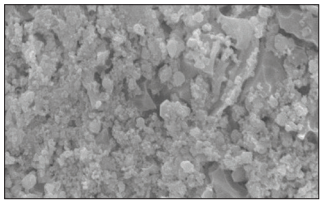
Courtesy of Dr. Cornelis Pameijer.



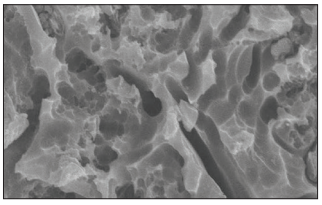
1. Diamond-cut porcelain surface.



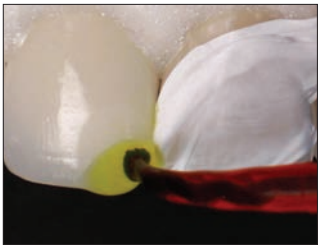
2. Same porcelain following 90-second etch with Ultradent Porcelain Etch.



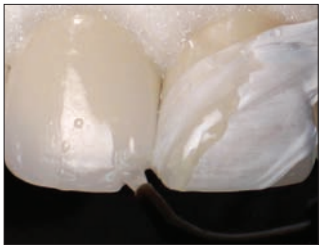
Residual silica salts on porcelain, post hydrofluoric acid etching for 90 seconds with Ultradent Porcelain Etch.



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



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



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

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

406 - Porcelain Etch Syringe *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

2023 REALITY Four Star Award ★★★★ [1]

- Includes all necessary pre-composite placement materials
- Yields the highest porcelain-to-resin bond strengths[2]
- 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]

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):203-9. **3.** Clinical Research Associates Newsletter, Volume 24, Issue 11, November 2000.

Ultra-Blend™ plus

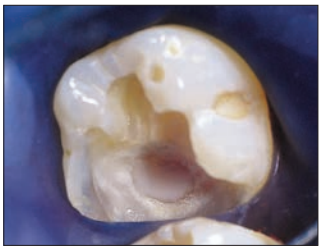
DENTIN LINER AND PROTECTIVE BASE

Black Micro™ Tip

Black Mini™ Tip

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

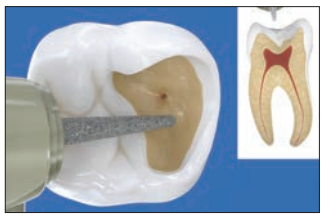
Ultra-Blend plus liner is a light-activated, radiopaque material with calcium hydroxide in a urethane dimethacrylate (UDMA) base. It's perfect for pulp capping and will not dissolve over time. Ultra-Blend plus liner is highly filled for minimal shrinkage.



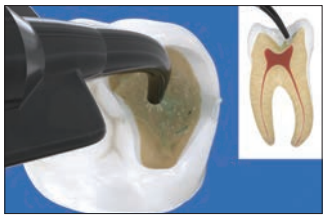
Ultra-Blend plus liner used for pulp capping.

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

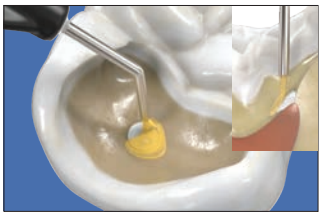
LIGHT-CURED MATERIAL FOR PULP CAPPING



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

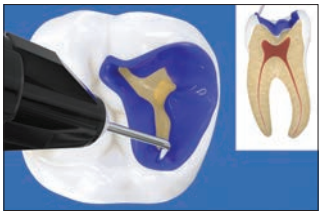


2. Antibacterial solution - Apply antibacterial solution with plastic Blue Mini™ Dento-Infusor™ or Black Mini™ brush tip for 60 seconds. Do not scrub. Air dry.



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

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



5. Ultra-Etch etchant - Apply Ultra-Etch™ 35% phosphoric acid etchant solution for 15 seconds. Suction, rinse, and dry until damp. NOTE: If desired, apply 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, paint onto enamel and scrub into dentin for 10 seconds. Air thin at half pressure for 10 seconds and light cure for 10 seconds with the VALO™ curing light on Standard Power mode. Restore with a quality composite.

415 - Ultra-Blend plus Syringe Kit
2 x 1,2 ml (1,64 g) Dentin syringes
2 x 1,2 ml (1,64 g) Opaque White syringes
20 x Black Micro tips
20 x Black Mini tips

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

COMPOSITES

45 YEARS 1978–2023

ANNA GRAY - Lake Blanche

Universal Composite
Flowable Composite
Composite Wetting Resin
Direct Composite Template System

new

Transcend™

UNIVERSAL COMPOSITE

- Universal Body shade beautifully blends with most any tooth color
- No blocker required
- Proprietary Resin Particle Match™ technology
- Universal Body shade continues to match the surrounding dentition even after whitening[1]
- Excellent mechanical and optical properties
- Ideal working consistency is easy to sculpt[1]
- High polishability[1]
- Additional Enamel and Dentin shades for more esthetically demanding anterior cases
- Fluoresces similarly to natural dentition[1]

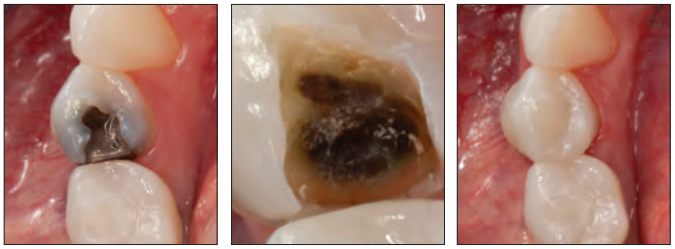
RESIN PARTICLE MATCH™

Transcend composite allows you to complete restorations with just one shade. Thanks to Ultradent's Resin Particle Match technology, the refraction indices of the resin and particles work together to allow Transcend composite to blend with the surrounding tooth color. 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.[2]

ONE-SHADE RESTORATIONS

BEFORE AND AFTER

Courtesy of Dr. Jaleena Jessop.

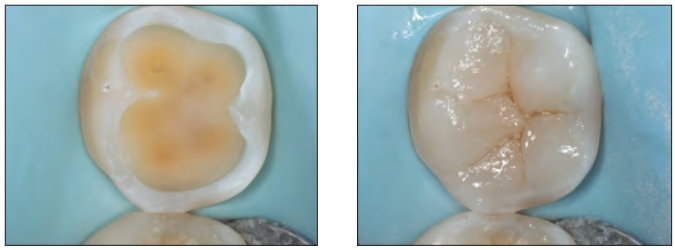


Before. After.

Courtesy of Dr. Jaleena Jessop.

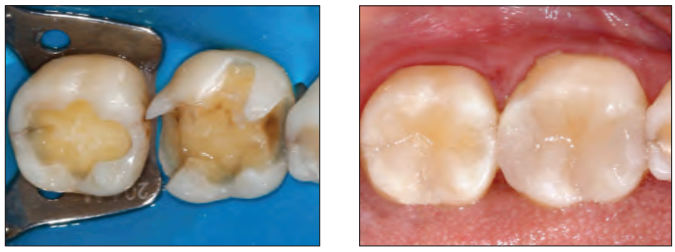
Before. After.

Courtesy of Dr. Yo-Han Choi.



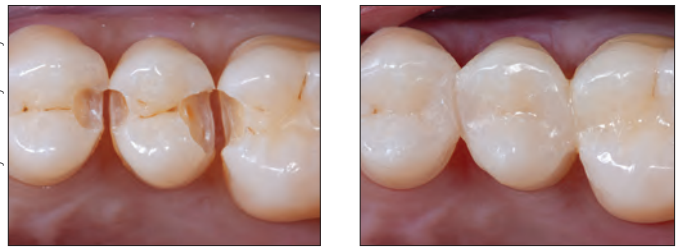
Before. After.

Courtesy of Dr. Rafael Beolchi.



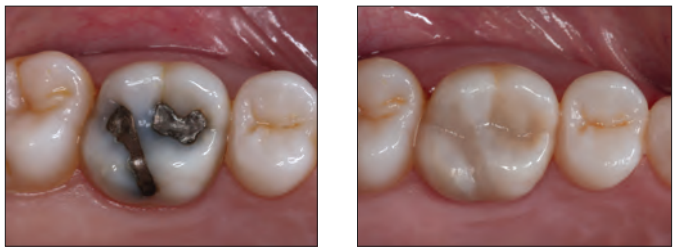
Before. After.

Courtesy of Dr. Gary Findley.



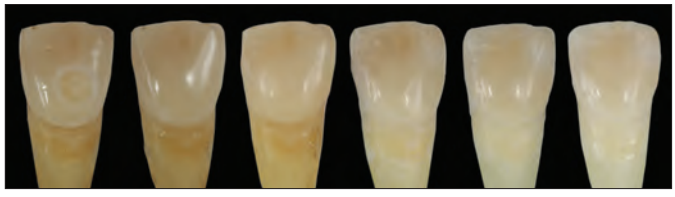
Before. After.

Courtesy of Dr. Jaleena Jessop.



Before. After.

CONTINUALLY MATCHES SURROUNDING DENTITION



No new composite restorations may be required after the whitening treatment is completed for teeth that have been previously restored with Transcend composite, as the shade of the composite can adapt itself to continue to match the optical properties of the surrounding dentition as teeth get whitened.[3]

1. Data on file. **2.** Data on file. **3.** Data on file. **4.** Data on file.

new

TECHNICAL OVERVIEW[4]

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

UNIVERSAL BODY SHADE

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

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

4757 - Transcend UB Singles *1pk*
10 x 0,2 g singles Universal Body shade

4817 - Transcend UB Singles *4pk*
40 x 0,2 g singles Universal Body shade

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

3059 - Composite Wetting Resin Syringe *2pk*
2 x 1,2 ml (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	*1pk*	Enamel	*1pk*
A1D	4744	Enamel Neutral	4748
A2D	4745	Enamel White	4749
A3D	4746		
B1D	4747		

10 x 0,2 g singles

4726 - Transcend Syringe Intro Kit
1 x 4 g syringe of each shade:
A1D, A2D, A3D, B1D, EN, EW, UB

4814 - Transcend Singles Intro Kit
10 x 0,2 g singles of each shade:
A1D, A2D, A3D, B1D, EN, EW, UB

Mosaic™

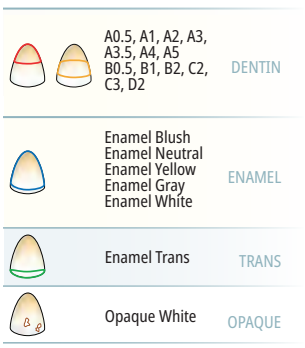
UNIVERSAL COMPOSITE

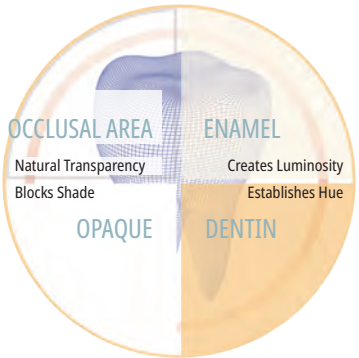
- Smooth, pliable consistency
- Cuts easily and doesn't stick to instruments
- Won't flow or slump out of place after being shaped
- Allows ample working time under ambient light

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. The exceptional handling, natural esthetics, and high durability of Mosaic composite enable clinicians to create restorations of the highest quality.

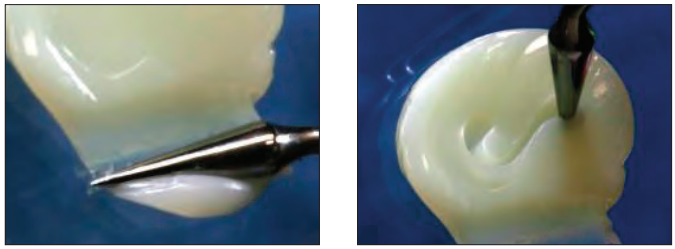
Mosaic composite is used for direct and indirect restorations (inlays, onlays, and veneers) in both the anterior and posterior regions.

TWENTY INTUITIVE SHADE OPTIONS PRODUCE PREDICTABLE, NATURAL RESULTS.





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

Courtesy of Dr. Gaetano Paolone.

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.

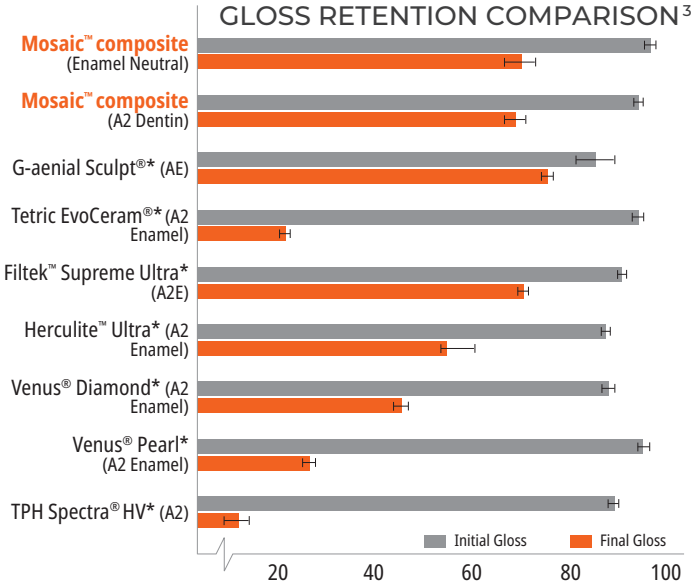
Class II restoration using Peak™ Universal Bond adhesive system with Mosaic composite shades A5 and Enamel Neutral.

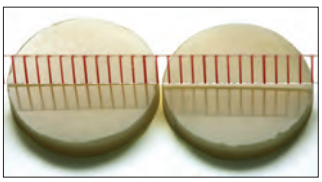
TECHNICAL OVERVIEW[2]

	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/mm³	≤40 µg/mm³
Water Solubility	≤7,5 µg/mm³	≤7,5 µg/mm³
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%

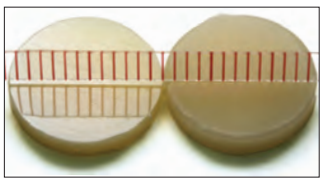
Balanced performance ensures both functional durability as well as esthetic longevity.

GLOSS RETENTION COMPARISON[3]

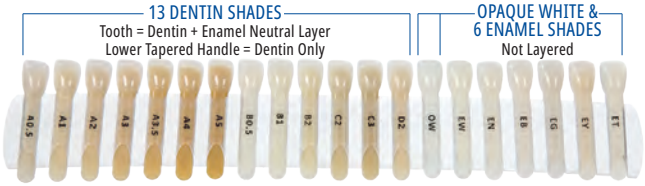




Mosaic composite polished before brushing | Mosaic composite after 10.000 brush cycles



Competitor composite polished before brushing | Competitor composite after 10.000 brush cycles



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. **1.** realityesthetics.com. **2.** Data on file. **3.** Data on file. Final gloss measured after 10,000 brush cycles in gloss units (GU).

PermaFlo™

FLOWABLE COMPOSITE

Micro 20 ga Tip

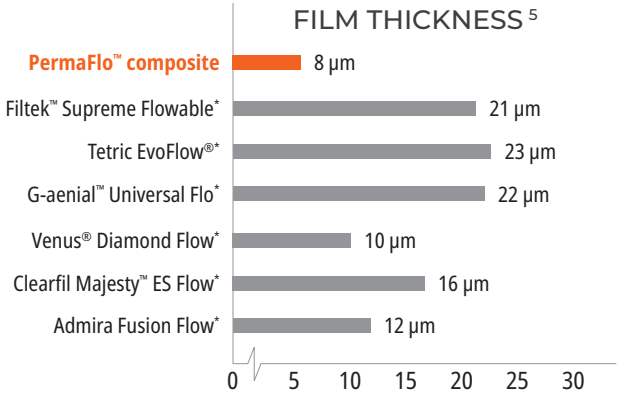
Black Mini™ Tip

- High-fill, high-flow formula
- Highly radiopaque[2]
- Fluoride-releasing formulation[3]
- Superior polishability
- Strong and wear resistant
- Available in 8 shades

PermaFlo flowable composite is light-cured, radiopaque, methacrylate-based, and available in 8 shades. Its thixotropic properties impart ideal flowability for improved adaptation.
PermaFlo composite is 67–68% filled by weight, 42–44% filled by volume[4], and has an average particle size of 0,7 µm.[4]

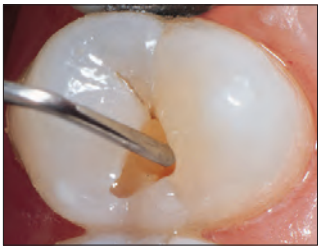
Use PermaFlo flowable composite for anterior and posterior restorations: Class I, II, III, IV, and V. It can also be used to restore missing subgingival tooth structure prior to endodontic procedures (the "Donut Technique").

FILM THICKNESS [5]

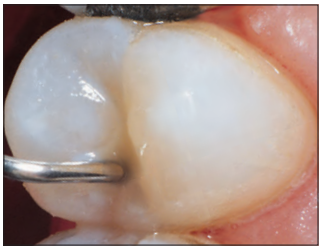


PermaFlo composite exhibits very low film thickness.

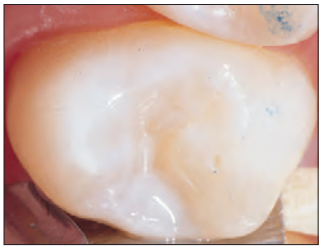
MICRO RESTORATIVE



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

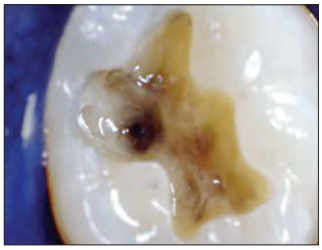


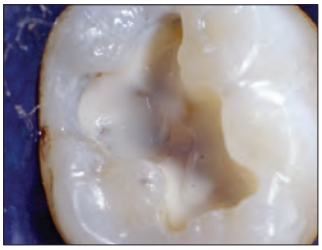
2. The flowable composite offers unsurpassed adaptation as it fills from preparation floor up.

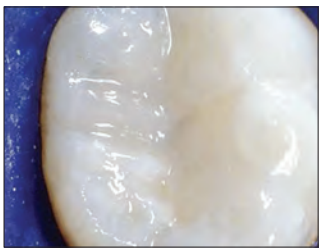


3. Finished, radiopaque, 0,7 µm hybrid restoration.

MASKER

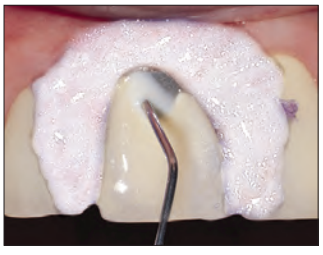






Masking dark colors with PermaFlo composite initially facilitates gorgeous esthetics at surface.

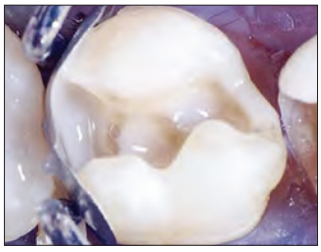
METAL MASKING



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

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

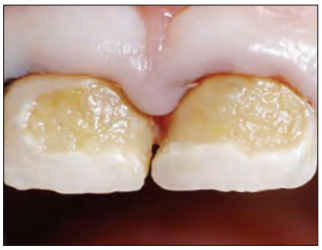
SUPERADAPTIVE INITIAL LAYER



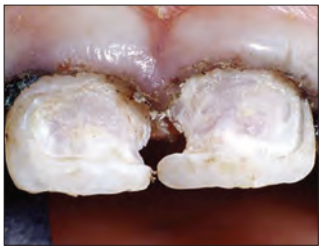
Courtesy of Dr. Howard Strassler.

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.

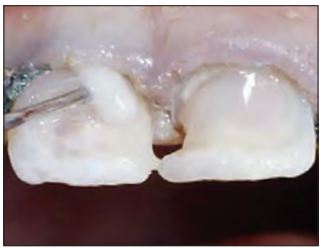
PEDIATRIC RESTORATIONS



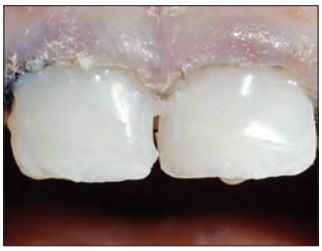
1. Rampant caries in a 3-year-old.



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.

REFRIGERATE

PermaFlo Syringe Kits

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

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

***** Trademark of a company other than Ultradent.

Composite Wetting Resin

WETTING RESIN

Inspiral™ Brush Tip

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

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

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

REFRIGERATE

3059 - Composite Wetting Resin Refill

2 x 1,2 ml (1,85 g) syringes

PermaFlo™ Pink

COMPOSITE

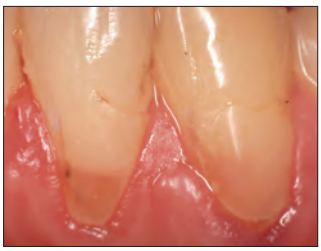
Micro 20 ga Tip

- Acts as an attractive solution for esthetic gingival substitute

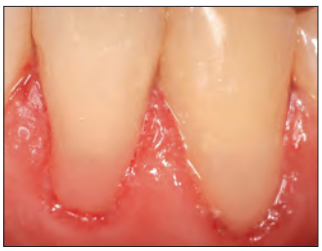
PermaFlo Pink composite is an excellent alternative to gingival grafting, which is not always an option. Use as a masking agent in Class V restorations where root structure is exposed. Also use to mask gingival recession.

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

1. realityesthetics.com.

Uveneer™ & Uveneer™ Extra

DIRECT COMPOSITE TEMPLATE SYSTEMS

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

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

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

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

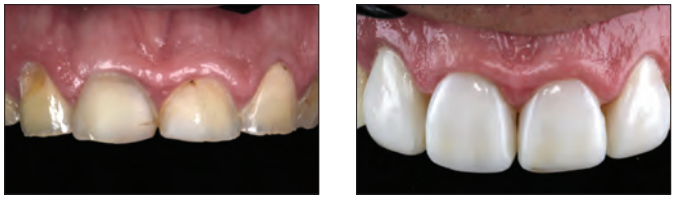
Courtesy of Dr. Hal Stewart.

Patient wanted something quick, conservative, and affordable. Treatment time was 1,5 hours for teeth 33-43 using *Vit-l-escence™ PN composite, and required no prep. Tissues still a bit irritated as this photo was taken immediately post-op after removing the retraction cords. Patient extremely satisfied.

Courtesy of Dr. Sigal Jacobson.

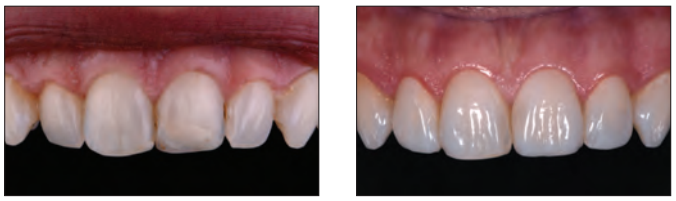
Young woman embarrassed to show her teeth. An implant crown on tooth 22 didn't match surrounding dentition. Treatment time was 45 minutes to restore teeth 12, 11, and 21. Minimal preparation needed. Patient is happy and satisfied with results.

Courtesy of Dr. Rafael Beolchi.



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

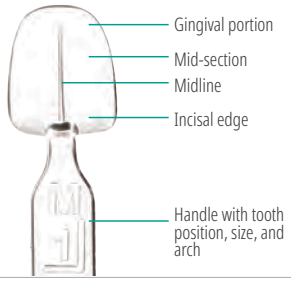
Courtesy of Dr. Susan McMahon.



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

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

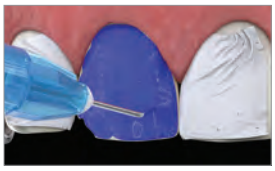
1. realityesthetics.com. * Vit-l-escence™ composite is not available in the EU.



DIRECT COMPOSITE TECHNIQUE GUIDE

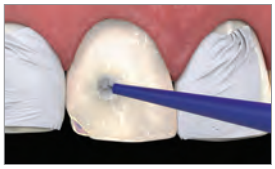
1. Select the template that corresponds with the tooth being restored. See handle of template for corresponding tooth position, size, and arch. Choose preferred composite shade(s).

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

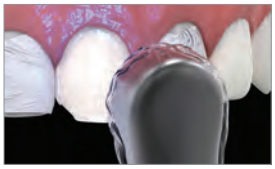


3. Place interproximal separating matrices and apply Ultra-Etch™ etchant, Peak™ SE Primer, or preferred etchant.

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



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



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

SINGLE SHADE TECHNIQUE

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

OR

LAYERING TECHNIQUE

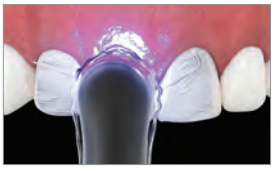
7b. If using a layering technique, place deepest composite layer directly onto the tooth and superficial composite layers into the template. Do not light cure composite.

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

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

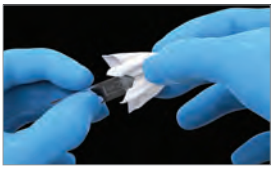
10. Using VALO curing light, cure composite through template. For every 2 mm layer, cure 10 seconds on Standard Power, 4 seconds on High Power, or 3 seconds on Xtra Power. If using other curing light, cure according to manufacturer's instructions.

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



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

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



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

Do not autoclave the black base.

UVKV3 - Uveneer Kit
16 x Medium upper and lower arch templates
16 x Large upper and lower arch templates

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

UVKEV1 - Uveneer Extra Kit
6 x Extra Large upper anterior templates
6 x Large upper anterior templates
6 x Medium upper anterior templates
6 x Square upper anterior templates

Uveneer Extra kits include canine to canine templates.

UVKEXLSQV1 - Uveneer Extra XL & SQ Kit
6 x Extra Large upper anterior templates
6 x Square upper anterior templates

UVKELMV1 - Uveneer Extra L & M Kit
6 x Large upper anterior templates
6 x Medium upper anterior templates

CEMENTS

45 YEARS 1978–2023

NICOLAS SONDAZ - Zion National Park

Polycarboxylate & Resin-Base, Non-Eugenol Temporary Cements
Temporary Veneer Cement
Light-Cure Veneer Luting Resin
Dual-Cure Composite Luting/Restorative Resin
Resin-Reinforced Glass Ionomer Cement

QUALITY SEAL. SUPERIOR HOLD

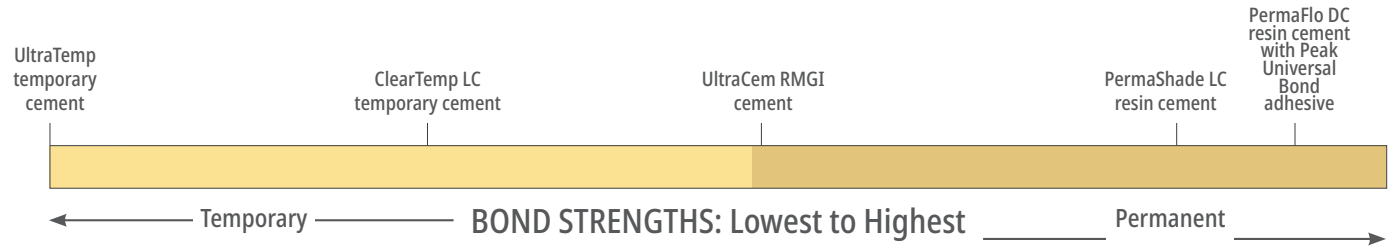
ULTRADENT CEMENTS






	UltraTemp™	UltraTemp™ REZ II	ClearTemp™ LC	PermaFlo™ DC	UltraCem™	PermaShade™ LC
Description	Temporary luting cement	Temporary luting cement	Temporary veneer cement	Luting/restorative cement	Resin-reinforced glass ionomer luting cement	Veneer 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	Liquid-powder RRGI (RMGI)	Highly filled 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	Permanent cementation of restorations (including inlays, onlays, crowns, and bridges) made of metal, PFM, zirconia, and resin to natural teeth	Permanent cementation of porcelain, zirconia, composite, and other indirect anterior veneers
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.	Hand-mix bottle kit: 15 g powder / 8,6 ml liquid	0,95 g contra-angle syringe
Cure Type	Self cure	Self cure	Light cure	Dual cure	Self cure	Light cure
Working Time/ Set Time	2–3 minutes	Fast Set 1–2 minutes Regular Set 2–3 minutes	Light cure with VALO™ curing light for 10 seconds	2,5 minutes working time, full set in 5–8 minutes. Light cure with VALO™ curing light according to instructions.	1–3 minute working time, full set in 5 minutes	2-second tack cure to avoid shifting. Light cure with VALO™ curing light for 10 seconds.
Viscosity	Flowable	Flowable	Medium	Flowable	Very flowable	Medium
Shades	Off-white	Off-white	Translucent (fluoresces under a UV light)	A2, A3.5, Translucent, Opaque White	Approximately A2	A2, B1, Translucent, Opaque White
Differentiation	Mixes and delivers in one action. Hydrophilic polycarboxylate non-irritating formula is kind to pulp. Ideal for sealing the access opening of walking bleach cases. Designed to flake off easily.	Mixes and delivers in one action. Hydrophilic resin-based formula is well-suited for cases when longer retention is required. Available in Regular and Fast Set times. Is radiopaque and fluoresces to ensure full cement removal.	Provides the additional strength necessary to keep provisional veneers in place. Fluoresces under a UV light for easy detection. Adheres more to the provisional than the tooth.	Lowest film thickness (8 µm) known for a luting cement.[1] Higher compressive bond strength than other quality luting cements.[2] Economically priced.	Features highest bond strengths to metal or dentin compared to other cements in its category.[3]	Low shade shift for a lasting esthetic result. Unique contra-angle delivery for added precision and convenience. Low shrinkage stress reduces strain on veneers at polymerization.

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



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

UltraTemp™ & UltraTemp™ REZ II

POLYCARBOXYLATE & RESIN-BASE, NON-EUGENOL TEMPORARY CEMENTS

Ultradent™ Mixing Tip

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

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

TEMPORARY PROVISIONAL LUTING

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

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

3. Flake off residual cement with blunt hand instrument.

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

5916 - UltraTemp Regular Set Kit (2- to 3-Minute Set Time)
1 x 5 ml (7,96 g) syringe
20 x Mixing tips

REFRIGERATE

6060 - UltraTemp REZ II Regular Set Kit (2- to 3-Minute Set Time)
1 x 5 ml (7,96 g) syringe
20 x Mixing tips

REFRIGERATE

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

1. realityesthetics.com.

ClearTemp™ LC

TEMPORARY VENEER CEMENT

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

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

ESTHETIC

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

COMPARE

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

FLUORESCING PROPERTIES

Courtesy of Dr. Jaleena Jessop.

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

PROCEDURE

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

2. Seat temporary veneer.

3. Remove flash.

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

REMOVAL

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

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

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

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

REFRIGERATE

3518 - ClearTemp LC Refill

4 x 0,67 g (0,5 ml) syringes

1. realityesthetics.com.

PermaShade™ LC

LIGHT-CURE VENEER LUTING RESIN

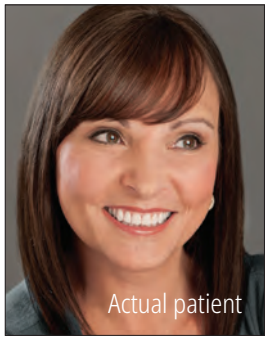
- Medium viscosity keeps veneer from drifting prior to cure
- Use for porcelain, zirconia, composite, and other indirect veneers
- Upon curing, low shrinkage stress prevents strain on the veneer[1]
- Available in four VITA™* shade options: Translucent, Opaque White, A2, and B1

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

Unique and ergonomic contra-angle syringe allows for precise, controlled delivery.

Note: for optimal handling, bring PermaShade LC resin to room temperature before use.

BEFORE AND AFTER



Courtesy of Dr. Shea Bess.

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

REFRIGERATE

PermaShade LC Syringe *4pks*

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

0,95 g (0,5 ml) syringes

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!

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

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

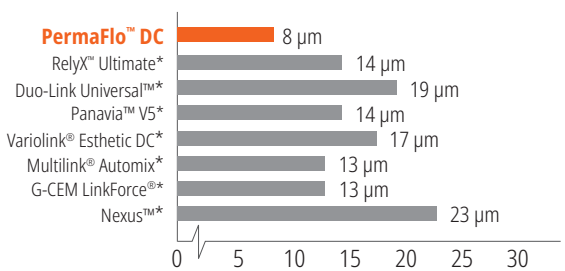
PermaFlo DC luting resin is a highly filled, small-particle, dual-cure resin that flows easily through a small-orifice tip, making post luting simple and convenient. It has the lowest film thickness of only 8 µm.[1]

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 DATA[2]

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

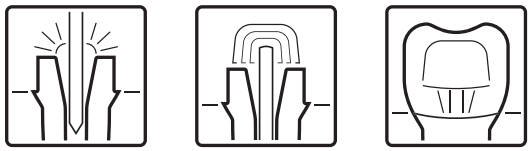
FILM THICKNESS[3]



PermaFlo DC resin has the lowest film thickness known for a composite luting resin.[4]

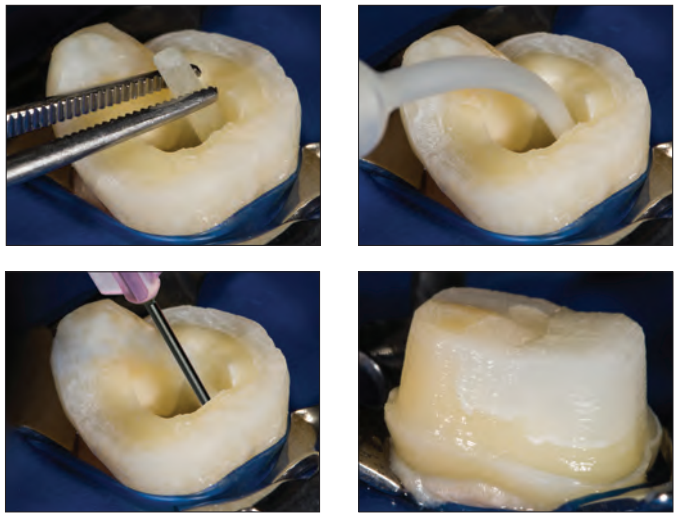
MULTIPLE OPTIONS

Failure is NOT one of them



Post Cementation | Core Buildup | Luting

PROCEDURE



Courtesy of Dr. Gary Findley.

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

USES

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

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

REFRIGERATE

PermaFlo DC Syringe Kits

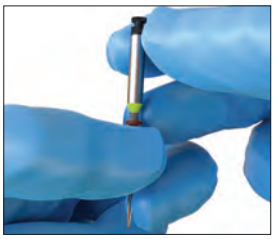
Shade	Kit	Shade	Kit
A2	5912	Translucent	5914
A3.5	5913	Opaque White	5915

1 x 5 ml (9,5 g) PermaFlo DC syringe
20 x Mixing tips
20 x Intraoral tips

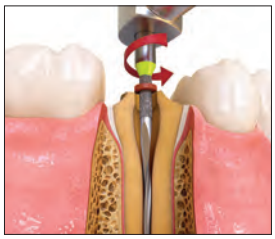
***** Trademark of a company other than Ultradent. **1.** Data on file. **2.** Data on file. **3.** Data on file. **4.** Data on file.

ENDODONTIC POST CEMENTATION GUIDE USING PERMAFLO DC RESIN

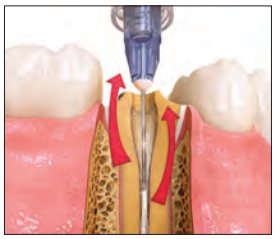
1. Determine post size and length using a try-in post or X-ray and clinical judgement.



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



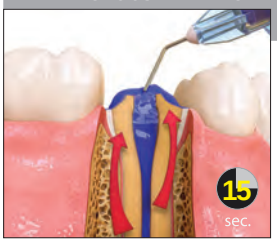
3. Position UniCore tip in the pilot hole. Using light pressure, follow the obturation material to the length indicated by rubber stop. Keeping the drill at full speed, withdraw from the canal.



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

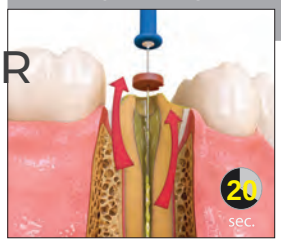


6. Etch space for 15 seconds with Ultra-Etch™ etchant using the Endo-Eze 22 ga tip. Start apically and fill coronally.

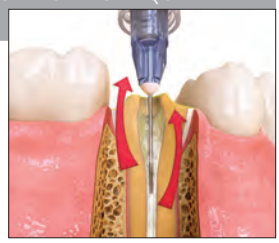
Use TriAway Adapter* and Endo-Eze 22 ga tip to rinse thoroughly with water and lightly air dry, leaving the post space slightly damp.

OR

OR THE ETCH AND **NO** RINSE TECHNIQUE



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



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

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

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

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

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

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

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

13. Insert post slowly and seat to predetermined depth.

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

15. Express PermaFlo DC cement around post for core 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.

Strongest RRGI/RMGI tested.[1]

UltraCem™

RESIN-REINFORCED GLASS IONOMER CEMENT

- High bond strengths
- Sustained fluoride release
- Flowable viscosity and low film thickness won't compromise fit or occlusion
- 1- to 3-minute working time, 5-minute set time
- Radiopacity >1 mm aluminum
- More retentive than other leading RMGI cements on precious alloy crowns[2]

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

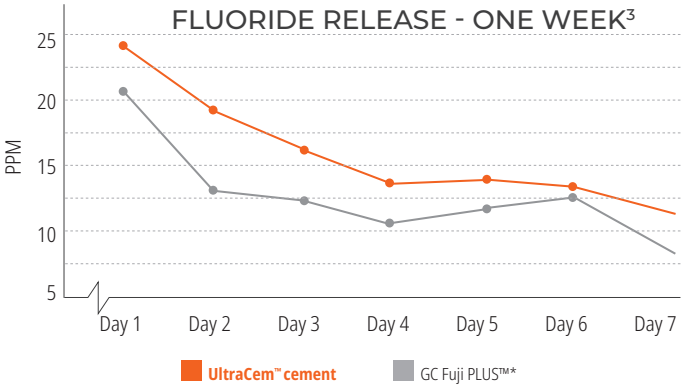
UltraCem resin-reinforced glass ionomer cement is used as a luting cement for indirect restorations (including inlays, onlays, crowns, and bridges) made of metal, porcelain fused to metal, zirconia, and resin. It may also be used for cementation of orthodontic bands.

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

COMPARATIVE TESTING[1]

	METAL SHEAR BUTTON	CROWN PULL	FILM THICKNESS
UltraCem™ cement	10,89 MPa	5,22 MPa	24,0 µm
GC Fuji PLUS™*	4,76 MPa	3,91 MPa	17,6 µm
3M RelyX™ Luting*	5,12 MPa	4,59 MPa	36,9 µm
3M Ketac-Cem™*	3,65 MPa	2,27 MPa	25,8 µm

FLUORIDE RELEASE - ONE WEEK[3]



2056 - UltraCem Liquid-Powder Bottle Kit

1 x 15 g bottle of powder
1 x 8,6 ml bottle of liquid
1 x Mixing pad
1 x Measuring spoon
1 x Spatula

***** Trademark of a company other than Ultradent. **1.** Data on file. **2.** Pameijer CH. Crown retention with three resin modified glass ionomer luting agents. *JADA* 2012;143(11):1218–1222. **3.** Data on file.

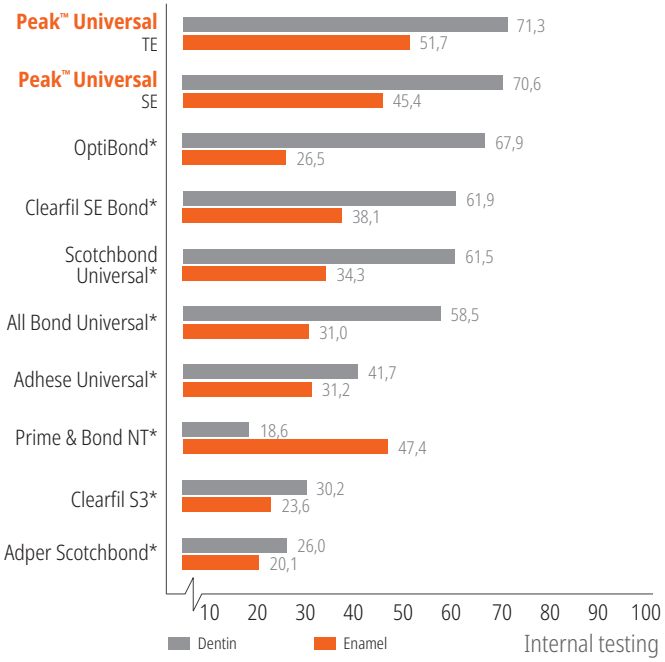
Peak™ Universal Bond

LIGHT-CURED ADHESIVE

Inspiral™ Brush Tip

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

BOND STRENGTH COMPARISON[2]



Light-Cured Adhesive, see page 60.

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

Uveneer™ & Uveneer™ Extra

DIRECT COMPOSITE TEMPLATE SYSTEMS

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

Direct Composite Template Systems, see pages 75-76.

1. realityesthetics.com.

ULTRADENT PRODUCTS, INC

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.

FINISH

45 YEARS 1978–2023

ARIANA ALSHIMMARY - Bonneville Salt Flats

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

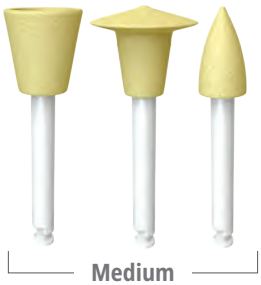
Polish.

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.



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

new

Jiffy™ Spin

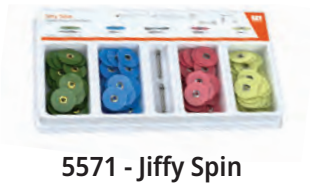
SHAPING AND FINISHING DISKS

- Ultra-thin disks are perfect for interproximal finishing and shaping
- Every component of the Jiffy system will assist clinicians in providing the esthetic restoration patients want
- Aluminum-oxide-coated disks range from coarse to fine for smoothing and polishing
- Extra-coarse diamond grit for rapid shaping and gross removal
- Suitable for use on composite and ceramic materials
- This new addition to the Jiffy family of products will be sure to bring the pristine finish patients love

The Jiffy Spin shaping and finishing disk system is a high-quality solution to shape and finish restorations, at a smart price, 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



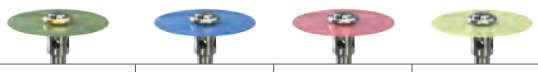
5571 - Jiffy Spin
14 mm Shaping & Finishing Disk Kit

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

2023 REALITY [1]

- 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. Gross to Fine Shaping

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

2. High Shine Polish

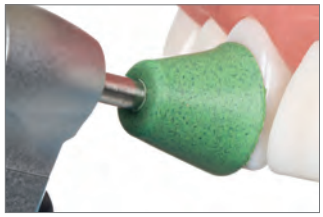
Use the blue (ultrafine) Jiffy HiShine system as an additional polishing step to provide an extra smooth and highly polished finish.

3. Final Finish

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

INTRAORAL SHAPING

Recommended speed: 3.000–8.000 RPM



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

Jiffy Coarse Green disk shapes labial/buccal surfaces.

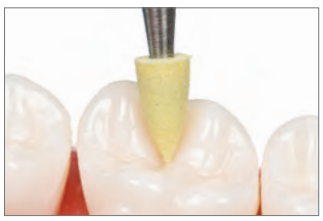
Use Jiffy Coarse Green point to shape occlusal and labial/buccal surfaces.

INTRAORAL POLISHING

Recommended speed: 3.000–8.000 RPM

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

Jiffy Medium Yellow disk polishes labial/buccal surfaces.



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

INTRAORAL POLISHING CONT.

Recommended speed: 3.000–8.000 RPM

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

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

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

INTRAORAL FINAL POLISHING

Recommended speed: 3.000–8.000 RPM

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

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

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

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)

7023 - Jiffy Original Adjusting & Polishing Kit *9pk*

3 x Jiffy RA Original Fine (1 cup, 1 disk, 1 point)
3 x Jiffy RA Original Medium (1 cup, 1 disk, 1 point)
3 x Jiffy RA Original Coarse (1 cup, 1 disk, 1 point)

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

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

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

Jiffy™ *Natural*

COMPOSITE POLISHING SYSTEM

2023[1] REALITY

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

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

Recommended speed: 5.000–8.000 RPM

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

Recommended speed: 5.000–8.000 RPM

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

6304-1 - Jiffy *Natural* Composite Polishing Kit (Aluminum Block)

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

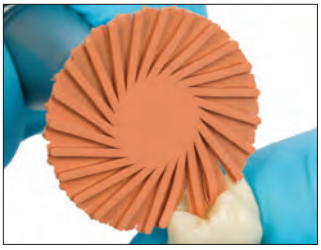
- Naturally adapts to any tooth surface, including occlusal anatomy
- Specially formulated Ultradent diamond grit allows for efficient polishing on any ceramic material, including zirconia
- Can be used to refresh older prosthetic cases
- Optimal two-step polishing sequence
- Available with or without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

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

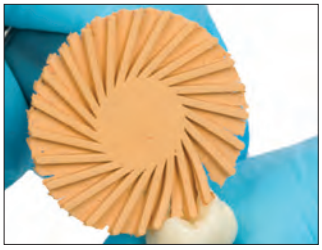
* Ultradent recommends the use of an aluminum block when autoclaving to prevent warping and deformation.

EXTRAORAL POLISHING

Recommended speed: 7.000–10.000 RPM



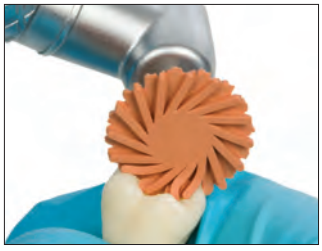
Use Jiffy Natural Universal HP Medium 26 mm wheel to pre-polish.



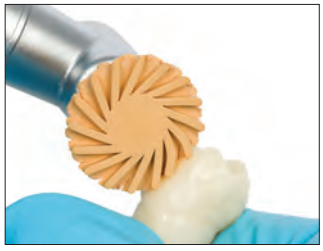
Use Jiffy Natural Universal HP Fine 26 mm wheel to create final polish.

INTRAORAL POLISHING

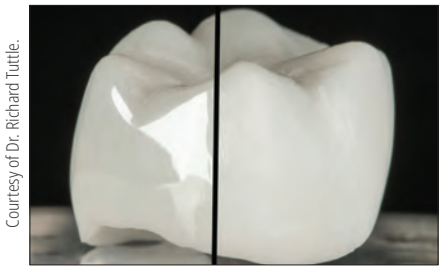
Recommended speed: 5.000–8.000 RPM



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



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



Courtesy of Dr. Richard Tuttle.

Beautiful, smooth finish achieved on fully contoured zirconia crown in a few minutes' time using the Jiffy Universal Ceramic Adjusting and Polishing System and the Jiffy Natural Universal Ceramic Polishing System. NOTE: Do not use Jiffy Natural Universal polishing wheels to polish the labial surface near the gingival line. This can tear the gingiva.

6081-1 - Jiffy *Natural* Universal Extraoral Polishing Kit (Aluminum Block)

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

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

26 mm wheel

6080-1 - Jiffy *Natural Universal* Intraoral Polishing Kit (Aluminum Block)

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*

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

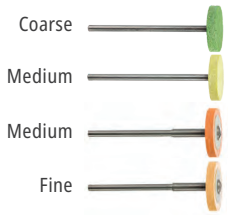
14 mm wheels

Jiffy™

UNIVERSAL CERAMIC
ADJUSTING AND POLISHING SYSTEM

2023[1] REALITY

- Universal application on all ceramic materials eliminates the need for multiple adjusters and polishers, saving you time and money
- Specially formulated Ultradent diamond grit provides optimal smoothness and outstanding polishing results while still being gentle on any ceramic material including zirconia
- Multi-grit diamond particles allow for effective adjustment of ceramics for a truly smooth and high-gloss finish[2]
- 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

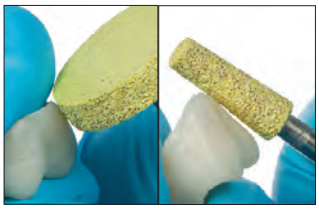
Polishing Brush used with Ultradent™ Diamond Polish Mint gives a final esthetic finish to ceramic restorations.

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.



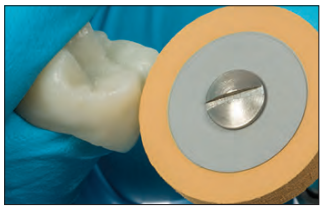
Jiffy Universal Medium Yellow grinders are designed for adjustments of lithium disilicate, zirconia, and feldspathic porcelain.

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.

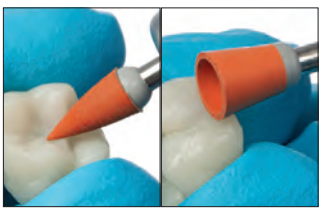


2. Use Jiffy HP Fine Universal wheel to create final polish.

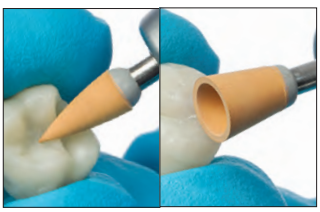
INTRAORAL POLISHING

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

Recommended speed: 5.000–7.000 RPM

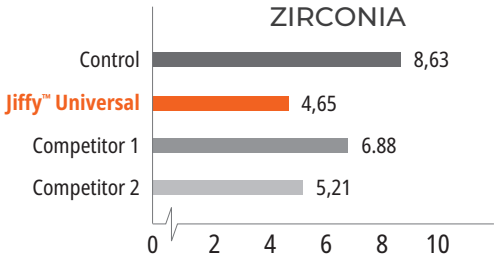


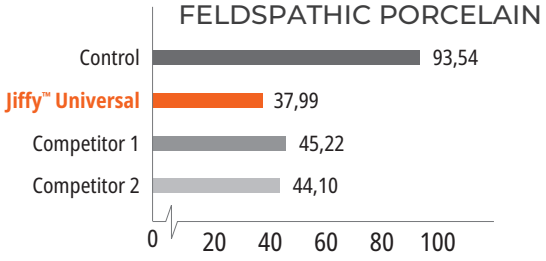
1. Use Jiffy Universal RA Medium point and cup to pre-polish.

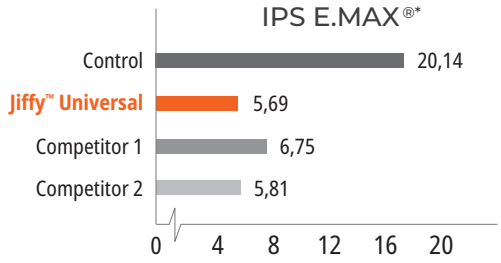


2. Use Jiffy Universal RA Fine point and cup to create final polish.

SURFACE ROUGHNESS (µin)[3]







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

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

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

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

4019-1 - Jiffy Universal Intraoral Adjusting & Polishing Kit (Aluminum Block)

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

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

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

Jiffy™ Composite Polishing Brushes

REGULAR AND POINTED

2023 REALITY [1]

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

CERTIFIED GLUTEN FREE GFCO.ORG

2023 REALITY [1]

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

CERTIFIED GLUTEN FREE GFCO.ORG

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

REFRIGERATE

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

717 - PrimaDry Syringe Econo Refill
20 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*
4676 - Jiffy Diamond Strips Perforated *Wide* Fine *10pk*
10 x Stainless Steel electroplated diamond strips

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

Jiffy™ Proximal Saw

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

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

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

Scan QR code to sign up today!

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.

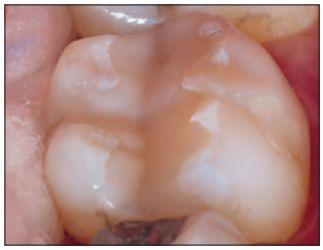
PermaSeal composite sealer seals voids and irregularities created during the polishing process, minimizing staining and wear. Place on Class V composite margins to reduce microleakage.[2] For the final glaze-type finish of resin provisionals, cover PermaSeal sealer with oxygen barrier solution prior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

NEW RESTORATIONS

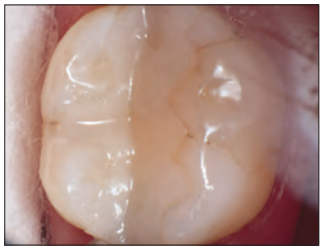
Before: Interproximal spaces and slight rotations to be corrected with Peak™ Universal Bond adhesive and composite.

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

EXISTING RESTORATIONS



Clean surfaces and margins to be sealed thoroughly with 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.



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

Smooth the provisional surface. Etch for 5 seconds, apply PermaSeal sealer onto surfaces, gently air thin, coat with oxygen barrier, 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.** Dunn JR, Dole P, Fullerton B, Hennesy C. Microleakage of Class V composite restorations using a composite surface sealant. Biomaterials Research Center, Loma Linda University School of Dentistry. May 1996. Data on file.

EQUIPMENT

45 YEARS 1978–2023

CAROLYN TAYLOR - Hanksville

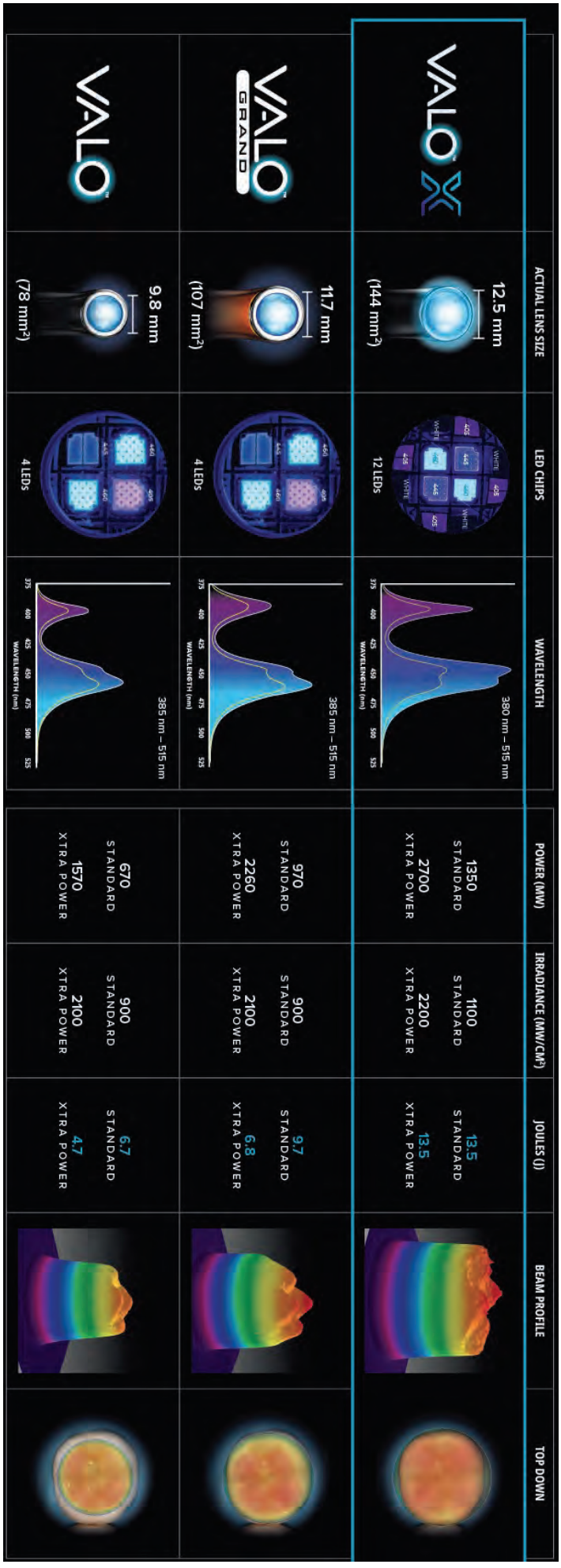
Curing Light Accessories
LED Broadband Curing Lights
Diode Lasers
Protective Eyewear
Cutters and Scissors

VALO™ Family

LED CURING LIGHTS

Best LED Curing Light

- Ultra-high-energy broadband LEDs cure all dental materials
- Optimally collimated beam delivers consistent, uniform power
- Versatile curing modes accommodate your preferences and needs
- Extremely durable build, crafted with high-grade aerospace aluminum, allows for excellent thermal management
- Slim, unibody design and ergonomic shape allows unprecedented access to all restoration sites[2]
- Unique unibody design is extremely durable and lightweight
- Highly efficient LEDs and aerospace unibody aluminum keep wand body cool to the touch



CLINICAL OUTPUT

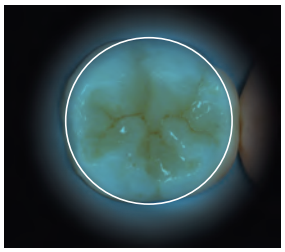
The collimation and uniformity of a curing light's beam affects the amount of energy that reaches the restoration site. A beam that disperses will deliver less power than a beam that remains collimated; a dispersed beam can lead to undercured restorations and eventual failures. A beam's uniformity affects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

The VALO light 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.

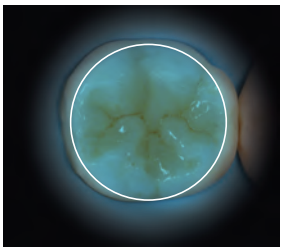
1. realityesthetics.com. **2.** Moreira RJ, de Deus RA, Ribeiro MTH, et al. Effect of light-curing unit design and mouth opening on the polymerization of bulk-fill resin-based composite restorations in molars. J Adhes Dent. 2021;23(2):121–131. doi:10.3290/j.jad.b1079561.

ACCESSIBILITY

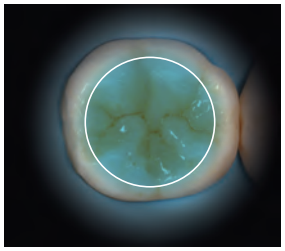
The VALO family of curing lights have a low-profile design to allow for easy access to posterior restorations without sacrificing patient comfort.[1] The slim heads allows them to be placed directly over the curing site, no matter where it is in the mouth, ensuring light can reach all aspects of the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



VALO X curing light surface area
144 mm²



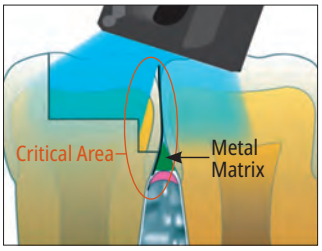
VALO Grand curing light surface area
107 mm²



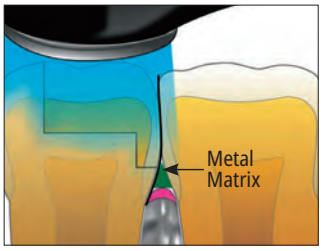
VALO curing light surface area
78 mm²

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

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



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

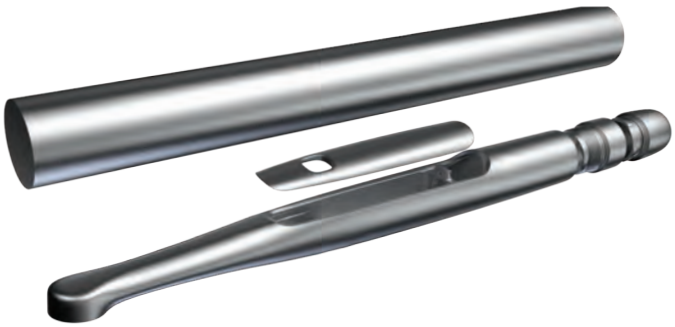


The VALO light's direct access and a collimated beam result in complete curing.

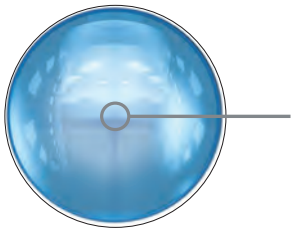
1. Moreira RJ, de Deus RA, Ribeiro MTH, et al. Effect of light-curing unit design and mouth opening on the polymerization of bulk-fill resin-based composite restorations in molars. J Adhes Dent. 2021;23(2):121–131. doi:10.3290/j.jad.b1079561.

DURABILITY

All VALO curing lights are created from a solid bar of high-grade aerospace aluminum, making the VALO light virtually indestructible. The unibody construction creates a sealed, strong light that eliminates weak connection points and increased bioburden.



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



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

5-YEAR MANUFACTURER WARRANTY

The VALO curing light family is made to last, and we stand behind it. Each VALO light comes with a 5-year manufacturer's warranty, so you can be confident in the value of your purchase.

PRODUCT SPECIFICATIONS

	VALO X	VALO Grand	VALO
Range of Light Output (nm)	380 nm–515 nm	385 nm–515 nm	385 nm–515 nm
Peak Wavelengths (nm)	380–420 nm and 420–515 nm	395–415 nm and 440–480 nm	395–415 nm and 440–480 nm
Power (mW)			
Standard	1350 mW	970 mW	670 mW
High Power	NA	1620 mW	920 mW
Xtra Power	2700 mW	2260 mW	1570 mW
Irradiance* (mW/cm²)			
Standard	1100 mW/cm²	900 mW/cm²	900 mW/cm²
High Power	NA	1500 mW/cm²	1300 mW/cm²
Xtra Power	2200 mW/cm²	2100 mW/cm²	2100 mW/cm²
Total Energy Per Cycle			
Standard	13,5 J (10 seconds)	9,70 J (10 seconds)	6,65 J (10 seconds)
High Power	NA	6,46 J (4 seconds)	3,83 J (4 seconds)
Xtra Power	13,5 J (5 seconds)	6,30 J (3 seconds)	4,65 J (3 seconds)
Curing Time Modes			
Standard	10 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			
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) With Batteries: 190 grams (6.7 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, Lithium-Ion Battery 1IMR14/65 3.7V, 900mAH 3.33WH	Rechargeable, Safe chemistry Lithium Iron Phosphate Battery (LiFePO4) RCR123A, 3.2V, 400mAH 1.28WH	Rechargeable, Safe chemistry Lithium Iron Phosphate Battery (LiFePO4) RCR123A, 3.2V, 400mAH 1.28WH

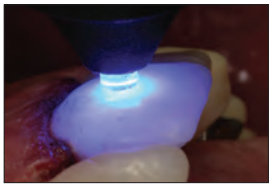
**Irradiance conforms to ISO 10650 when measured with a Gigahertz spectrum analyzer.*

Scan for the video of the full story

VALO™ and VALO™ Grand Accessory Lenses

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

PointCure™ Lens

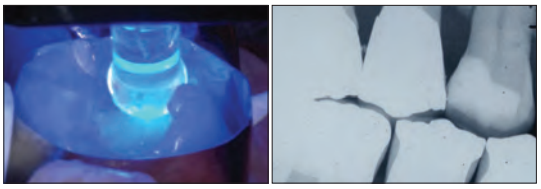


The PointCure lens is a clear, 2,5 mm diameter lens used for pinpoint curing of small composites, to aid in positioning, and tack curing.

VALO	2pk
PointCure Lens	5934

VALO Grand	2pk
PointCure Lens	4082

ProxiCure™ Ball Lens

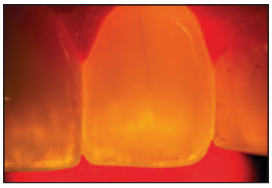


The ProxiCure Ball lens helps to hold the matrix band in interproximal contact during polymerization.

VALO	2pk
ProxiCure Ball Lens	5936

VALO Grand	2pk
ProxiCure Ball Lens	4081

TransLume™ Lens



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

VALO	2pk
TransLume Lens	5937

VALO Grand	2pk
TransLume Lens	4084

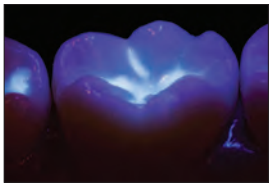
Interproximal Lens

The Interproximal lens is a 1 mm white light lens that allows white light to be placed between teeth for observation of shadows, anomalies, or caries in the interproximal spaces.

VALO	2pk
Interproximal Lens	4629

VALO Grand	2pk
Interproximal Lens	4658

Black Light Lens



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

VALO	1pk
Black Light Lens	5939

VALO Grand	1pk
Black Light Lens	4319

White Light Lens

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

VALO Grand	2pk
White Light Lens	4628

VALO™ X

BROADBAND **LED** CURING LIGHT

THE CURING LIGHT REIMAGINED

COMPLETELY REDESIGNED

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

HIGH-GRADE AEROSPACE ALUMINUM

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

INCREASED LENS SIZE

- 12,5 mm lens covers any tooth while maintaining accessibility and patient comfort

SIMPLIFIED INTERFACE

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

MULTI-CONFIGURATION

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

5-YEAR WARRANTY

- Includes a 5-year manufacturer warranty

ACCELEROMETER FUNCTION

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

12 LED CHIPSET

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

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

CYCLING BETWEEN MODES

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

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

INCLUDED LENS ACCESSORIES

TWO CURING LENSES

PointCure™ Lens

ProxiCure™ Ball Lens

THREE DIAGNOSTIC LENSES

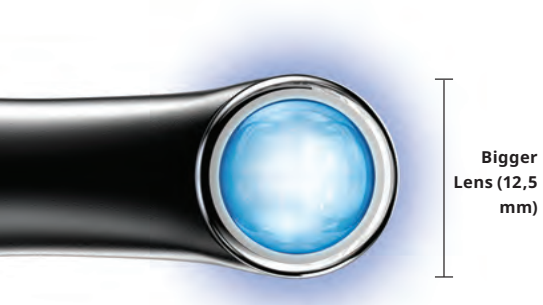
TransLume™ Lens

Interproximal Lens

Diffuser Lens

VALO™ X

BROADBAND LED CURING LIGHT



- 12 ultra-high-energy broadband LEDs cure all dental materials
- Optimally collimated beam delivers consistent, uniform power
- Two curing modes — Standard Power and Xtra Power — accommodate your preferences
- Extremely durable build, crafted with high-grade aerospace aluminum, allows for excellent thermal management
- Simplified interface with diagnostic and curing modes included
- Slim, unibody design and ergonomic shape allows unprecedented access to all restoration sites[1]
- New Accelerometer Feature allows you to quickly change between modes with a drum-tap motion
- Second activation button on the underside allows for intuitive operation
- Five accessory lenses included with the kit for diagnostic and curing purposes
- 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; no batteries needed

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

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.jad.b1079561.

5973 - VALO X Corded Kit
1 x VALO X LED curing light
5 x Accessory lenses
2 x Rechargeable batteries
1 x Battery charger
1 x Power supply (for battery charger or cord adapter)
1 x Cord adapter
1 x Handpiece bracket holder
1 x Blue light blocking light shield
1 x Sample pack of barrier sleeves

4952 - VALO X Power Supply (Universal Plugs) *1pk*

5189 - VALO X Assembled Cord *1pk*

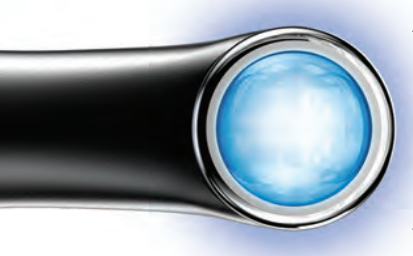
4951 - VALO X Battery Charger *1pk*

5437 - VALO X Batteries *2pk*

4665 - VALO X Barrier Sleeves *100pk*

VALO™ Grand Cordless

LED CURING LIGHT



50%
Bigger Lens (12 mm)

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

- Ultra-high-energy broadband LEDs cure all dental materials
- Optimally collimated beam delivers consistent, uniform power
- Three curing modes — Standard Power, High Power, and Xtra Power — accommodate your preferences
- Extremely durable, slim, ergonomic shape allows unprecedented access to all restoration sites[2]
- Unique unibody design is both extremely durable and lightweight
- Highly efficient LEDs and aerospace unibody aluminum keep wand body cool to the touch

- Second activation button on the underside allows for intuitive operation
- Battery-operated, cordless wand design provides optimal convenience and flexibility
- Operates on environmentally responsible, safe, inexpensive, rechargeable batteries

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

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

5963 - VALO Grand Rechargeable Batteries *2pk*

5962 - VALO Grand Battery Charging Unit *1pk*

5961 - VALO Charging Unit Power Supply *1pk*

1667 - VALO Surface Mounting Bracket *1pk*

3604 - VALO Grand Light Shield *1pk*

4666 - VALO Grand Cordless Barrier Sleeves *100pk*

508 - UltraTect Glasses *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.jad.b1079561.

VALO™ Cordless

LED CURING LIGHT

Best LED Curing Light

- Ultra-high-energy broadband LEDs cure all dental materials
- Optimally collimated beam delivers consistent, uniform power
- Three curing modes — Standard Power, High Power, and Xtra Power — accommodate your preferences
- Extremely durable, slim, ergonomic shape allows unprecedented access to all restoration sites[2]
- Unique unibody design is both extremely durable and lightweight
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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.jad.b1079561.

5941 - VALO Cordless Kit
1 x VALO Cordless LED curing light
4 x Rechargeable batteries
1 x Battery charger
1 x Charging unit power supply
1 x Handpiece bracket holder
1 x Blue light blocking light shield
1 x Sample pack of barrier sleeves

WARNING: Only use rechargeable batteries stated in the 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 Charging Unit Power Supply *1pk*

1667 - VALO Surface Mounting Bracket *1pk*

5929 - VALO Cordless Light Shield *1pk*

4667 - VALO Cordless Barrier Sleeves *100pk*

508 - UltraTect Glasses *1pk*

VALO™ Grand Corded

LED CURING LIGHT

- Ultra-high-energy broadband LEDs cure all dental materials
- Optimally collimated beam delivers consistent, uniform power
- Three curing modes — Standard Power, High Power, and Xtra Power — accommodate your preferences
- Extremely durable, slim, ergonomic shape allows unprecedented access to all restoration sites[2]
- Unique unibody design is both extremely durable and lightweight
- Highly efficient LEDs and aerospace unibody aluminum keep wand body cool to the touch
- Second activation button on the underside allows for intuitive operation

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

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

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 glasses
1 x Sample pack of barrier sleeves

5930 - VALO Power Supply - *1,83 m cord*

5933 - VALO Power Supply - *4,88 m cord*

1667 - VALO Surface Mounting Bracket *1pk*

4669 - VALO Grand Barrier Sleeves *100pk*

508 - UltraTect Glasses *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.jad.b1079561.

VALO™ Corded

LED CURING LIGHT

Best LED Curing Light

- Ultra-high-energy broadband LEDs cure all dental materials
- Optimally collimated beam delivers consistent, uniform power
- Three curing modes — Standard Power, High Power, and Xtra Power — accommodate your preferences
- Extremely durable, slim, ergonomic shape allows unprecedented access to all restoration sites[2]
- Unique unibody design is both extremely durable and lightweight
- Highly efficient LEDs and aerospace unibody aluminum keep wand body cool to the touch

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

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

5919 - VALO Corded Kit
1 x VALO 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

5930 - VALO Power Supply - *1,83 m cord*

5933 - VALO Power Supply - *4,88 m cord*

1667 - VALO Surface Mounting Bracket *1pk*

5935 - VALO Light Shield *1pk*

4668 - VALO Barrier Sleeves *100pk*

508 - UltraTect Glasses *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.jad.b1079561.

Gemini™ & Gemini EVO™

810 + 980 DIODE LASERS

- 3-in-1 design allows you to choose the optimal wavelengths for coagulation, ablation, or a combination of both
- Super-pulsed peak power for faster, gentler cutting with greater clinical predictability and effective treatment[7]
- Stunning design with a simple user interface featuring preset procedures organized in non-surgical, surgical, and photobiomodulation for more intuitive and user-friendly control
- Battery operation and wireless foot pedal allow for convenient movement from operatory to operatory
- Patented single-use tips and autoclavable handpiece for easy laser use and simple sterilization between procedures
- Innovative photobiomodulation options for pain relief so your patients can take full advantage of laser benefits
- Designed/assembled in the U.S. from U.S./imported components

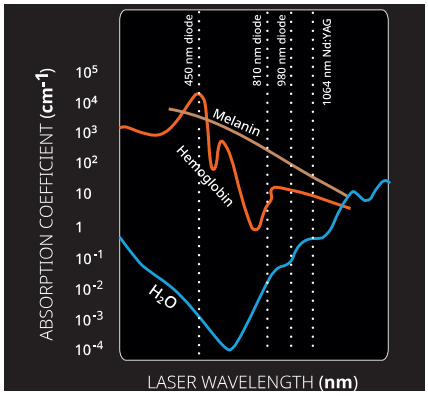
Soft tissue diode lasers offer several advantages over traditional methods, making them an excellent addition to any dental practice. Soft tissue diode lasers are minimally invasive and can perform many procedures without the need for incisions or sutures, resulting in less trauma, bleeding, and discomfort for patients.

Additionally, they 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.

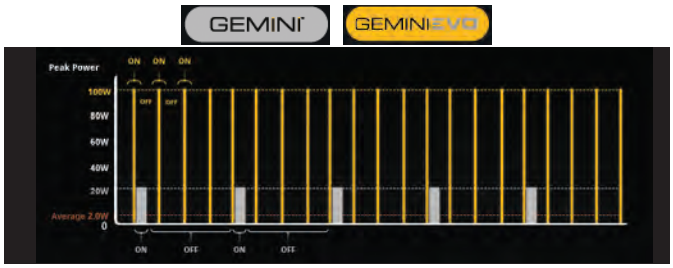
BENEFITS	SCALPEL	ELECTROSURGE	LASER
Efficient soft tissue removal	X	X	X
Excellent hemostasis		X	X
Generally safe around implants	X		X
Requires less anesthesia			X
Reduced post-operative pain			X
Less risk of gingival recession	X		X
Reduced swelling and discomfort			X
No suturing required		X	X
Decontaminates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

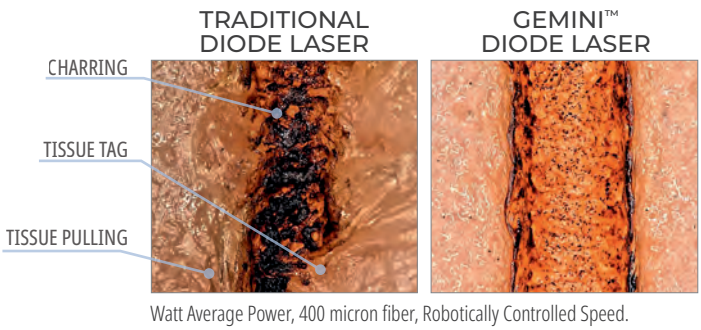
Dental soft tissue diode lasers work by emitting a focused beam of light (non-ionizing infrared radiation of 800–980 nm wavelength) that is absorbed by the water, hemoglobin, and pigment molecules within soft tissue. This causes the molecules to heat up and vaporize, allowing the laser to cut through 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 family of lasers 810 nm, 980 nm, and dual wavelength options allow for combining the best absorption in melanin, hemoglobin, and water to provide the greatest clinical versatility.[3,4]



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.[1,2] Gemini laser's high peak pulse 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, resulting in increased patient comfort without compromising the speed or effectiveness of the treatment.[1,2]





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

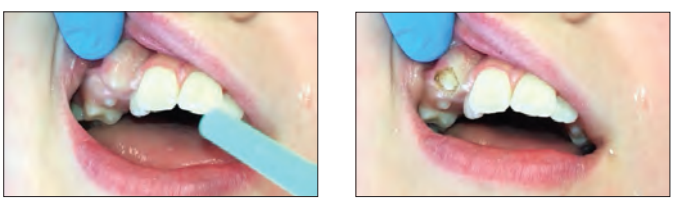
SURGICAL PROCEDURES

• 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 (tumor) 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

Gingivectomy

Frenectomy

Biopsy/Fibroma



Cuspid Exposure

HYGIENE PROCEDURE

• 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 indices including gingival index, gingival bleeding index, probe depth, attachment loss, and tooth mobility)

Decontamination or Laser Bacterial Reduction

Laser Curettage/Debridement

PHOTOBIOMODULATION

Gemini and Gemini EVO lasers offer 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.[5,6] Notably, only the Gemini EVO laser fully integrates PBM as a standard feature.

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 **2.** 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.** 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. **3.** S Pirnat. Versatility of 810 nm laser in dentistry. J Laser Health Academy, 2007; (4). **4.** Akbulut N, Kursun ES, Tumer 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:10.4103/1305-7456.11017. **5.** Ross G, Ross A. Photobiomodulation: an invaluable tool for all dental specialties. J Laser Dent. 2009;17(3):117–124. **6.** Mármora BC, Brochado FT, Schmidt TR, et al. Defocused high-power diode laser accelerates skin repair in a murine model through REDOX state modulation and reepithelization and collagen deposition stimulation. J Photochem Photobiol B. 2021;225:112332. doi:10.1016/j.jphotobiol.2021.112332 **7.** 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.

Gemini™

810 + 980 DIODE LASER

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

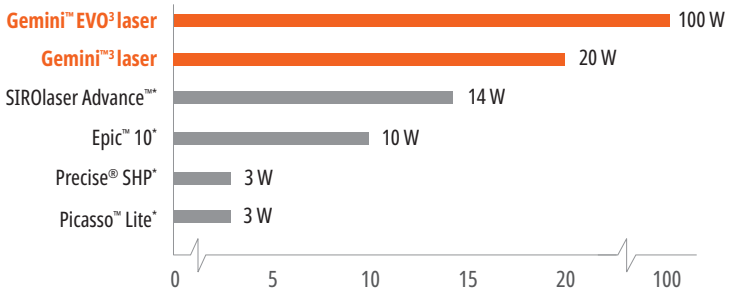
- 20 watts of peak super-pulsed power for faster, smoother cutting[1]
- Dual wavelength technology combines the optimal melanin absorption of the 810 nm wavelength and the optimal water absorption of the 980 nm wavelength in diode lasers[2,3]
- Sleek, innovative design features a stunning transparent electroluminescent display
- Simple user interface and 20 preset procedures enhance ease of use (Pain Relief preset available with PBM adapter kit)
- Wireless foot pedal and battery operation allow for convenient movement from operatory to operatory
- Autoclavable handpiece for simple sterilization between procedures
- Designed/assembled in the U.S. from U.S./imported components

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

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

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.** S Pirnat. Versatility of 810 nm laser in dentistry. J Laser Health Academy, 2007; (4). **3.** Akbulut N, Kursun ES, Tumer 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.

DIODE LASER PEAK POWER COMPARISON[1,2]



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

8991 - Gemini Power Supply *1pk*

8992 - Gemini Foot Pedal *1pk*

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

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

8995 - Gemini Safety Glasses *1pk*

8999 - Gemini PBM Spacer Tip Kit *5pk*

8996 - Handpiece Shell *1pk*

***** Trademark of a company other than Ultradent. **1.** Data published by manufacturer. **2.** Peak power in dual wavelength mode. **3.** S Pirnat. Versatility of 810 nm laser in dentistry. J Laser Health Academy, 2007; (4).

Gemini EVO™

810 + 980 DIODE LASER

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

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

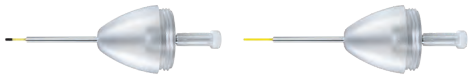
1. R Borchers. Comparison of diode lasers in soft tissue surgery using CW and superpulsed mode, an in vivo study. Int J Laser Dent. 2011; 1(1):17–27.

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)

9126 - Gemini EVO Power Supply *1pk*

9127 - Gemini EVO Handpiece Shell *1pk*

8995 - Gemini EVO Safety Glasses *1pk*



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

Note: If you would like to order the PBM adapters or Gemini EVO foot pedal, please contact your Ultradent Products Customer Service.

9123 - Gemini EVO Intraoral PBM Adapter Kit
1 x 3 mm Photobiomodulation (PBM) adapter
1 x 7 mm Photobiomodulation (PBM) adapter

9124 - Gemini EVO Extraoral PBM Adapter Kit
1 x 25 mm Photobiomodulation (PBM) adapter
2 x Spacers
1 x Cleaning cloth

8999 - Gemini PBM Spacer Tip Kit *5pk*

5764 - Gemini EVO Foot Pedal Rechargeable Li-Ion Battery and USB Kit *1pk*

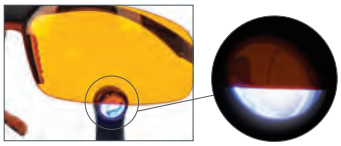
UltraTect™

PROTECTIVE EYEWEAR

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

Note: Do not use for laser protection.

Glasses are flexible and impact resistant for ultimate durability.

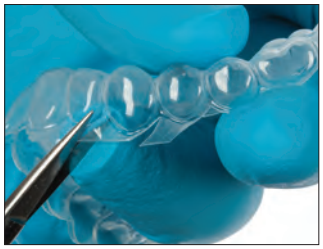


Orange lenses protect against the blue light generated by the VALO™ curing lights.

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

Ultradent™ Ultra-Trim Scalloping Scissors

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



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

Ultradent'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!

ENDODONTICS

45 YEARS 1978–2023

TIFFANY DRAPER - House On Fire

Mineral Trioxide Aggregate Repair Cement
Canal Sealer
Resin-Coated Gutta Percha
File Lubricants
Calcium Hydroxide Paste
Citric Acid
Endodontic Tips
Posts and Drills
Light-cured temporary resin

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

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

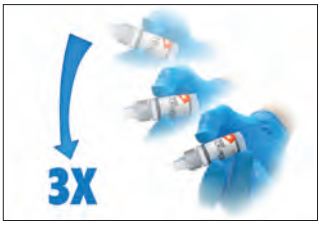
Warning: MTA has limited antimicrobial properties. When MTAFlow cement is used in primary dentition vital pulpotomy, use only sterile water during the procedure.

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

THE DIFFERENCE YOU CAN FEEL

MTAFlow 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.

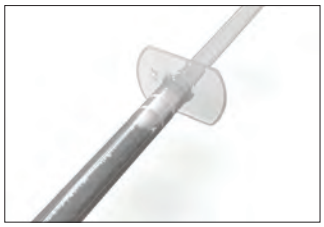
1. Use a cement spatula to remove excess powder. DO NOT use powder without leveling at edge of scoop.



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 Skini syringe.

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



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

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

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

Perforation located in cervical third of mesial buccal canal.

MTA cement in place showing repair.

THE RIGHT CONSISTENCY FOR THE RIGHT PROCEDURE

The mixing ratio of the powder and gel components of MTAFlow repair 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.

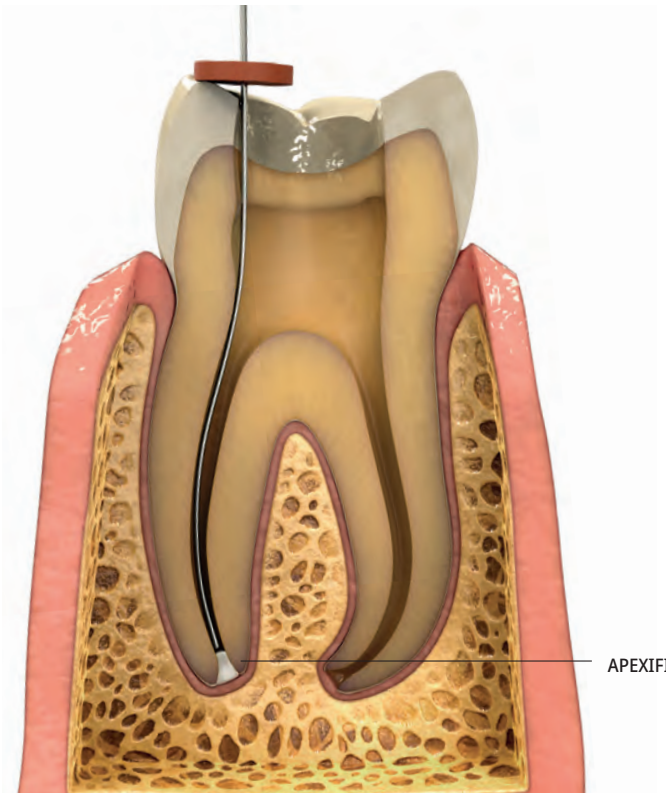
EVERYTHING YOU NEED IN ONE PLACE

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.

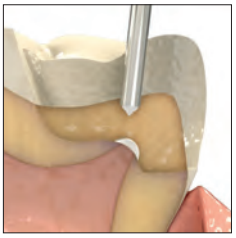
5980 - MTAFlow White Repair Cement Kit
1 x Each Technique guide, instructions for use, 2 g MTAFlow powder, 2 ml MTAFlow gel, and measuring spoon
10 x Skini syringes
10 x Luer Lock caps
20 x Micro 20 ga tips

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

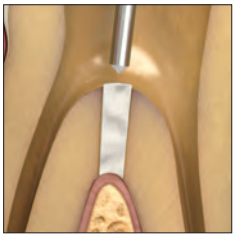
3981 - MTAFlow Repair Cement Refill
1 x Each Technique guide, instructions for use, 2 g MTAFlow powder, 2 ml MTAFlow gel, and measuring spoon



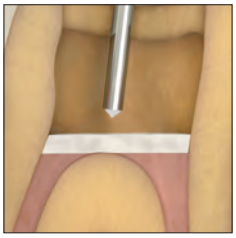
APEXIFICATION



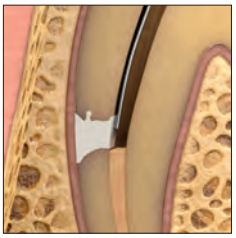
PULP CAPPING



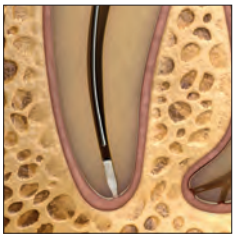
PULP CHAMBER FLOOR PERFORATION



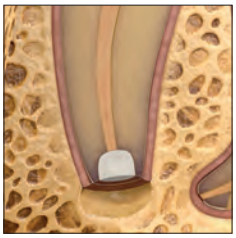
PRIMARY DENTITION VITAL PULPOTOMY



RESORPTION



APICAL PLUG



ROOT END FILLING

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

EndoREZ™

CANAL SEALER

2023 REALITY[1]

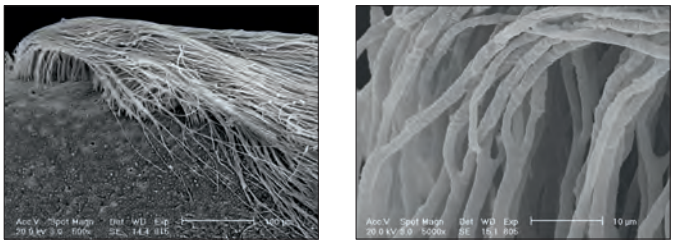
Ultradent™ Mixing Tip

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

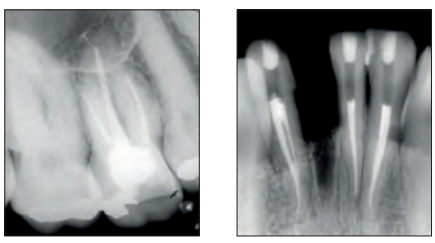
- The world's first hydrophilic and self-priming resin sealer
- More effective obturation in less time
- Provides a complete, thorough seal[2]
- Has the same radiopacity as gutta percha
- Bonds to resin-based core/composite materials
- Retreatable when combined with gutta percha[3]
- Provides syringe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

EndoREZ canal sealer minimizes the amount of chair time required for obturation. This thixotropic material has an affinity for the moisture found deep in dentinal tubules and lateral canals[4] and provides the most complete seal available. Since methacrylate-based EndoREZ canal sealer relies on chemistry rather than heat or pressure to fill the canal, the risk of additional root trauma/fracture is greatly reduced. Additionally, studies show that EndoREZ canal sealer is versatile enough to be used as the sealer with any obturation method, e.g., master cone, lateral condensation, or warm gutta percha. Create a "monobloc" by using EndoREZ resin-coated gutta percha points.

EndoREZ canal sealer contains a special hydrophilic organophosphate methacrylate monomer that increases its hydrophilicity and produces a resin with a strong affinity for moisture with resin penetration of 1.000µm into tubules.[5]

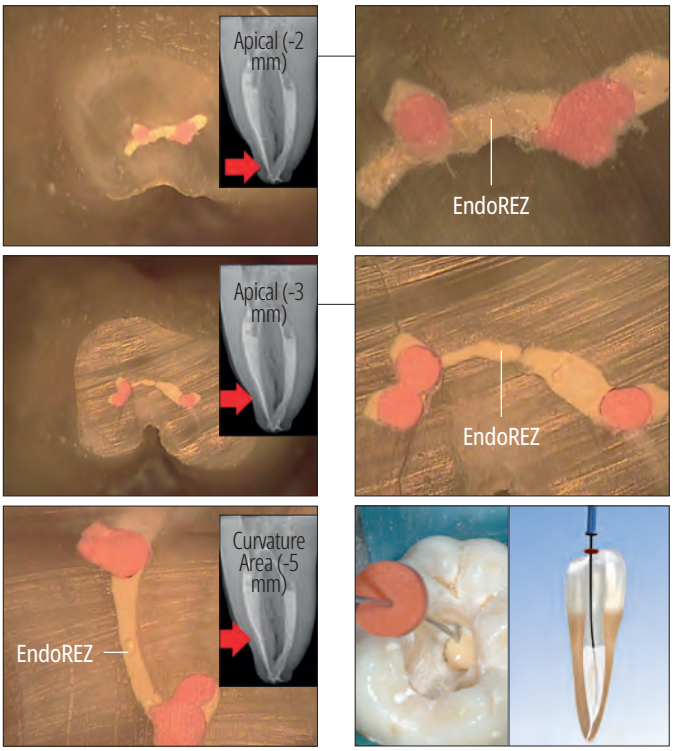


EndoREZ canal sealer penetrates into tubules and adapts to the walls like no other sealer on the market.



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

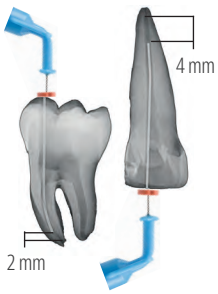
The improved flowability of EndoREZ canal sealer allows the sealer to reach the isthmus and intracanal areas during the obturation procedure without using any special device.

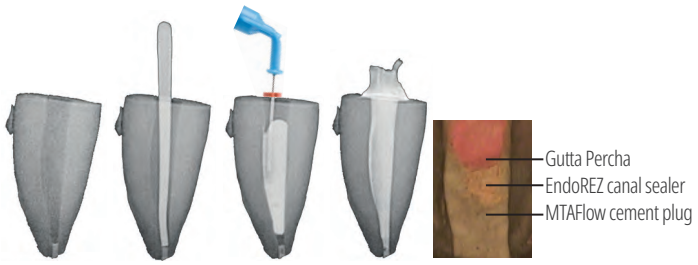


Ultradent's patented NaviTip™ tip delivers EndoREZ canal sealer into entire anatomy of canal in one step.

CANAL SEALING

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





MTAFlow™ cement in place | Master Gutta Percha Point | EndoREZ sealer insertion | Final obturation

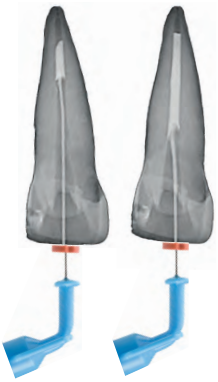
Cases of incomplete formation of apex or reabsorbed foramens can be treated in one visit with an apical MTAFlow cement plug. This will prevent the extrusion of the EndoREZ canal sealer and create a biological seal at apical foramen.

* Trademark of a company other than Ultradent. **1.** realityesthetics.com. **2.** Zmener O, Pameijer CH. Clinical and radiographic evaluation of a resin-based root canal sealer: an eight-year update. *J Endod.* 2010;36(8):1311-4. **3.** Zmener O, Banegas G, Pameijer C. Efficacy of an automated instrumentation technique in removing resin-based, zinc oxide and eugenol endodontic sealers when retreating root canal: an in vitro study. *Endod Pract.* 2005;8:29-33. **4.** Zmener O, Pameijer CH, Serrano SA, Vidueira M, Macchi RL. Significance of moist root canal dentin with the use of methacrylate-based endodontic sealers: an in vitro coronal dye leakage study. *J Endod.* 2008;34(1):76-9. **5.** Data on file.

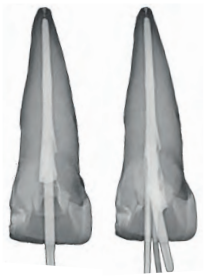
ENDOREZ CANAL SEALER SEQUENCE OF CLINICAL USE

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

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



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



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

5. Light cure EndoREZ canal sealer with VALO™ LED curing light for 40 seconds. Initial surface polymerization with curing light (without EndoREZ Accelerator) is less than 0,3 mm thick and aids in immediate restoration. Trim excess gutta percha with a very hot instrument . Complete restorations following obturation to properly seal canal entrance. Do not leave cotton pellets between obturation and temporary restoration.

5901 - EndoREZ Obturation .02 Taper Kit
5902 - EndoREZ Obturation .04 Taper Kit
5903 - EndoREZ Obturation .06 Taper Kit
1 x 5 ml (8,15 g) syringe
20 x Skini syringes
20 x Mixing tips
20 x 29 ga Variety NaviTip tips
120 x EndoREZ Points

5900 - EndoREZ Kit
1 x 5 ml (8,15 g) syringe
20 x Mixing tips

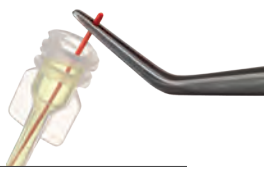
EndoREZ™ Accelerator

CERTIFIED GLUTEN FREE GFCO.ORG

EndoREZ canal sealer sets in 5–12 minutes!

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

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



399 - EndoREZ Single Use Accelerator *20pk*
0,035 ml vials

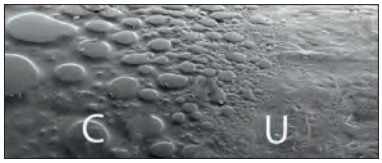
EndoREZ™ Points

RESIN-CORATED GUTTA PERCHA POINTS

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

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

GUTTA PERCHA SEM



Coated Uncoated

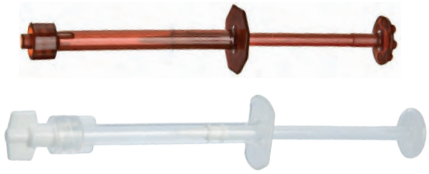
EndoREZ Gutta Percha Points

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

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

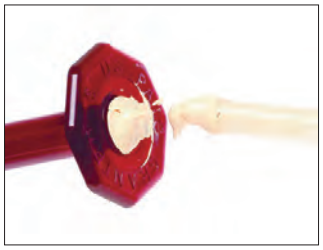
See page 104-105.

Skini and Clear Skini Delivery Syringes



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

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



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

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

0,5 ml	*20pk*
Skini Delivery Syringe	1680
Clear Skini Delivery Syringe	1880

PermaFlo™ Purple

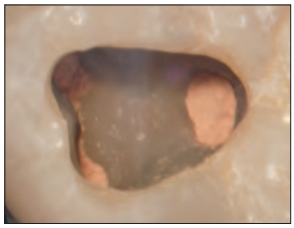
ANATOMICAL INDICATING COMPOSITE

CERTIFIED GLUTEN FREE GFCO.ORG

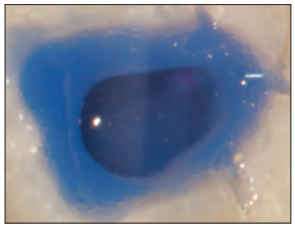
Micro 20 ga Tip

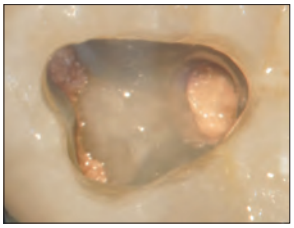
PermaFlo Purple is used with an adhesive system to create an easily identified coronal seal. The purple color simplifies location of the pulp chamber floor when accessing the pulp chamber for future therapy.

Courtesy of Dr. Carlos Ramos.

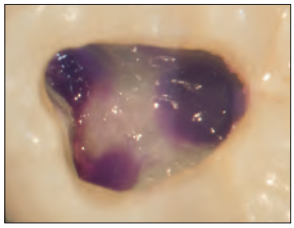


1. Root canal has just been completed and cleaned of excess EndoREZ canal sealer in the pulp chamber. (If significant unset EndoREZ canal sealer is exposed at canal orifice, coat with thin layer of Ultra-Blend™ plus liner and light cure.) Blot or air dry. Note: If eugenol or similar-based sealers have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





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



3. Apply ≤ 1,0 mm-thick layer of PermaFlo Purple. Light cure 20 seconds to create an immediate "coronal seal." When a post and/or core is prepared, the purple identifies the position of root canal preparation. The contrast shows the clinician the pulp chamber floor in relation to the canal orifices, minimizing risk of perforation.

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

REFRIGERATE

962 - PermaFlo Purple Syringe Kit
2 x 1,2 ml (2,28 g) syringes
4 x Micro 20 ga tips

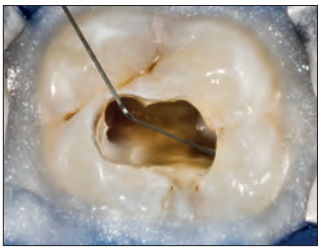
Ultradent™ Luer Vacuum Adapter

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.

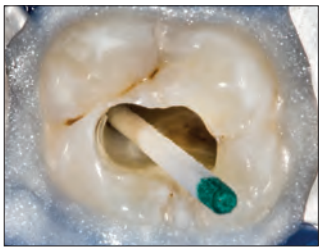
DRIES CANALS FASTER THAN EVER



1. Irrigate canals through NaviTip™ 30 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™

RUBBER DAM

2023[1] REALITY

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

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

311 - DermaDam Medium 0,20 mm *36pk*
314 - DermaDam Heavy 0,25 mm *36pk*
15 cm x 15 cm

DermaDam™ Synthetic

DENTAL DAM

2023[1] REALITY

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

Zero sensitizing proteins

299 - DermaDam Medium Synthetic 0,20 mm *20pk*
330 - DermaDam Medium Synthetic 0,20 mm *60pk*
15 cm x 15 cm

1. realityesthetics.com.

NaviTip™ Reference Guide

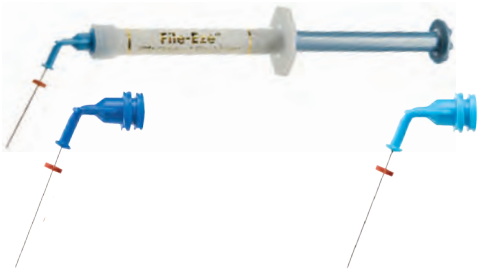
• Provide controlled delivery close to the apical third
• Flexible, stainless steel cannulae easily navigate curved canals

	Product	Recommended Tip	Compatible Tips
	File-Eze™	NaviTip™ 29 ga or 30 ga	—
	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™ 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

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

File-Eze™ EDTA Lubricant

FILE LUBRICANT



NaviTip™ Tip 30 ga/25 mm

NaviTip™ Tip 29 ga/25 mm

- 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

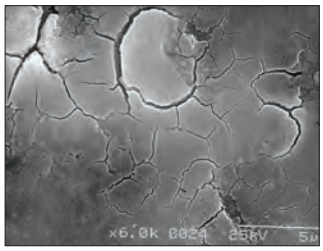
***** Trademark of a company other than Ultradent.

Ultradent™ EDTA 18% Solution

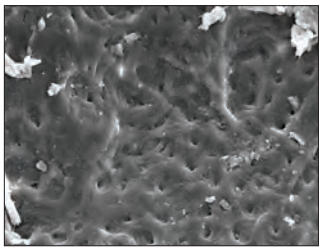
NaviTip™ FX™ Tip 30 ga/25 mm

NaviTip™ FX™ Tip 30 ga/17 mm

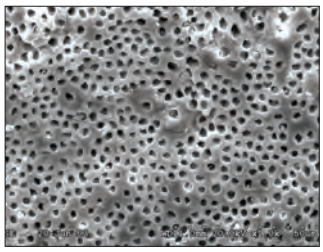
A root canal chelating agent that conditions/cleans through a chelation process, Ultradent EDTA 18% Solution is the irrigant of choice for smear layer removal and can be used as a final irrigant prior to obturation.



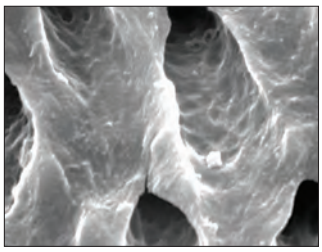
1. After canal instrumentation (no irrigants or lubricants). Smear layer intact.



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

UltraCal™ XS

30%–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.

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

Capillary Tips

Never use to delivery irrigating materials or endodontic chemistries.

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

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

LOK-TITE™	Internal diameter	20pk	50pk
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

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

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

22 ga 20 ga 19 ga 18 ga

Endo-Eze™ Tips

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

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

29 ga - 27 mm 29 ga - 25 mm 29 ga - 21 mm 29 ga - 17 mm

NaviTip™ 29 ga Tips
with Single Sideport

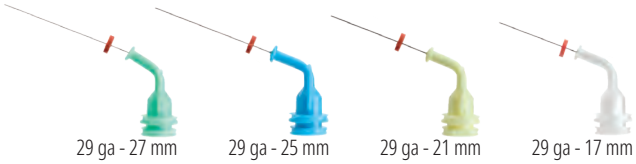
- Designed to direct the flow of chemistry through the sideport of the tip before flowing down into the area of the apex, thus reducing the risk of product extrusion
- Flexible, stainless steel cannula easily navigates curved canals
- Bendable tip 0,33 mm

29 ga delivers paste materials: MTAFlow™, 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

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

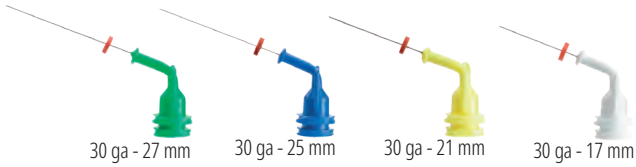


NaviTip™ 29 ga Tips

- Provide controlled delivery to the apex
- Flexible, stainless steel cannulae easily navigate curved canals
- Bendable tip 0,33 mm

29 ga delivers paste materials: MTAFlow™, MTAFlow™ White, 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

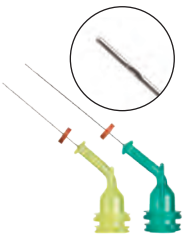


NaviTip™ 30 ga Tips

- Provide controlled delivery to the apex
- Flexible, stainless steel cannulae easily navigate curved canals
- Bendable tip 0,30 mm

30 ga delivers solutions/gels: File-Eze™, Ultradent™ EDTA 18% Solution, and Ultradent™ Citric Acid 20% 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 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™

POST AND DRILL SYSTEM

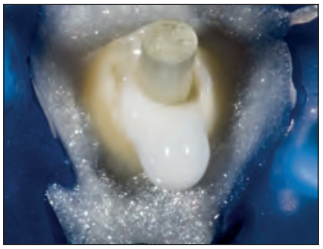
- Superior strength
- Esthetic and radiopaque
- Color-matched drills and posts
- Ultradent's UniCore "Kit of Kits" provides all items needed for post requirements

UniCore Posts are composed of glass fibers. 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 and perfectly matches the post space created by the UniCore Drill. The five sizes and colors of UniCore Posts correspond to those of the UniCore Drill. The UniCore Drill is unique in its ability to remove obturators while preparing a post chamber that perfectly corresponds to its post. The UniCore Drill features a patented heat-generating tip, which facilitates the removal of fiber posts, rigid carriers, and traditional gutta percha. It's heat-dissipating, diamond-coated collar preserves tooth structure, and its specially designed flutes cut canal walls laterally instead of vertically.

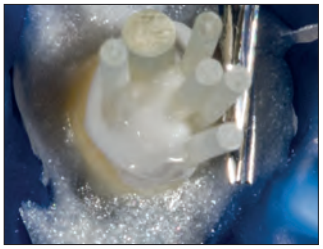
	Size 0	Size 1	Size 2	Size 3	Size 4
Apical Ø	0,6 mm	0,8 mm	1,0 mm	1,2 mm	1,5 mm
Coronal Ø	1,0 mm	1,15 mm	1,35 mm	1,55 mm	1,75 mm
Taper	2,1°	1,8°	1,8°	1,8°	1,3°
Length	19 mm	19 mm	19 mm	19 mm	19 mm

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)
Interlaminate shear strength (MPa)	70–80

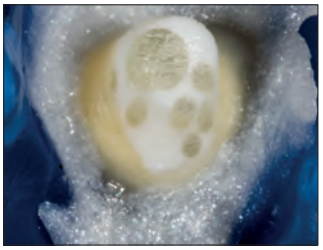
Courtesy of Dr. Carlos Ramos.



UniCore master post in place.



Additional accessory posts.



Final.

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.

UNICORE™ DRILL
Ultrasafe

- Durable drill can be used to up to 15 times to remove gutta percha during post preparation or rigid carrier removal, and up to 5 uses on preexisting fiber post removal
- Drills and posts are color coded according to size, simplifying chairside use
- Patented diamond-coated collar prevents binding in access openings
- Uniquely designed flutes ensure rapid and consistent removal of debris from canal
- Heat-generating tip eases all obturator removal procedures

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.

7132 - UniCore Starter Kit
1 x Each drill sizes 1 and 2
5 x Each posts sizes 1 and 2

7120 - UniCore Kit "Kit of Kits"
1 x Each drill sizes 1, 2, 3, and 4
5 x Each posts sizes 1, 2, 3, and 4

7133 - UniCore Size 0 Supplement Kit
1 x Drill size 0
5 x Posts size 0

UniCore Drills

Size	mm	1pk
0	0,6 mm	7134
1	0,8 mm	7121
2	1,0 mm	7122
3	1,2 mm	7123
4	1,5 mm	7124

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

new

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-leveling[1]
- Less than a 5% shrinkage rate[2]
- Purple color for ease of identification and removal
- Dye free

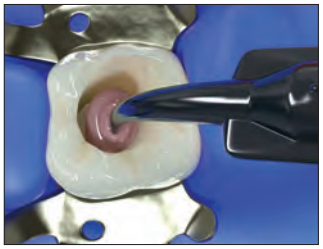
J-Temp temporary resin is a radiopaque, light-cured, flowable, methacrylate-based resin that provides a durable, temporary material for multiple clinical indications. J-Temp resin is self-leveling,[1] has less than a 5% shrinkage rate,[2] and its distinctive purple color is easy to distinguish from enamel 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
1 x 1,2 ml (2,02 g) syringes
20 x Black Mini tips

TEMPORARY RESTORATION: ENDODONTICS

1. Prepare root canal system.

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



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

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

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

TIPS AND SYRINGES

45 YEARS 1978–2023

SCOTT PAYNE - Mudd Creek, Strawberry Reservoir

ULTRADENT™ TIPS
DESIGNED TO DELIVER

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

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

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

The chemistries you use are different. Some are chemically activated, needing to be mixed immediately before delivery. Others have varying viscosities. Some work in pits and fissures, some inside canals, and some on smooth surfaces. Each chemistry you use is designed for a specific purpose. Shouldn't the same be true for your tips?

Ultradent makes tips designed to deliver each chemistry we create. Whether you're delivering a solution, a flowable composite, 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 works perfectly with the chemistry it's intended for.

Black Micro™ FX™ Tip

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

Designed for: PrimaDry™ and PermaSeal™.

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

Black Mini™ Tip

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

Designed for: Ultra-Blend™ plus, Ultradent™ LC Block-Out Resin, PermaFlo™, Opalescence™ Boost™, Ultradent™ 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 Ultradent

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

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

Black Micro™ Tip

- Provides pinpoint precision
- Narrow cannula accurately delivers materials

Designed for: Ultra-Blend™ plus.

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

Blue Micro™ Tip

- Provides pinpoint precision
- Narrow cannula accurately delivers materials

Designed for: Ultra-Etch™.

	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

Intraoral Tip

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

Designed for: PermaFlo™ DC.

	20pk
Intraoral	5922

Metal Dento-Infusor™ Tip with Comfort Hub™

- Comfort Hub™ design allows for secure, comfortable control while attaching or removing
- 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

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

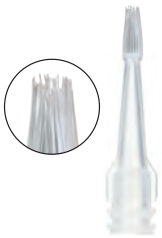
LOK-TITE™	mm	20pk
0,2 mm Micro Capillary	5	1120
0,2 mm Micro Capillary	10	1121

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, and UltraCal™ XS.

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

White Mini™ Tip

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

Designed for: Thicker paste chemistries.

	20pk
White Mini	1247

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

Capillary Tips

Never use to delivery irrigating materials or endodontic chemistries.

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

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

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

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

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

ENDODONTIC TIPS

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

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

22 ga 20 ga 19 ga 18 ga

Endo-Eze™ Tips

- Great for endodontic procedures
- Flexible, strong cannulae
- Bend easily
- Length 19 mm

Designed for: Luting materials 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

29 ga - 27 mm 29 ga - 25 mm 29 ga - 21 mm 29 ga - 17 mm

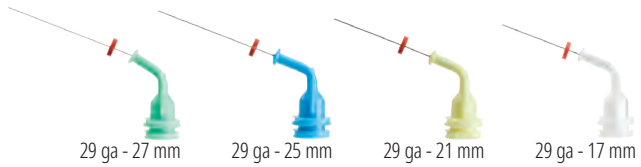
NaviTip™ 29 ga Tips
with Single Sideport

- Designed to direct the flow of chemistry through the sideport of the tip before flowing down into the area of the apex, thus reducing the risk of product extrusion
- Flexible, stainless steel cannula easily navigates curved canals
- Bendable tip 0,33 mm

29 ga delivers paste materials: MTAFlow™, 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



29 ga - 27 mm 29 ga - 25 mm 29 ga - 21 mm 29 ga - 17 mm

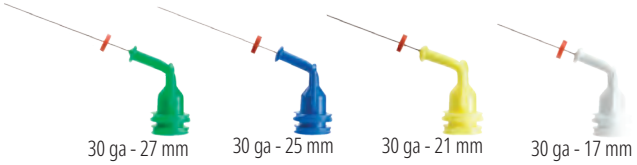
NaviTip™ 29 ga Tips

- Provide controlled delivery to the apex
- Flexible, stainless steel cannulae easily navigate curved canals
- Bendable tip 0,33 mm

29 ga delivers paste materials: MTAFlow™, 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

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

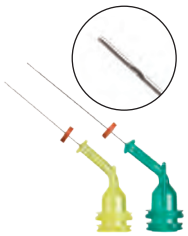


NaviTip™ 30 ga Tips

- Provide controlled delivery to the apex
- Flexible, stainless steel cannulae easily navigate curved canals
- Bendable tip 0,30 mm

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

Skini Delivery and Clear Skini Delivery Syringes

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

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

	20pk
0,5 ml Skini Delivery Syringe	1680
0,5 ml Clear Skini Delivery Syringe	1880

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

Designed for: Irrigants for in-office or dentist-supervised procedures, as well as Ultradent™ Citric Acid, 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	249

Luer Lock Cap

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

Designed for: All Ultradent™ plastic syringes.

	20pk
Luer Lock Cap	205

Ultradent™ Luer Vacuum Adapter

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

	10pk
Luer Vacuum Adapter	230

Syringe Organizer

- Holds 14 syringes
- Made of clear acrylic

	1pk
Syringe Organizer	382

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POLICIES

Ultradent is committed to products that strengthen the clinician's ability to administer professional, state-of-the-art patient care. This may involve the development of new products or a refinement of existing materials and techniques. Our highest priority is meeting your needs with quality products and service. We appreciate your suggestions, questions, and comments. In certain countries, differing legal requirements may limit the availability of certain products, or require different product indications and claims under labeling compatible with local conditions. For more detailed procedures and precautions, refer to individual product instructions or packaging. At Ultradent, we are committed to environmental concerns. However, the shipping of chemicals often requires a secondary plastic package. All products are latex-free with the exception of DermaDam latex rubber dam. Ultradent is ISO 13505 certified, which signifies that we have developed and implemented a comprehensive quality system, and is audited and certified by a CAN/CSA recognized independent European notified body. Where appropriate, Ultradent products sold in Europe bear the CE mark, indicating that our products comply with the strict European Community laws (directives).

SHELF LIFE AND STORAGE

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

WARRANTIES

Please see product IFU for warranty information if applicable.

PACKAGING

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

ULTRADENT PRODUCTS ON THE INTERNET

Find the latest information and news about Ultradent Products on the internet. Visit WWW.ULTRADENT.EU for general information on Ultradent Products, the corporate history and philosophy, product information or downloads of the Ultradent Products catalog, material safety data sheets or instructions for use. By the country selection tab, detailed contact information about your local distribution partner can be found.

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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

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.

Ultradent Products, Inc.,

THANKS YOU!

This year, we are humbled to celebrate Ultradent's 45th anniversary, a significant milestone in our journey. Reflecting on this achievement fills us with a deep sense of pride and gratitude. Over the years, we have been fortunate to build a close-knit community — a family of employees, customers, and partners who have played an integral role in our story. Together, we have forged a legacy that goes beyond the products we create; it's a legacy grounded in trust, integrity, and unwavering commitment to our vision of improving oral health globally.

Our beginnings were modest, and yet, through the years we have grown to become a prominent global presence in our industry. This remarkable journey, initiated and inspired throughout the years by Ultradent's founder, Dr. Dan Fischer, has been characterized by innovation. On the pages of this latest edition of our Products and Procedures Manual, you'll find many of the innovations that you are familiar with, plus several new innovations, such as our new Transcend™ universal composite which exhibits unprecedented shade matching with just one Universal Body shade and our latest addition to the VALO™ curing light family, the VALO™ X light!

Our journey to 45 years would not have been possible without the steadfast support of you, our valued customers. Your loyalty has been the cornerstone of our success, and we are profoundly grateful for it.

Looking forward, our commitment to our core values remains more vital than ever. We remain dedicated to providing the highest quality products while continuing our tradition of giving back to those communities we serve. Our journey is far from complete, and we are eager to continue evolving with your continued support.

Together, we will persist in our mission to innovate and contribute to improving oral health globally.

TRANSCEND™
UNIVERSAL COMPOSITE

Restorations with
JUST ONE SHADE

Transcend universal composite provides unprecedented shade matching with just one Universal Body shade due to its patented Resin Particle Match™ technology that eliminates the need for a blocker.

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