

Opalescence™

Transformational whitening, reimagined

See pages 160–172



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800.552.5512 — [ultradent.com](https://www.ultradent.com)



Since 1979 Ultradent Products, Inc., has been manufacturing the highest-quality dental products and equipment at our facility in the United States. Your support keeps Americans at work and helps improve the health and livelihood of citizens all over the country.



Products & Procedures MANUAL 2026

Products & Procedures

MANUAL 2026



Dr. Dan Fischer
Founder, Ultradent Products, Inc.



FEATURED PRODUCTS

Page 160

Dentist-designed at-Home whitening



Opalescence™
Home
Advanced

Page 162

Professional, Custom at-home whitening



Opalescence™
Custom

Page 166

High-impact, in-office Pro whitening



Opalescence™
Pro

POLICIES

Ultradent is committed to products that strengthen the clinician's ability to administer professional state-of-the-art patient care. This may involve the development of new products or a refinement of existing materials and techniques. Our highest priority is to meet your needs with quality products and service. We appreciate your suggestions, questions, and comments. This catalog and the products described herein are intended for lawful distribution in the USA. In certain countries outside the USA, differing legal requirements may limit the availability of certain products or provide for different product indications and claims under labeling compatible with local conditions. For more detailed procedures and precautions, refer to individual product instructions or packaging.

SHELF LIFE AND STORAGE

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

WARRANTIES

Please see product IFU for warranty information if applicable.

PACKAGING

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

RETURN POLICY

Returned products must be in original packaging. Items returned within 30 days of purchase with a return authorization number on the outside and inside of the return box will be credited 100%. Product returned between 31 and 60 days from purchase date is subject to a 20% restocking fee.

Ultradent will not accept returns after 60 days. Errors in shipment must be reported within 14 days of invoice date. All return authorization numbers become invalid 90 days after date of issue. A return authorization number must accompany all returns to receive proper credit; please contact Customer Service at 800.552.5512 for assistance.

- Ultradent is proudly ISO 13485 certified, plus CE mark certified for Europe.
- All products are latex free with the exception of DermaDam latex rubber dam.
- All products may not be available in all countries.

ULTRADENT IS PROUD TO BE ISO 13485 CERTIFIED.

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

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

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

AWARDS



Ultradent is Great Place to Work Certified and has been featured in the top ten of Fortune Magazine's Best Large Workplaces in Manufacturing and Production for four consecutive years.



Ultradent Products, Inc., a leading developer and manufacturer of high-tech dental materials, was recognized for the fourth consecutive year as a Fortune Magazine Top Large Workplace in Manufacturing and Production in 2025. Ultradent was fourth on the list in 2023, after being fifth and ninth in 2022 and 2021, respectively. Ultradent is the only company in Utah, as well as the dental industry, to ever make the list.



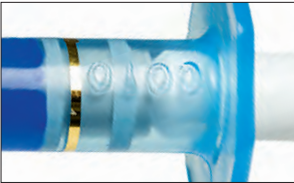
BKP85 = Lot number
2023-03 = Month, March
2023-03 = Year, 2023



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



110-2020 = Lot number
110-2020 = Month, October
110-2020 = Year, 2020



Q100 = Lot number
Q100 = Month, October
Q100 = Year, 2020

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



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

TABLE OF CONTENTS



CEMENTS • 1-10

Polycarboxylate & Resin-Based Temporary Cement
Temporary Veneer Cement
Veneer Try-In-Paste
Light-Cured Veneer Luting Resin
Dual-Cure Composite Luting/Restorative Resin
Temporary Crown and Bridge Material
Resin-Reinforced Glass Ionomer Cement



COMPOSITES • 11-24

Universal Composite
Esthetic Restorative Material
Universal Composite
Composite Wetting Resin
Composite Restorative Material
Flowable Composite
Composite Sealer



ENDODONTICS • 25-42

Sodium Hypochlorite Solutions
File Lubricants
EDTA Solution
Chlorhexidine Solutions
Calcium Hydroxide Paste
Citric Acid
Temporary Resin
Anatomical Indicating Composite
Endodontic Tips
MTA Repair Cement
Resin-Based Root Canal Sealer
Posts and Drills
Rubber Dams
Vacuum Adapter



EQUIPMENT • 43-64

Curing Light Accessories
LED Cordless Curing Light
LED Corded Curing Light
810 + 980 Diode Laser
Piezo Ultrasonic
Aceon Satelec Tips
Aceon Satelec Wrenches
Protective Eyewear
Mold Release
Scissors



ETCH & BOND • 65-74

Etchant
Self-Etching Primer
Light-Cured Adhesive
Single-Resin Bonding
Zirconia/Metal Primer
Porcelain Repair
Porcelain Etch and Silane
Liner
Chlorhexidine Solution



FINISH • 75-86

Composite System
Composite Polishing System
Single-Use Polishers
Composite Sealer
Drying Agent
Shaping and Finishing Disks
Universal Ceramic System
Diamond Polish
Goat Hair Brush
Polishing Brushes
Diamond Strips
Proximal Saw
Oxygen Barrier Solution



IMPRESSIONS • 87-94

Vinyl Polysiloxane Impression Material
Bite Registration Materials
Impression Material
Accessories
Alginate
Polyvinyl Siloxane Impression Material



ORTHODONTICS • 95-98

Cordless Curing Light
Polyvinyl Siloxane Elastomer



PREPARE • 99-114

Tongue, Lip, and Cheek Retractor
Rubber Dams
Caulking and Putty
Caries Indicator
Chlorhexidine Slurry
Topical Anesthetic Gel
Sectional Matrix System
Matrices
Wedges
Rings
Pin-Tweezers
Ring-Placement Forceps
Triodont
Disposable Matrices
Interproximal Tooth Guard



PREVENT & HYGIENE • 115-126

Pit and Fissure Sealants
Drying Agent
Hygiene Handpieces
Prophy Paste
Prophy Angles
Fluoride Varnish
Dentin Sealant
Interproximal Cleaner
Toothpaste



SURGICAL • 127-132

Bone Grafting
Surgical Tip
Vacuum Adapter



TIPS & SYRINGES • 133-142

Flocked Tips
Mini Tips
Brush Tips
Micro Tips
Dento-Infusor Tips
Capillary Tips
Impression Tips
Empty Syringes and Covers
Adapters
Syringe Caps
Syringe Organizer
Micro Applicators



TISSUE MANAGEMENT • 143-154

Ferric Sulfate
Aluminum Chloride
Iron Solution
Regular Knitted Cord
Epinephrine Knitted Cord
Packing Instruments



WHITEN • 155-181

Whitening Gel
Prefilled Whitening Trays
In-Office Whitening
Endodontic Whitening
Light-Cured Resin Barriers
Hydrochloric Acid
Whitening Toothpaste
Desensitizing Gel
Lip and Cheek Retractor
Bite Block
Block-Out Resin
Tray Sheets
Scissors



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 48th year as a family-owned, international dental supply and manufacturing company, Ultradent has continued its vision to improve oral health globally by creating better dental products that continue to set new industry standards. Dr. Fischer has numerous patents to his name.

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

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

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

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

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

Facebook



Instagram





KODA PEARCE - Snowbasin

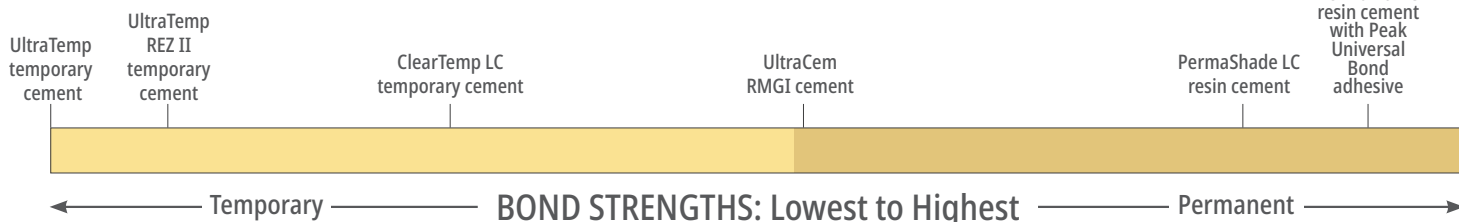
CEMENTS

UltraTemp
UltraTemp REZ II
ClearTemp LC
PermaShade Try-In Paste
PermaShade LC
PermaFlo DC
ExperTemp
UltraCem



	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	Light cure with VALO™ curing light for 10 seconds	2.5-minute working time, full set in 5–8 minutes. Light cure with VALO™ curing light according to instructions.	1 to 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, 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 Fast Set time. Is radiopaque and fluoresces to ensure full cement removal.	Provides the additional strength necessary to keep provisional veneers in place. Fluoresces under a UV light for easy detection.	Lowest film thickness (8 µm) known for a luting cement. ¹ Higher compressive 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. Upon curing, low shrinkage stress prevents strain on the veneer. ⁴

	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	





UltraTemp™ & UltraTemp™ REZ II

POLYCARBOXYLATE & RESIN-BASED
NON-EUGENOL TEMPORARY CEMENTS



- Non-eugenol formula won't interfere with resin bonding²
- Easily removed by water prior to setting/curing
- Convenient dual-barrel syringe delivery of paste-to-paste formulas
- Mixing tips provide even mixing for reliable adhesion
- Provides optimal sealing capabilities once cured
- Able to withstand normal biting and chewing forces³
- Hydrophilic chemistry ensures a quality seal

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

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



5916 - UltraTemp Regular Set Kit (2- to 3-Minute Set Time)
1 x 5 ml (7.96 g) syringe
20 x Mixing tips



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

TWO DIFFERENT CEMENTS

for Different Retention Options

TEMPORARY PROVISIONAL LUTING



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



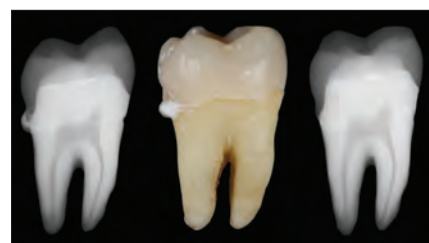
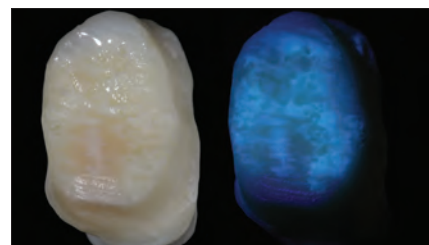
2. Upon provisional removal two weeks post-op, cement clings to both provisional and preparation. This is one indicator of a quality sealing cement.



3. Flake off residual cement with blunt hand instrument.



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



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

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



ClearTemp™ LC

TEMPORARY VENEER CEMENT



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

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

ESTHETIC



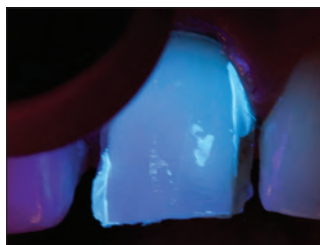
Today's provisionals look more natural than ever. ClearTemp LC cement helps create a short-term smile that patients will be proud to reveal.

COMPARE



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

FLUORESCING PROPERTIES



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

PROCEDURE



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



2. Seat temporary veneer.



3. Remove flash.



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

REMOVAL



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



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

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



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

REFRIGERATE



3518 - ClearTemp LC Syringe 4pk 0.67 g



PermaShade™ Try-In Paste

VENEER TRY-IN PASTE



Black Mini™ Tip page 134

- Conveniently matches PermaShade LC cement shades to help you choose the right shade for your final cementation
- Gel-like consistency allows for controlled delivery to veneer
- Water soluble for easy removal and clean up

REFRIGERATE



3777 - PermaShade Try-In Paste Kit

- 1 - 1.5 g Translucent syringe
- 1 - 1.5 g Opaque White syringe
- 1 - 1.5 g A2 syringe
- 1 - 1.5 g B1 syringe
- 20 - Black Mini tips

REFRIGERATE



PermaShade Try-In Paste Syringe 2pk

Shade	2pk	Shade	2pk
Translucent	5777	A2	5779
Opaque White	5778	B1	5780

2 x 1.5 g syringes
10 x Black mini tips

PermaShade™ LC

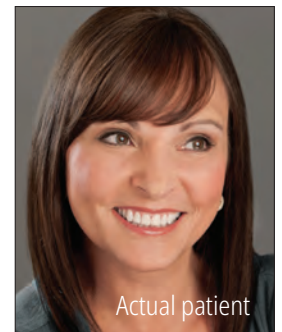
LIGHT-CURED VENEER LUTING RESIN



- 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 veneer²
- 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.

BEFORE AND AFTER



Courtesy of Dr. Sheela Bess.

Patient with 4 existing anterior composites and large diastema. Received 6 anterior A1 porcelain veneers (6–11) cemented with PermaShade LC resin in Translucent shade.



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

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

REFRIGERATE



PermaShade LC Syringe 4pk 0.95 g

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

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



PermaFlo™ DC

DUAL-CURE COMPOSITE LUTING/RESTORATIVE RESIN



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

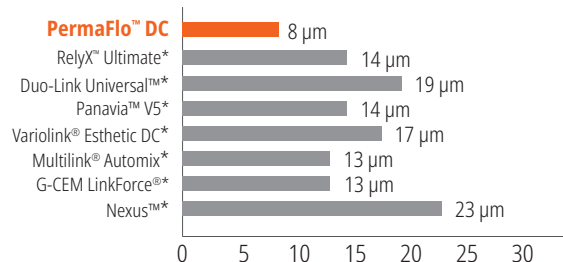
PermaFlo DC luting resin is a highly filled, small-particle, dual-cure resin that flows easily through a small-orifice tip, making post luting simple and convenient. It has a low film thickness of only 8 μm .¹

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

TECHNICAL DATA²

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

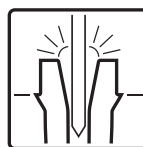
FILM THICKNESS³



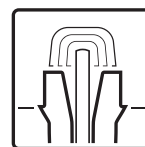
PermaFlo DC resin has the lowest film thickness known for a composite luting resin.

MULTIPLE OPTIONS

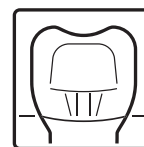
Failure is NOT one of them



Post
Cementation

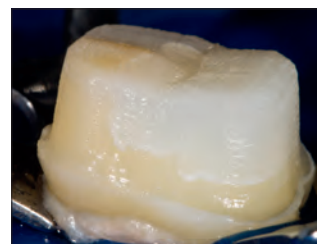


Core Buildup



Luting

PROCEDURE



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

USES



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



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

REFRIGERATE



PermaFlo DC Syringe Kits

Shade	Kit	Shade	Kit
A2	5912	Translucent	5914
		Opaque White	5915

1 x PermaFlo DC syringe -
A2 - 5 ml (9.63 g), Translucent - 5 ml (9.42 g), Opaque White - 5 ml (9.5 g)
20 x Mixing tips
20 x Intraoral tips

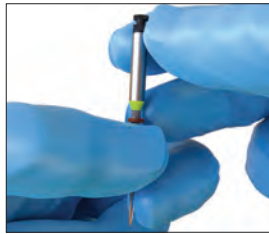
*Trademark of a company other than Ultradent. 1. Data on file. 2. Data on file. 3. Data on file.



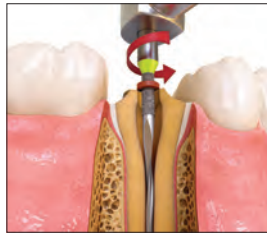
ENDODONTIC POST CEMENTATION GUIDE USING PERMAFLO DC RESIN



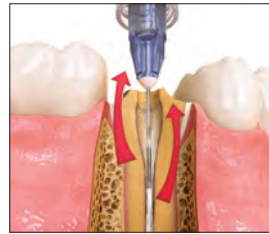
1. Determine post size and length using a try-in post or X-ray and clinical judgment.



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



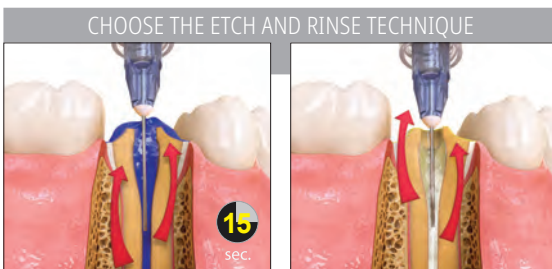
3. Position UniCore tip in the pilot hole. Using light pressure, follow the obturation material to the length indicated by rubber stop. Keeping the drill at full speed, withdraw from the canal.



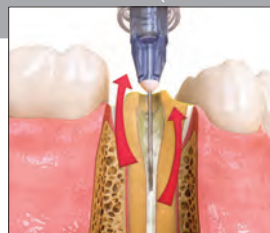
4. Use TriAway™ Adapter with Endo-Eze™ 22 ga tip to clean debris out of post space from bottom up with water and suction.



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



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

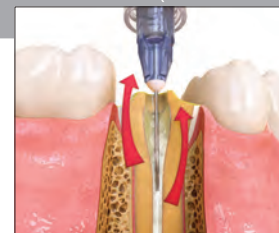


Use TriAway Adapter and Endo-Eze 22 ga tip to rinse thoroughly with water and lightly air dry, leaving the post space slightly damp.

OR



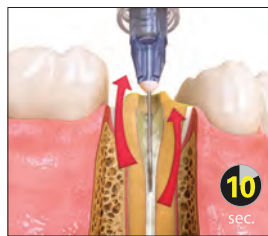
6a. Attach 30 ga NaviTip™ FX™ brush tip to Peak™ SE primer syringe. Apply to post space and coronal preparation for 20 seconds using agitating action.



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



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



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



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



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



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



12. Insert post slowly and seat to predetermined depth.



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



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

Note: For more information on the UniCore System, see pages 40–41.



ExperTemp™

TEMPORARY CROWN AND BRIDGE MATERIAL



- 10:1 self-cured chemistry provides exceptional strength, flexibility, and high abrasion resistance²
- Fluoresces similarly to enamel³
- Low oxygen inhibition at polymerization
- Easily repaired or characterized with a packable composite, a flowable composite, or additional ExperTemp material
- Trims easily and polishes beautifully (polishing optional)
- Available in A1, A2, A3, and Bleach White shade

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

PROCEDURE*

Courtesy of Dr. Jaleena Fischer-Jessop.



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



2. ExperTemp temporary crown and bridge with esthetic translucency.



3. Apply ClearTemp™ LC temporary veneer cement.



4. Use blade to open embrasures without altering margins.



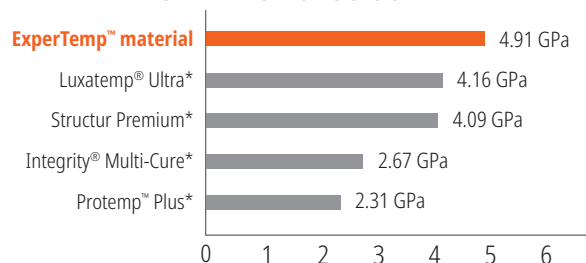
5. ExperTemp material achieves esthetic blend with natural teeth. Three weeks post-op just prior to cementation of permanent veneers.

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

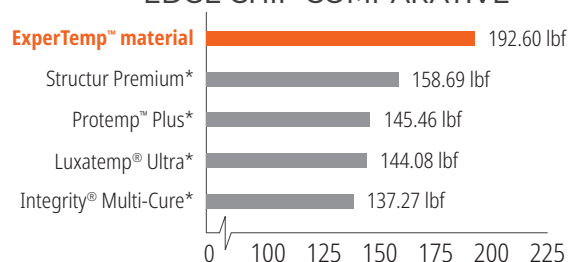
Working and placement time	Allow to cure in mouth	Remove from mouth	Complete cure	Adjust provisional
0:00	0:40	1:30	2:30	4:00



FLEXURAL MODULUS COMPARATIVE¹



EDGE CHIP COMPARATIVE¹



ExperTemp Cartridge Kits

Shade	Kit	Shade	Kit
A1	6341	Bleach White	6344
A2	6340		
A3	6347		

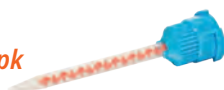
1 x 50 ml (76 g) cartridge
15 x Mixing tips



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



6346 - ExperTemp Mixing Tips 45pk



Peak[™] Universal Bond

LIGHT-CURED ADHESIVE

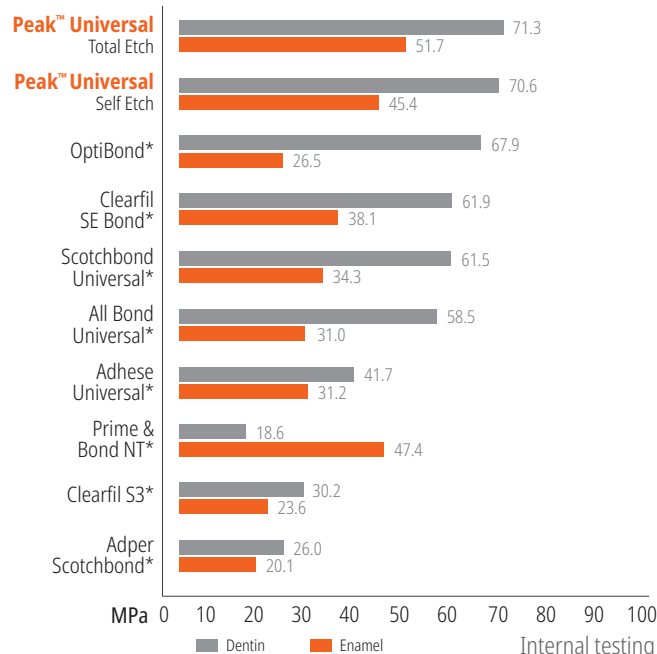


Inspirat[™] Brush Tip page 143



- Features Ultradent's Dymetech[™] phosphate monomer blend for enhanced strength and greater versatility
- Contains 0.2% chlorhexidine to help ensure long-term bond strength^{3,4}
- Bonds to all dental substrates
- Ideal for direct and indirect bonding, as well as post and core procedures
- Works with self-etch and total-etch techniques
- Available in syringe, bottle, and unit-dose delivery

BOND STRENGTH COMPARISON (MPa)⁵



Light-Cured Adhesive, see page 68–69.

*Trademark of a company other than Ultradent. 1. Data on file. 2. realityesthetics.com 3. 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. 4. Yaghmoor RB, Jamal H, Abed H, et al. Incorporation of MMP inhibitors into dental adhesive systems and bond strength of coronal composite restorations: A systematic review and meta-analysis of in vitro studies. *Jpn Dent Sci Rev.* 2022;58:298-315. doi:10.1016/j.jdsr.2022.09.004. 5. Data on file.



UltraCem™

RESIN-REINFORCED GLASS IONOMER CEMENT



- High bond strengths
- Sustained fluoride release³
- Flowable viscosity and low film thickness won't compromise fit or occlusion⁴
- 1- to 3-minute working time, 5-minute set time
- Radiopacity >1 mm aluminum
- More retentive than other leading RMGI cements on precious alloy crowns⁵

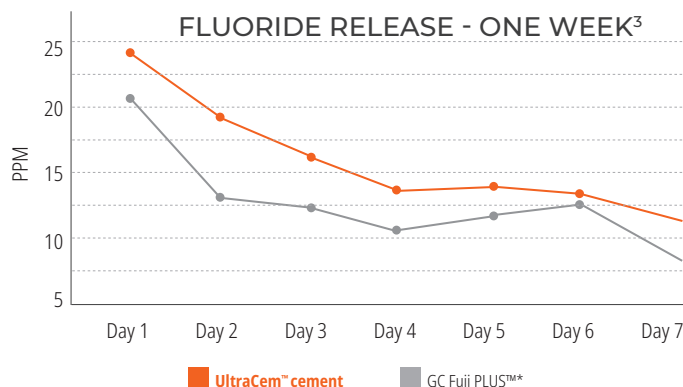
UltraCem resin-reinforced glass ionomer cement offers the best of both worlds in a luting cement: efficient delivery and unsurpassed performance. Its advanced chemistry boasts the highest bond strengths in its category,¹ while ensuring the ultimate luting convenience. UltraCem cement is available in 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 TESTING¹

	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



2056 - UltraCem Liquid-Powder Bottle Kit

- 1 x 15 g bottle of powder
- 1 x 8.6 ml (13.07 g) 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. realityesthetics.com. ³. Data on file. ⁴. Data on file. ⁵. Pameijer CH. Crown retention with three resin-modified glass ionomer luting agents. *J Am Dent Assoc.* 2012;143(11):1218-1222.



BRICE TOLBERT - Big Cottonwood Canyon

COMPOSITES

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



TRANSCEND™

UNIVERSAL COMPOSITE

Restorations with Just One Shade



Courtesy of Dr. Jaleena Fischer-Jessop.

Patient presented with recurrent decay on amalgam restoration on tooth #28. Tooth was restored using Transcend composite Universal Body shade. No opaquer was used as Transcend composite Universal Body shade had enough opacity to cover amalgam tattooing while blending in with the natural tooth color.



Transcend™ UNIVERSAL COMPOSITE



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

RESIN PARTICLE MATCH™

Transcend composite allows you to complete restorations with just one shade. Thanks to 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.⁵ That means you can use Transcend composite Universal Body shade almost anywhere in the mouth and know that it will look natural and beautiful, even in larger restorations. Plus, Transcend composite features ideal handling for manipulation and sculptability.⁶

CONTINUALLY MATCHES SURROUNDING DENTITION



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

ONE-SHADE RESTORATIONS NO BLOCKER USED

Courtesy of Dr. Yo-Han Choi.



Before.



After.

Courtesy of Dr. Rafael Boelchi.



Before.



After.

Courtesy of Dr. Gary Findley.



Before.



After.

Courtesy of Dr. Jaleena Fischer-Jessop.

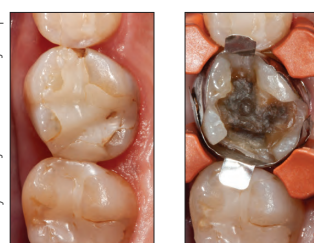


Before.

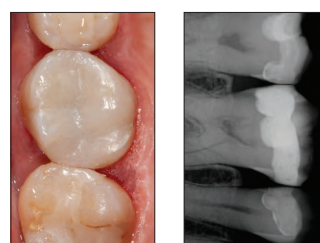


After.

Courtesy of Dr. Jaleena Fischer-Jessop.

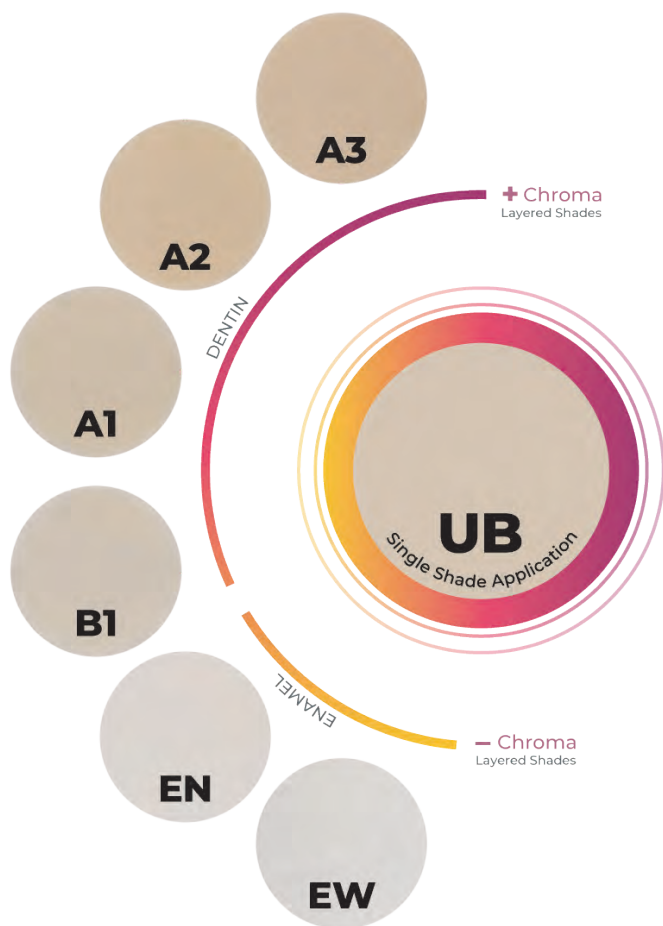


Before.



After.

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



Simply Beautiful Results FOR ANY RESTORATION

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

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

MULTI-SHADE RESTORATIONS

Courtesy of Dr. Jaleena Fischer-Jessop.



Before.



After.

Courtesy of Dr. Rafael Calixto.



Before.



After.

Courtesy of Dr. Rafael Calixto.



Before.



After.

Courtesy of Dr. Paulo Vinicius Soares.



Before.



After.

TECHNICAL OVERVIEW¹

	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%

¹. Data on file.



UNIVERSAL BODY SHADE



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

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



4757 - Transcend UB Singles 10pk
10 x 0.2 g singles Universal Body shade

4817 - Transcend UB Singles 40pk
40 x 0.2 g singles Universal Body shade

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

REFRIGERATE



3059 - Composite Wetting Resin Syringe 2pk
2 x 1.2 ml syringes

COMPLEMENTARY SHADES



Transcend Syringe 4g

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

1 x 4 g syringe



Transcend Singles 0.2 g

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

10 x 0.2 g singles



4726 - Transcend Syringe Intro Kit

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



4814 - Transcend Singles Intro Kit

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



Vit-I-escence™

ESTHETIC RESTORATIVE MATERIAL



- Effortlessly blends with natural dentin and enamel
- Intended for anterior and posterior restorations
- Is both creamy and sculptable
- Polishes beautifully
- Matches shade guide perfectly
- High wear strength²

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

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

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

—DR. JACK MULLEN – ROCKY MOUNT, NC

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

—DR. HARPER JONES II – PENDLETON, OR

"Just the right amount of translucency and pearliness allows invisible blending on enamel margins for posterior restorations. Combined with the easy handling and finishability of your Vit-I-escence products, these shades are truly 'pearl' precious and beautiful."

—DR. MARYANN PITTMAN – SAINT PETERSBURG, FL

"With Vit-I-escence material, I can do Class IV restorations that are indistinguishable from natural teeth. What a great product!"

—DR. SARAH BALSER – COLUMBUS, OH

BEFORE AND AFTER

Courtesy of Dr. Jaleena Fischer-Jessop.



Before.



After.

Courtesy of Dr. Altamiro Flávio.



Before.



After.

Courtesy of Dr. Valter Devoto.



Before.



After.

Courtesy of Dr. Jaleena Fischer-Jessop.



Before.



After.

Courtesy of Dr. Jaleena Fischer-Jessop.



Before.



After.

Courtesy of Dr. Rafael Beolchi.



Before.



After.

* Dependent on modality for particle size measurement. 1. realityesthetics.com 2. Data on file.



Courtesy of Dr. Newton Fahli.

VIT-L-ESCEENCE MATERIAL LAYERING TECHNIQUE



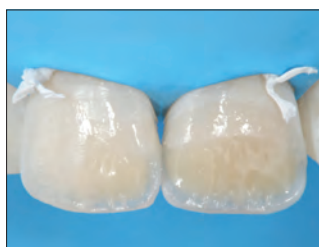
1. For Class IV restorations, veneers, or diastema closures, a silicon putty matrix fabricated from diagnostic wax-up is recommended.



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



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



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

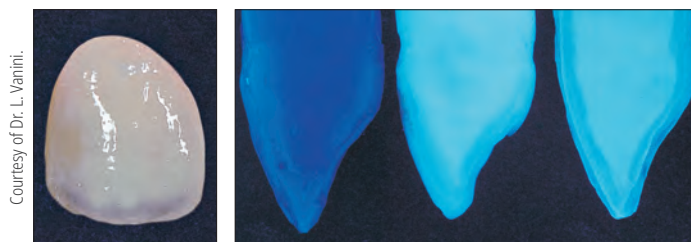


5. Cover body and extend enamel edge with appropriate translucent shade. To achieve a "halo" (white line at the incisal edge), place thin roll of Pearl Frost or Opaque Snow.



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

NATURAL ENAMEL OPALESCENCE AND DENTIN FLUORESCENCE



Vit-l-escence Enamel

Traditional Composite

Natural Tooth

Vit-l-escence Dentin Shade

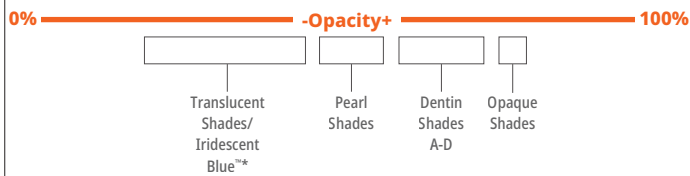


Vit-l-escence Composite

Porcelain

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

VIT-L-ESCEENCE COMPOSITE SHADE OPAACITY RANGE



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

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

Vit-l-escence Dentin
↓
Vit-l-escence Enamel



Shades: A, B, C, D

1 SELECT HUE

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

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

2 ESTABLISH CHROMA

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

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

3 DETERMINE VALUE

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

Shades: Trans Smoke, Trans Mist, Trans Ice, Trans Blue, Trans Gray, Iridescent Blue

4 IDENTIFY TRANSLUCENCY

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

Shades: Opaque White, Opaque Snow

5 IDENTIFY UNIQUE OPAICIOUS AREAS

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

Glossary of Terms:

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

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

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

Value: The lightness or darkness of the tooth.

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

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



REFRIGERATE

Vit-I-escence™ Syringe 2.5 g

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



x 1

REFRIGERATE

Vit-I-escence™ Single Capsules 0.3 g

Dentin	10pk	Enamel	10pk
A1	1219	Opaque White™	2238
A2	1202	Opaque Snow™	1212
A3	1203	Pearl Frost™	1196
A3.5	1204	Pearl Neutral™	1197
A4	1220	Pearl Amber™	1210
A5	2230	Pearl Smoke™	1198
A6	2231	Trans Ice™	2245
B1	1205	Iridescent Blue™	2248
B2	1223		
B3	2232		
C1	1227		
C2	1228		
C3	1229		
C4	2235		
C5	2236		
D3	2237		



x 10



822 - Master's Shade Guide—20 Shades

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

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

Optional KleenSleeve™ QuadraSpense™



Shades are identified on both the barrel and the stem.



Facilitates removal of small amounts of material.





Mosaic™

UNIVERSAL COMPOSITE



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

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

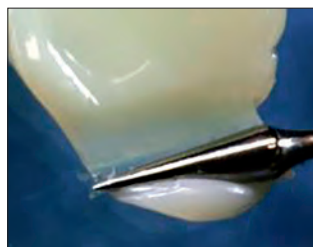
Mosaic composite is used for direct and indirect restorations (inlays, onlays, and veneers) in both the anterior and posterior regions.

TWENTY INTUITIVE SHADE OPTIONS PRODUCE PREDICTABLE, NATURAL RESULTS

	A0.5, A1, A2, A3, A3.5, A4, A5, B0.5, B1, B2, C2, C3, D2	DENTIN
	Enamel Blush, Enamel Neutral, Enamel Yellow, Enamel Gray, Enamel White	ENAMEL
	Enamel Trans	TRANS
	Opaque White	OPAQUE



HIGHLY SCULPTABLE



Highly sculptable handling properties provide total control during manipulation.

BEFORE AND AFTER



Courtesy of Dr. Rafael Boelchi.

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 Padone.

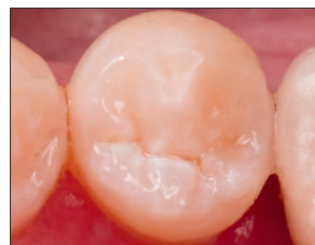
1. Preoperative Class II restoration.

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.

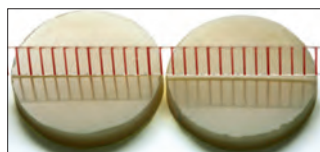
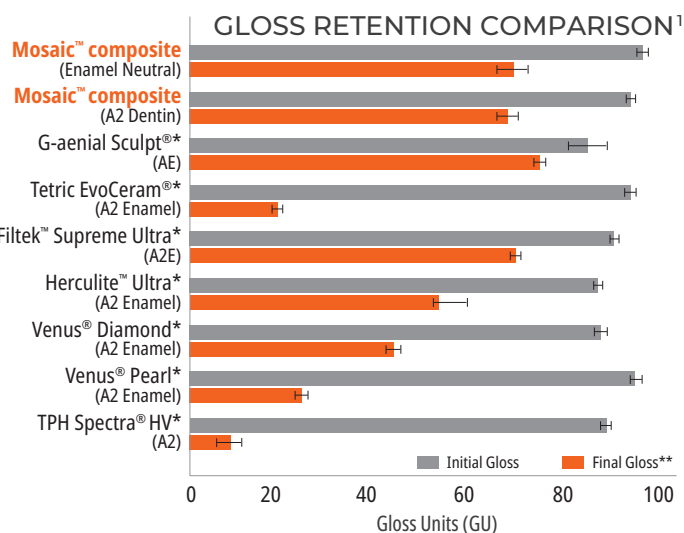
1. realityesthetics.com. 2. Data on file.



TECHNICAL OVERVIEW¹

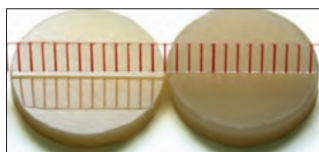
	DENTIN SHADES	ENAMEL SHADES
Shrinkage Volume	2.6%	3.7%
Shrinkage Stress	3.9 MPa	6.1 MPa
Compressive Strength	486.4 MPa	447.6 MPa
Hardness	66.9 HK	65.4 HK
Flexural Strength	166.1 MPa	176.7 MPa
Flexural Modulus	17.3 GPa	11.7 GPa
Water Sorption	≤40 µg/mm ³	≤40 µg/mm ³
Water Solubility	≤7.5 µg/mm ³	≤7.5 µg/mm ³
Radiopacity	≥2 mm Al (200%)	≥2 mm Al (200%)
Working Time (Ambient Light)	4:00 min	4:00 min
Depth of Cure	2 mm	2 mm
% Fill by Volume	68%	56%

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



Mosaic composite polished before brushing

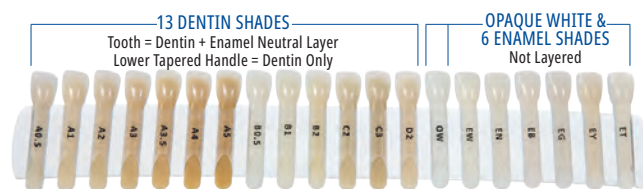
Mosaic composite after 5,000 simulated brush cycles¹



Competitor composite polished before brushing

Competitor composite after 5,000 simulated brush cycles¹

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



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



Composite Wetting Resin

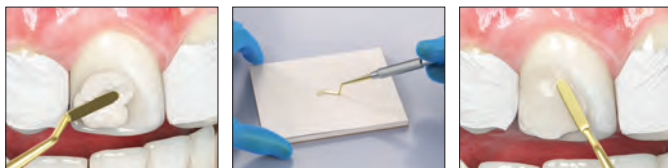


Inspiral™ Brush Tip page 135

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

Composite Wetting Resin is a 45%-filled,² light-cured liquid resin. It is significantly superior to single-component adhesives, which contain solvents and inhibit composite polymerization.

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



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

REFRIGERATE



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

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

PermaFlo™ Pink COMPOSITE



Micro 20 ga Tip page 136

- 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 Kylova.



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

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

REFRIGERATE



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



PermaFlo™

FLOWABLE COMPOSITE



Micro 20 ga Tip page 136

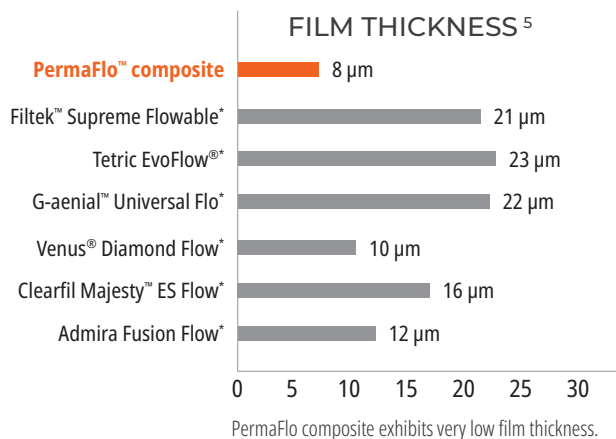


Black Mini™ Tip page 134

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

PermaFlo flowable composite is light-cured, radiopaque, methacrylate-based, and available in 5 shades. Its thixotropic properties impart ideal flowability for improved adaptation. PermaFlo composite is 67–68% filled by weight, 42–44% filled by volume,⁴ and has an average particle size of 0.7 μm .⁴

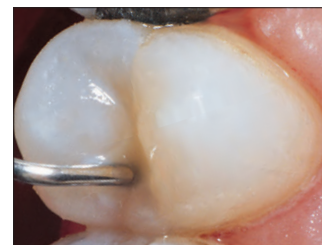
Use PermaFlo flowable composite for anterior and posterior restorations: Class I, II, III, IV, and V. It can also be used to restore missing subgingival tooth structure prior to endodontic procedures (the “Donut Technique”).



MICRO RESTORATIVE



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

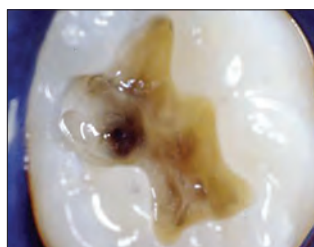


2. The flowable composite offers unsurpassed adaptation as it fills from preparation floor up.



3. Finished, radiopaque, 0.7 μm hybrid restoration.

MASKER



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

METAL MASKING



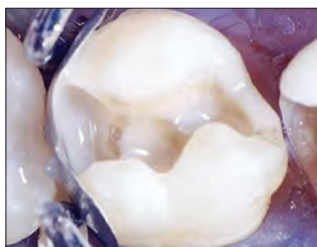
Place a thin layer of PermaFlo Dentin Opaquer over exposed metal and light cure for 10 seconds on Standard Power mode with VALO™ curing light.

* 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.



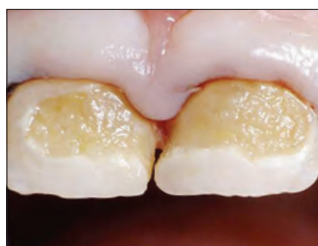
SUPERADAPTIVE INITIAL LAYER

Courtesy of Dr. Howard Strasler.



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

PEDIATRIC RESTORATIONS



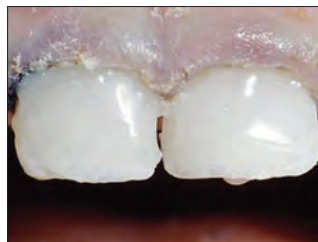
1. Rampant caries in a 3-year-old.



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



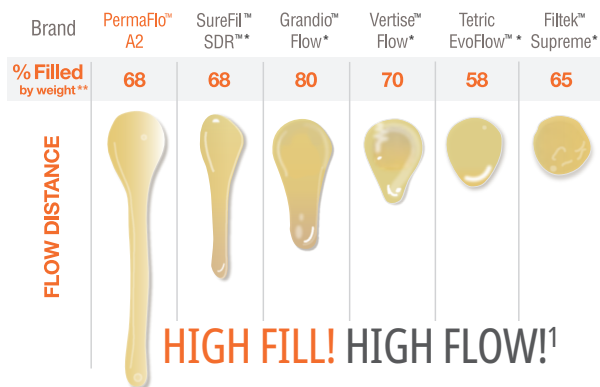
3. Etch preparations and apply Peak™ Universal Bond adhesive. Light cure for 10 seconds on Standard Power mode with VALO curing light. Apply a thin first layer of PermaFlo composite to the adhesive layer with Micro 20 ga tip. Light cure.



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



5. One year later.



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

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

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

—DR. PAT PRENDERGAST – ENGLEWOOD, CO

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

—DR. IAN E. MODESTOW – FLORENCE, MA



REFRIGERATE

PermaFlo Syringe Kits

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

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

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



PermaSeal™

PENETRATING COMPOSITE SEALER



Black Micro™ FX™ Tip page 134

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

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

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

NEW RESTORATIONS

Courtesy of Dr. Dan Fischer.



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



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

EXISTING RESTORATIONS

Courtesy of Dr. Brett Richins.



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



Restoration immediately after PermaSeal composite sealer application.

1. realityesthetics.com 2. Data on file.



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

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



631 - PermaSeal Syringe Kit

4 x 1.2 ml (1.3 g) syringes

10 x Black Micro FX tips

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

PrimaDry™

DRYING AGENT



Black Micro FX™ Tip page 134

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



716 - PrimaDry Syringe 4pk

1.2 ml (.953 g) syringes



HILLARY HUBBARD - Skull Arch, Arches National Park

ENDODONTICS

ChlorCid
ChlorCid V
ChlorCid Surf
File-Eze EDTA Lubricant
Ultradent EDTA 18% Solution
Consepsis
Consepsis V
Irrigation Protocol
UltraCal XS
Ultradent Citric Acid 20%
J-Temp
Skini Syringe

PermaFlo Purple
NaviTip Reference Guide
Endodontic Tips
MTAFlow White
MTAFlow
EndoREZ Canal Sealer
UniCore
DermaDam Synthetic
DermaDam
Luer Vacuum Adapter
TriAway Adapter



ENDODONTICS

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

ChlorCid™ and ChlorCid™ V

3% SODIUM HYPOCHLORITE SOLUTIONS



ChlorCid V solution is perfect for cleaning and debriding during instrumentation



NaviTip™ Tip 29 ga/25 mm
Single Sideport page 139



NaviTip™ Tip 31 ga/25 mm
Double Sideport page 139

ChlorCid and ChlorCid V solutions contain 3% sodium hypochlorite for cleaning and debriding during instrumentation. ChlorCid V solution is more viscous for enhanced flow control and lubrication, if desired.

4612 - ChlorCid Bottle 1pk

480 ml (499.2 g) bottle

Ground shipping only.



1467 - ChlorCid V IndiSpense Syringe 1pk

30 ml (31.2 g) syringe

ChlorCid™ Surf

3% SODIUM HYPOCHLORITE SOLUTION
WITH SURFACTANT



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

4613 - ChlorCid Surf Bottle 1pk

480 ml (499.2 g) bottle

Ground shipping only.



Sable™ Seek™

CARIES INDICATOR



Black Mini™ Brush Tip page 134

Sable Seek caries indicator is used as a fast, easy way to locate the root canal orifice.

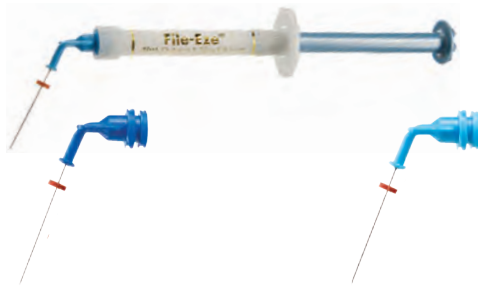
Sable Seek, see page 103.



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

File-Eze™ EDTA Lubricant

FILE LUBRICANT



NaviTip™ Tip 30 ga/25 mm page 139

NaviTip™ Tip 29 ga/25 mm page 139

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

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

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



1075 - File-Eze Syringe Kit

4 x 1.2 ml (1.43 g) syringes
5 x Each 30 ga NaviTip tips
17 mm, 21 mm, 25 mm, and 27 mm



297 - File-Eze Syringe 4pk

1.2 ml (1.43 g) syringes



682 - File-Eze IndiSpense™ Syringe 1pk

30 ml (35.64 g) syringe

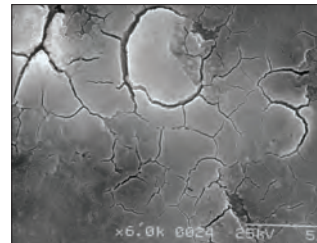
Ultradent™ EDTA 18% Solution



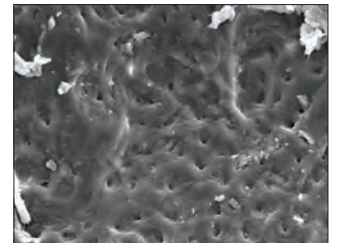
NaviTip™ FX™ Tip 30 ga/25 mm page 139

NaviTip™ FX™ Tip 30 ga/17 mm page 139

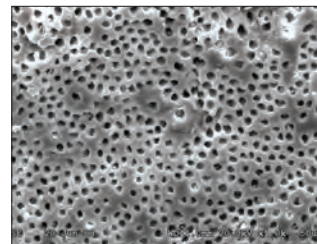
A root canal chelating agent that conditions/cleans through a chelation process, Ultradent EDTA 18% Solution is the irrigant of choice for smear layer removal and can be used as a final irrigant prior to obturation.



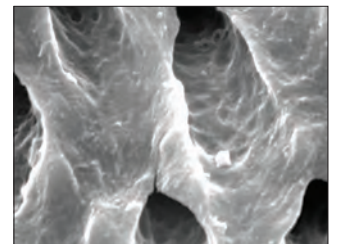
1. After canal instrumentation (no irrigants or lubricants). Smear layer intact.



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



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



4. Close-up of Figure 3.

4616 - EDTA Bottle 1pk

480 ml (532.32 g) bottle



162 - EDTA IndiSpense Syringe 1pk

30 ml (33.27 g) syringe

* Trademark of a company other than Ultradent.



ENDODONTICS

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

Consepsis™

2% CHLORHEXIDINE ANTIBACTERIAL SOLUTION



NaviTip™ Tip 31 ga - Double Sideport Irrigator page 139

NaviTip™ Tip 30 ga/25 mm page 139

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

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

4614 - Consepsis Bottle 1pk

480 ml (446.4 g) bottle

Ground shipping only.



491 - Consepsis Syringe 20pk

1.2 ml (1.12 g) syringes



687 - Consepsis IndiSpense™ Syringe 1pk

30 ml (27.9 g) syringe

Consepsis™ V

2% CHLORHEXIDINE
ANTIBACTERIAL VISCOUS SOLUTION



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

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

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

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



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



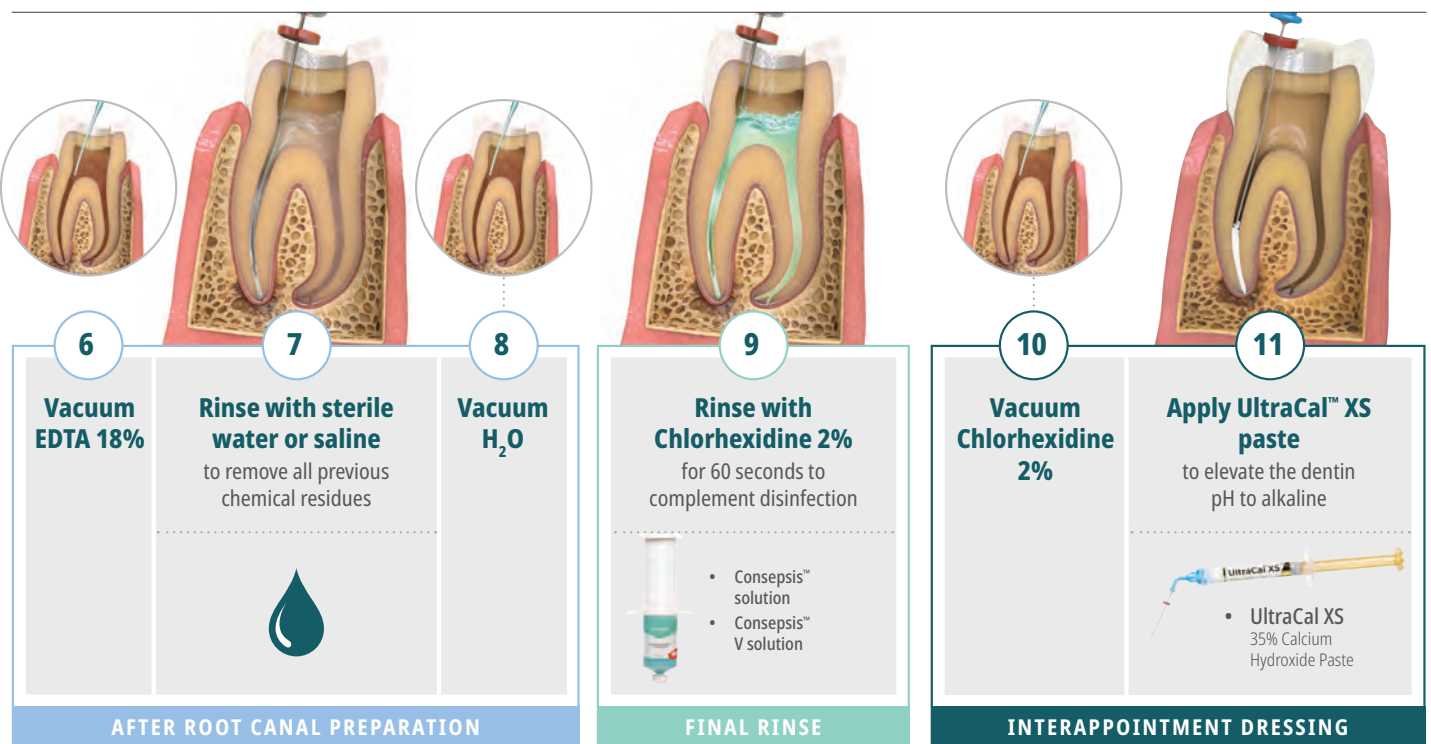
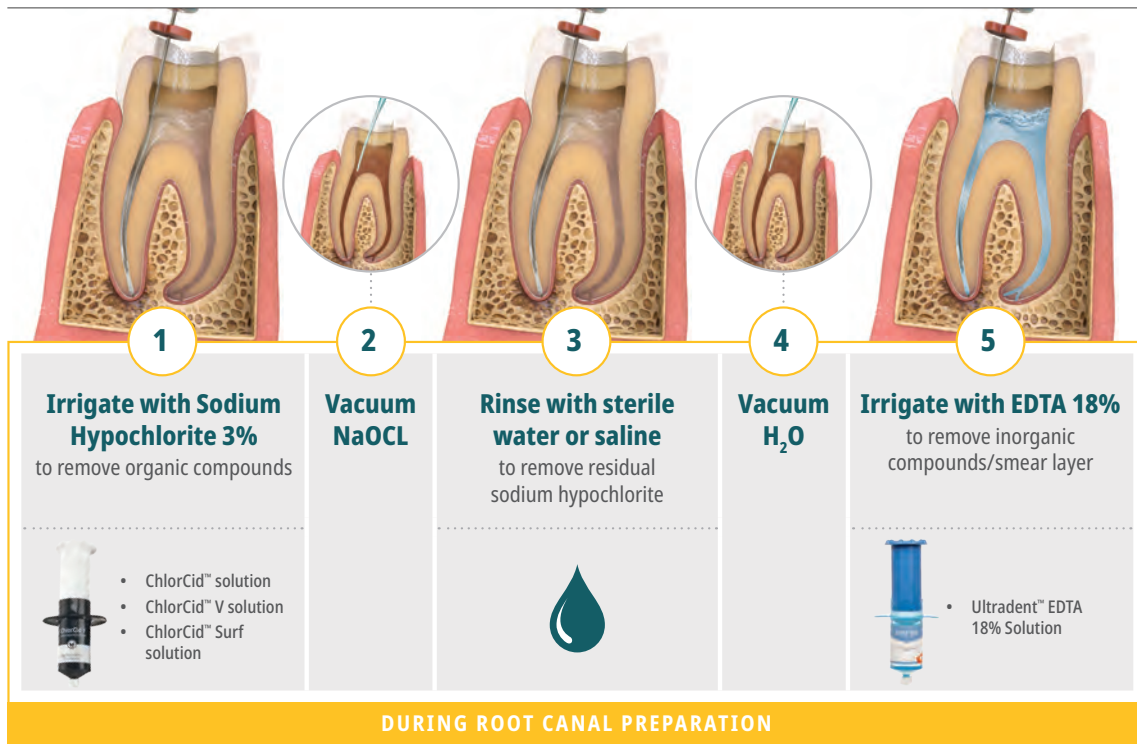
2210 - Consepsis V IndiSpense Syringe 1pk

30 ml (27.9 g) syringe

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



IRRIGATION PROTOCOL





UltraCal™ XS

35% CALCIUM HYDROXIDE PASTE



NaviTip™ Tip 29 ga Single Sideport tip page 139

- Radiopaque
- High pH
- Superior delivery control

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

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



5144 - UltraCal XS Syringe Kit

4 x 1.2 ml (1.76 g) syringes
5 x Each 29 ga NaviTip Single Sideport tips
17 mm, 21 mm, 25 mm, and 27 mm



5145 - UltraCal XS Syringe 4pk

5149 - UltraCal XS Syringe 20pk

1.2 ml (1.76 g) syringes

Ultradent™ Citric Acid 20% Solution



NaviTip™ FX™ Tip 30 ga/25 mm page 139



NaviTip™ FX™ Tip 30 ga/17 mm page 139



Empty 1.2 ml syringe page 141

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

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



329 - Citric Acid IndiSpense™ Syringe 1pk

30 ml (31.26 g) syringe

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.



J-Temp™

TEMPORARY RESIN

J-Temp™

LIGHT-CURED TEMPORARY RESIN



Black Mini™ Tip page 134

Four clinical indications for use:

- Temporary restorations (endodontics, walking bleach technique, inlay/onlay, cusp buildup)
- Splinting between multiple implant copings for impressions to resist impression material distortion
- Provide structure for isolation clamping and to act as a barrier to endodontic irrigants
- Bite ramps and temporary occlusal buildups during orthodontics
- Self-leveling¹
- Less than a 5% shrinkage rate²
- Purple color for ease of identification and removal
- Dye free

J-Temp temporary resin is a radiopaque, light-cured, flowable, methacrylate-based resin that provides a durable, temporary material for multiple clinical indications. J-Temp resin is self-leveling,¹ has less than a 5% shrinkage rate,² and its distinctive purple color is easy to distinguish from enamel and dentin³ without being too noticeable to the patient. With such versatility and quality, J-Temp temporary resin will quickly become a mainstay in your practice.



4897 - J-Temp Syringe Kit

4 x 1.2 ml syringes
20 x Black Mini tips



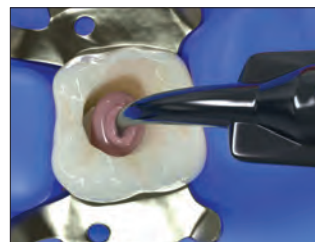
TEMPORARY RESTORATION: ENDODONTICS



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. 3. Data on file.



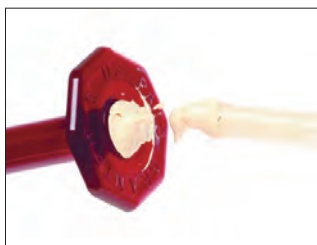
Skini Delivery Syringe



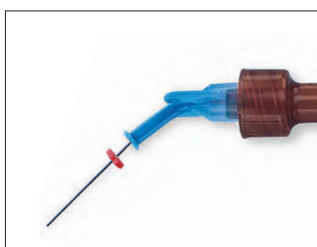
In dentistry, air often gets in the way of the materials used in canals. Displacing that air is essential for achieving a predictable seal and completely filling the canal preparation. The EndoREZ delivery system is optimized to displace air and create the highest seal possible by delivering materials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



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



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



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



0.5 ml	20pk
Skini Delivery Syringe	1680

PermaFlo™ Purple

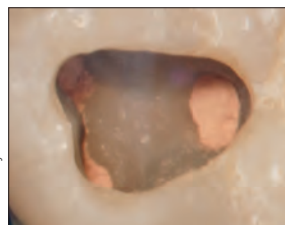
ANATOMICAL INDICATING COMPOSITE



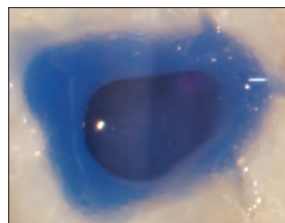
Micro 20 ga Tip page 136

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

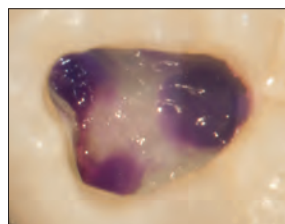
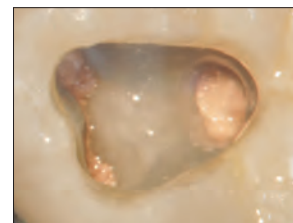
Courtesy of Dr. Carlos Ramos.



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



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



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

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










962 - PermaFlo Purple Composite Syringe Kit

2 x 1.2 ml (2.23 g) syringes
4 x Micro 20 ga tips



NaviTip™ Tip Reference Guide

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

	Product	Recommended Tip	Compatible Tips
	1467 - ChlorCid™ V IndiSpense Syringe	NaviTip™ 29 ga Single Sideport	—
	682 - File-Eze™ IndiSpense Syringe	NaviTip™ 29 ga or 30 ga	NaviTip™ 29 ga Single Sideport
	162 - EDTA 18% IndiSpense Syringe	NaviTip™ 31 ga Double Sideport Irrigator	NaviTip™ 29 ga, 30 ga, and NaviTip™ FX™
	687 - Consepsis™ IndiSpense Syringe	NaviTip™ 31 ga Double Sideport Irrigator	NaviTip™ 29 ga, 30 ga, and NaviTip™ FX™
	2210 - Consepsis™ V IndiSpense Syringe	NaviTip™ 29 ga	Black Micro™ FX™ Tip
	5144 - UltraCal™ XS Kit	NaviTip™ 29 ga Single Sideport	For direct pulp capping and pulp floor perforation application, use Micro 20 ga tip
	329 - Citric Acid	NaviTip™ FX™	NaviTip™ 30 ga and NaviTip™ 31 ga Double Sideport Irrigator
	5900 - EndoREZ™ Kit	NaviTip™ 29 ga Single Sideport	—
	3980-1 - MTAFlow™ Kit	NaviTip™ 29 ga	—
	4980 - MTAFlow™ White Kit	NaviTip™ 29 ga	—



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

WARNING:

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



Capillary Tips

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

Never use to deliver irrigating materials or endodontic chemistries.

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

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



Micro Capillary™ Tips

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

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

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



Endo-Eze™ Irrigator Tip

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

Designed for: Ultradent™ 5 ml syringe.

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



22 ga 20 ga 19 ga 18 ga

Endo-Eze™ Tips

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

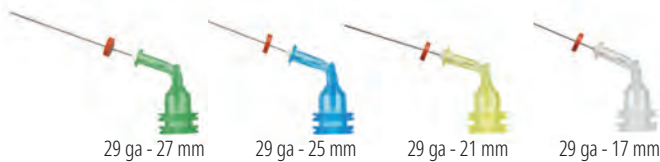
Designed for: Air/water delivery.
Use with: TriAway™ Adapter and other Ultradent syringes.

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



WARNING:

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



NaviTip™ 29 ga Tips

with Single Sideport

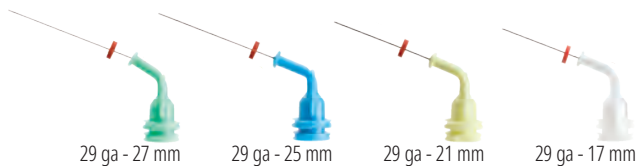
- Designed to direct the flow of chemistry through the sideport of the tip before flowing down into the area of the apex, thus reducing the risk of product extrusion
- Flexible, stainless steel cannula easily navigates curved canals
- Bendable tip

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

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



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

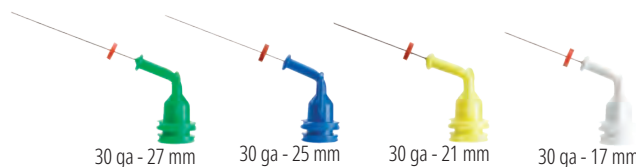


NaviTip™ 29 ga Tips

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

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

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



NaviTip™ 30 ga Tips

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

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

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



NaviTip™ 31 ga Tips

with Double Sideport Irrigator

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

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

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



NaviTip™ FX™ 30 ga Tips

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

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

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

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

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



Endo-Eze™

MTAFlow™ White and MTAFlow™

MINERAL TRIOXIDE AGGREGATE REPAIR CEMENT



- Has bioactive apatite-forming properties²
- Mixes into a smooth consistency
- Resists washout
- Can be delivered with 29 ga NaviTip™ tip depending on consistency
- Predictable quick setting
- Has an adaptable mixing ratio based on procedure
- Available in white nonstaining formula

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

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

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

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

THE DIFFERENCE YOU CAN FEEL

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



1. Use a cement spatula to remove excess powder. **DO NOT** use powder without 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. Complete cure and strengthening is four weeks.



Perforation located in cervical third of mesial buccal canal.



MTA cement in place showing repair.



THE RIGHT CONSISTENCY FOR THE RIGHT PROCEDURE

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

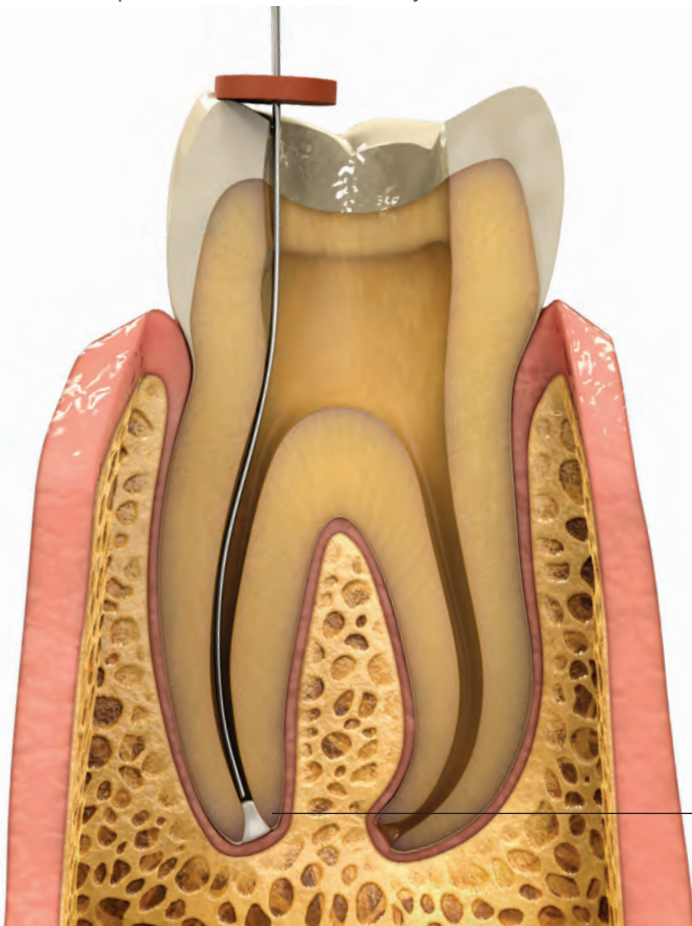
Whatever consistency you need, you can be sure MTAFlow repair cement will be effective, non-gritty, and easy to deliver accurately. More gel or powder may be added at any time during mixing to achieve the desired consistency.

MIXING PROPORTION SUGGESTIONS (POWDER AND GEL)*

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

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

** Depends on the desired consistency.



EVERYTHING YOU NEED IN ONE PLACE

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



4980 - MTAFlow White Repair Cement Kit

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



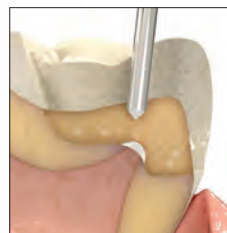
3980-US - MTAFlow Repair Cement Kit

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

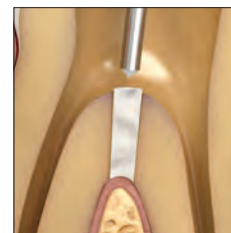


3981-US - MTAFlow Repair Cement Refill

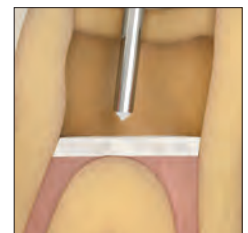
1 x Each Technique guide, instructions for use, 2 g MTAFlow powder,
2 ml MTAFlow gel, and measuring spoon



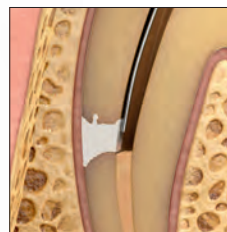
PULP CAPPING



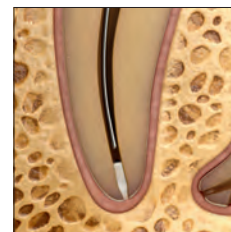
PULP CHAMBER
FLOOR PERFORATION



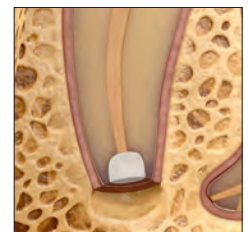
PRIMARY DENTITION
VITAL PULPOTOMY



RESORPTION



APICAL PLUG



ROOT END FILLING

APEXIFICATION



EndoREZ™ CANAL SEALER

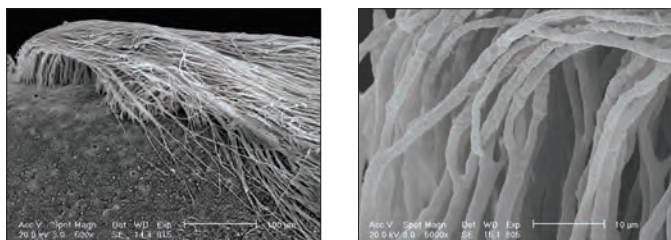


20–30 minute regular set

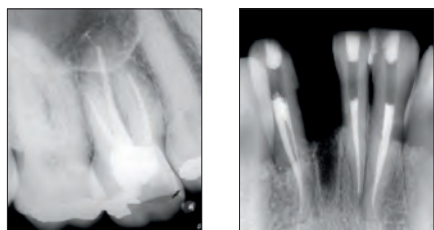
- The world's first hydrophilic and self-priming resin sealer
- More effective obturation in less time
- Provides a complete, thorough seal²
- Has the same radiopacity as gutta percha
- Bonds to resin-based core/composite materials
- Retreatable when combined with gutta percha³
- Provides syringe delivery to the apical third

EndoREZ canal sealer minimizes the amount of chair time required for obturation. This thixotropic material has an affinity for the moisture found deep in dentinal tubules and lateral canals⁴ provides a complete, thorough seal.² Since methacrylate-based EndoREZ canal sealer relies on chemistry rather than heat or pressure to fill the canal, the risk of additional root trauma/fracture is greatly reduced.⁵ Additionally, EndoREZ canal sealer is versatile enough to be used as the sealer with any obturation method, e.g., master cone, lateral condensation, or warm gutta percha.

EndoREZ canal sealer contains a special hydrophilic organophosphate methacrylate monomer that increases its hydrophilicity and produces a resin with a strong affinity for moisture with resin penetration of 1,000 µm into tubules.⁶



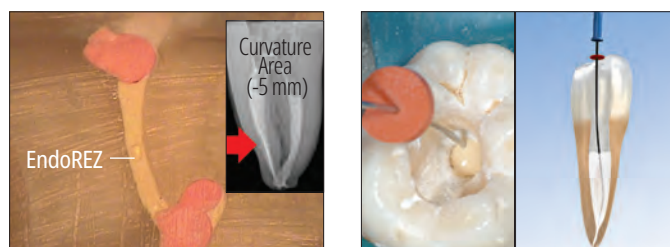
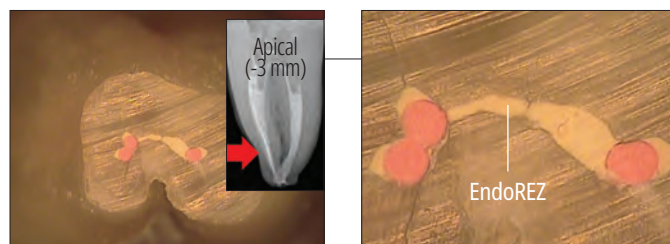
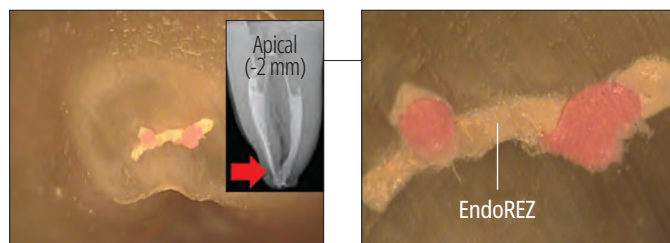
EndoREZ canal sealer penetrates into tubules and adapts to the walls like no other sealer on the market.



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

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

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



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

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



ENDOREZ CANAL SEALER SEQUENCE OF CLINICAL USE



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



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



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

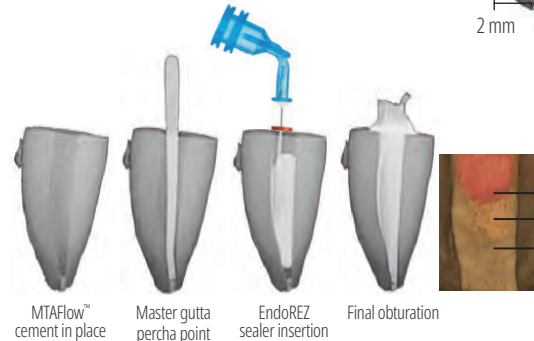
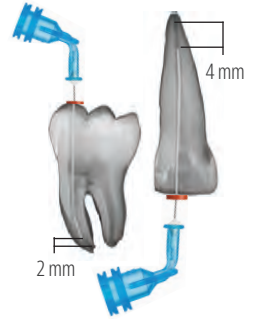


4. Slowly insert master gutta percha point cone to working length. Be sure to use a single gentle movement toward apical area. Avoid using a “pump” movement with cone. Passive or cold lateral compactions can be used. EndoREZ canal sealer will set in about 20–30 minutes.



5. Light cure canal sealer with VALO™ LED curing light for 40 seconds. Initial surface polymerization with curing light is less than 0.3 mm thick and aids in immediate restoration. Trim excess gutta percha with a very hot instrument or using a tip with ultrasonification (no water). Complete restorations following obturation to properly seal canal entrance. Do not leave cotton pellets between obturation and temporary restoration.

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.



Gutta Percha
EndoREZ canal sealer
MTAFlow cement plug

Cases of incomplete formation of apex or reabsorbed forams 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.



5900 - EndoREZ Syringe Kit

1 x 5 ml (8.15 g) syringe
20 x Mixing tips



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



Black Mini™ Tip page 134

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

For more information on Opalescence Endo,
see page 173.



UniCore™

POST, DRILL, AND ACCESSORY POST SYSTEM



- Superior strength⁴
- Esthetic and radiopaque
- Color-matched drills and posts
- Ultradent's UniCore "Kit of Kits" provides all items needed for post requirements
- Accessory Posts allow for better adaptation in flared or oval canals

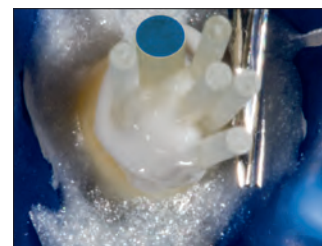
UniCore Posts are composed of glass fibers. Unidirectional UniCore glass fiber posts have a flexural strength similar to dentin.³ The gentle taper of the UniCore Post corresponds to the natural anatomy of the tooth and perfectly matches the post space created by the UniCore Drill. The five sizes and 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. Its heat-dissipating, diamond-coated collar preserves tooth structure, and its specially designed flutes cut canal walls laterally instead of vertically. UniCore Accessory Posts are placed alongside the master post to allow better adaptation in the case of flared or oval canals.

	Accessory Post	Size 0	Size 1	Size 2	Size 3	Size 4
Apical Ø	0.4 mm	0.6 mm	0.8 mm	1.0 mm	1.2 mm	1.5 mm
Coronal Ø	0.8 mm	1.0 mm	1.16 mm	1.36 mm	1.56 mm	1.76 mm
Taper	0.26°	2.1°	1.8°	1.8°	1.8°	1.3°
Length	16 mm	19 mm	19 mm	19 mm	19 mm	19 mm
Physical properties ⁴		UniCore quartz fiber post				
Flexural modulus of elasticity (GPa)		43–44				
Flexural strength (MPa)		1500–1600				
Tensile strength (MPa)		1200				
Modulus of elasticity at 30° (GPa)		13 (similar to dentin)				
Interlaminar shear strength (MPa)		70–80				

Courtesy of Dr. Carlos Ramos.



UniCore master post in place.



Additional accessory posts.



Final.

For step-by-step use with PermaFlo DC, see page 7.

"The literature clearly describes the C-Factor conditions that can lead to substantial polymer stress buildup in root canals. It has been estimated that up to 54% of the dentin bond interface can separate, resulting in gap formation and subsequent early failure of the endodontic post and core. When the area of the most coronal aspect of the root canal is over 25% larger than the diameter of the Master UniCore Fiber Post, it is prudent to insert the UniCore Accessory Posts alongside the Master Post to take up the core composite space/volume with longitudinal fiber. This technique is fast and effective. We at the Dugoni School of Dentistry have produced AADR/IADR studies that show the pushout strength increases when the core composite volume is decreased by displacing it with Accessory Fiber Posts. For just a few dollars more, the dentist can assure maximum robust adhesion to dentinal walls as well as create a more substantial core to prepare for the final crown. Flexural strength, anti rotation/pull-out resistance, and compressive strength are all enhanced with these great new UniCore Accessory Posts."

—DR. PATRICK L. ROETZER, DDS, FICD, FACD – UNIVERSITY OF THE PACIFIC,
DUGONI SCHOOL OF DENTISTRY – CALIFORNIA, USA

1. realityesthetics.com. 2. Lindblad RM, Lassila LV, Salo V, Vallittu PK, Tjäderhane L. Effect of chlorhexidine on initial adhesion of fiber-reinforced post to root canal. *J Dent.* 2010;38(10):796–801. doi:10.1016/j.jdent.2010.06.011. 3. Data on file. 4. Data on file.



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



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



7129 - UniCore Accessory Posts 10pk

0.4 mm Posts size X



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

UniCore Drills

Size	mm	1pk	10pk
0	0.6 mm	7134	—
1	0.8 mm	7121	4091
2	1.0 mm	7122	4092
3	1.2 mm	7123	—
4	1.5 mm	7124	—



UniCore Posts

Size	mm	5pk	25pk
0	0.6 mm	7135	—
1	0.8 mm	7125	4096
2	1.0 mm	7126	4097
3	1.2 mm	7127	—
4	1.5 mm	7128	—



The UniCore Post is noticeably more radiopaque than the leading competitor.¹

1. Data on file.



DermaDam™ Synthetic

DENTAL DAM



Zero sensitizing proteins

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



299 - DermaDam **Medium Synthetic 0.20 mm 20pk**

330 - DermaDam **Medium Synthetic 0.20 mm 60pk**

6"x 6" (15 cm x 15 cm)

DermaDam™

RUBBER DAM



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

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



311 - DermaDam **Medium 0.20 mm 36pk**

6"x 6" (15 cm x 15 cm)



314 - DermaDam **Heavy 0.25 mm 36pk**

6"x 6" (15 cm x 15 cm)

Ultradent™ Luer Vacuum Adapter



Capillary Tip page 138

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

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



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

DRIES CANALS FASTER THAN EVER



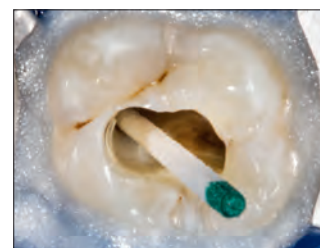
1. Isolate with rubber dam and OpalDam resin barrier. Irrigate canals through NaviTip™ 31 ga Double Sideport Irrigator tip.



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



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



4. Insert paper points to verify level of dryness.

"The Luer Vacuum Adapter eliminates the need for fumbling with paper points! And the canals seem to be much drier—we couldn't do without it!"

—DR. JEFF ROSENTHAL – CHESTERLAND, OH



230 - Luer Vacuum **Adapters 10pk**

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

TriAway™ Adapter

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

1. realityesthetics.com.



1375 - TriAway Adapter **Irrigator 20pk**



MELISSA AXEN - Left Fork Subway Entrance

EQUIPMENT

VALO X
VALO Grand
VALO
Gemini EVO
Gemini Accessories
Ease-In-Shields
UltraTect
Machine III Accessories
Ultrawave Accessories



VALO™ Family LED CURING LIGHTS



Best LED
Curing Light

Reality Five Star Award, **12x Winner** (2012–2023)

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

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

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

Dental Townie Choice Awards, **9x Winner** (2014–2017, 2019–2023)

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



VALO X, 10 sec, trans shade



Competitor, 10 sec, trans shade



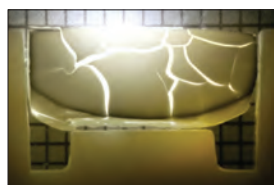
Competitor, 10 sec, trans shade



Competitor, 10 sec, trans shade

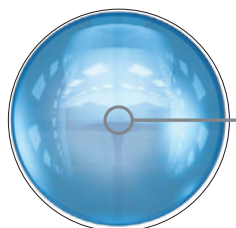


Competitor, 3 sec, trans shade



Competitor, 1 sec, trans shade

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



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

1. realityesthetics.com.

VALO X	VALO GRAND	VALO Retired
Actual Lens Size		
12.5 mm (123 mm²)	11.7 mm (108 mm²)	9.8 mm (74 mm²)
LED Chips		
 12 LEDs	 4 LEDs	 4 LEDs
Wavelength		
 380 nm – 515 nm	 385 nm – 515 nm	 385 nm – 515 nm
Power (mW)		
1350 STANDARD 2700 XTRA POWER	970 STANDARD 2260 XTRA POWER	670 STANDARD 1570 XTRA POWER
Irradiance (mW/cm²)		
1100 STANDARD 2200 XTRA POWER	900 STANDARD 2100 XTRA POWER	900 STANDARD 2100 XTRA POWER
Joules (J)		
13.5 STANDARD 13.5 XTRA POWER	9.7 STANDARD 6.8 XTRA POWER	6.7 STANDARD 4.7 XTRA POWER
Beam Profile		
12 mm Molar Coverage		

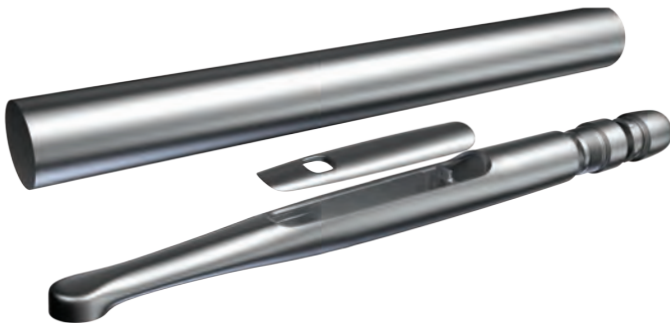


POWER

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

DURABILITY

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

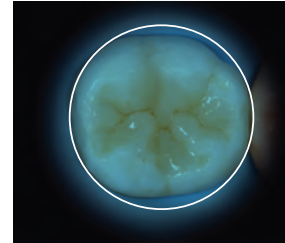


5-YEAR MANUFACTURER WARRANTY
We are proud of our manufacturing process and stand behind the quality of the VALO light. Each VALO light comes with a 5-year manufacturer's warranty, so you can be confident in your purchase.

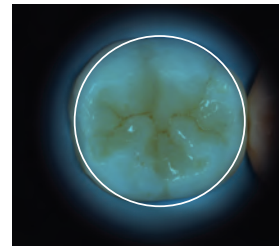
ACCESSIBILITY

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

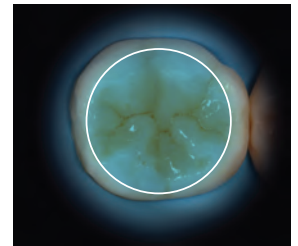
12 MM MOLAR COVERAGE



VALO X curing light
Diameter and Surface Area
12.5 mm & 144 mm²



VALO Grand curing light
Diameter and Surface Area
11.7 mm & 107 mm²



VALO curing light
Diameter and Surface Area
9.8 mm & 78 mm²

DISTAL ACCESSIBILITY

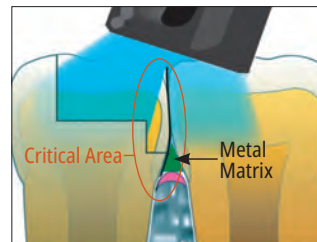


COMPETITOR: The angle of a competitor's 60° light guide causes overextension of jaw and often makes it impossible for light to reach all aspects of preparation.

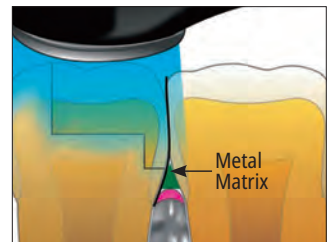


VALO: The VALO light's slim head allows easy and direct access to all curing sites.

ACCESS WITH A MATRIX



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



The VALO light's direct access and 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/jad.b1079561.

PRODUCT SPECIFICATIONS

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

	VALO X	VALO Grand	VALO (Retired)
Dimensions			
Lens Diameter	12.5 mm	11.7 mm	9.75 mm
Cordless	8.9 x 0.83 x 0.83 in (226 x 21 x 21 mm)	8 x 1.28 x 1.06 in (203 x 32.5 x 27 mm)	8 x 1.28 x 1.06 in (203 x 32.5 x 27 mm)
Corded	Cord Length: 6 feet (1.8 m)	9.26 x 0.79 x 0.79 in (23.5 x 2 x 2 cm) Cord Length: 6 feet (1.8 m)	9.26 x 0.79 x 0.79 in (23.5 x 2 x 2 cm) Cord Length: 6 feet (1.8 m)
Wand Weight			
Cordless	Unit: 3.8 oz (108 gram) With Batteries: 4.8 oz (136 gram)	Cordless Unit: 5.3 oz (150 gram) With Batteries: 6.7 oz. (190 grams)	Cordless Unit: 5.3 oz (150 gram) With Batteries: 6.7 oz. (190 grams)
Corded	Corded: 5.6 oz (158 gram)	Corded Unit: 8 oz (226 grams)	Corded Unit: 8 oz (226 grams)
Power Operation	Cordless/battery or Corded	Cordless/battery unit Corded Unit	Cordless/battery unit Corded Unit
Battery	Protected, Rechargeable, Lithium-Ion Battery 11MR14/65 3.7V, 900mAh 3.33WH	Rechargeable, Safe Chemistry Lithium Iron Phosphate Battery (LiFePO4) RCR123A, 3.2V, 400mAH 1.28WH	Rechargeable, Safe Chemistry Lithium Iron Phosphate Battery (LiFePO4) RCR123A, 3.2V, 400mAH 1.28WH
*Irradiance conforms to ISO 10650 when measured with a Gigahertz spectrum analyzer.			



RESTORATIVE SOLUTION

Your complete system for **QUALITY RESTORATIONS**

VALO™ X
Curing Light

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





VALO™ X

BROADBAND LED CURING LIGHT

NEW COLORS

- Now you can express your individual style in the office with timeless, vibrant color

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

ACCELEROMETER FUNCTION

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

SIMPLIFIED INTERFACE

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

12 LED CHIPSET

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

MULTI-CONFIGURATION

- Can be used in a corded or cordless configuration

5-YEAR WARRANTY

- Includes a 5-year Manufacturer Warranty

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

CYCLING BETWEEN MODES



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



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

LENS ACCESSORIES

TWO CURING LENSES



ProxiCure™ Ball Lens

5889



PointCure™ Lens

5890

THREE DIAGNOSTIC AID LENSES



TransLume™ Lens

5891



Diffuser Lens

5892



Interproximal Lens

5893

NEW COLORS

SAME IMPRESSIVE POWER



EQUIPMENT

VALO™ X

BROADBAND LED CURING LIGHT



Bigger
Lens
(12.5 mm)



Scan here for more information on the VALO X light.

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

The VALO X light is the curing light reimagined. Its simplified design allows for one-button activation and its Accelerometer Function allows the clinician to cycle between power and diagnostic aid modes with a simple wave of the wand. This eliminates awkward fumbling during a procedure, reduces the likelihood of dropping the instrument, and helps clinicians keep their minds on the task at hand. It uses a custom, multiwavelength light-emitting diode (LED) for producing high-intensity light at 380–515 nm, which is capable of polymerizing all light-curable dental materials while providing excellent breadth of cure and consistent performance. This intensity will also penetrate porcelain and is capable of curing underlying resin cements. The handpiece is designed to rest in a standard dental unit bracket or can be custom-mounted using the bracket included in the VALO X 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 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 Corded handpiece bracket holder, 1 x Blue-light-blocking light shield, 1 x Sample pack of barrier sleeves

6538 - VALO X Colors Kit - GALAXY PURPLE

6497 - VALO X Colors Kit - AURORA PINK

6499 - VALO X Colors Kit - NEBULA GREEN

6498 - VALO X Colors Kit - STARDUST GRAY

6496 - VALO X Colors Kit - HORIZON RED

6519 - VALO X Colors Kit - TWILIGHT BLUE

6539 - VALO X Colors Kit - ONYX BLACK

- 1 x VALO X LED curing light
- 1 x Diffuser lens
- 2 x Rechargeable batteries
- 1 x Battery charger, 1 x Power supply (for battery charger or cord adapter*), 1 x Blue-light-blocking light shield
- 1 x Sample pack of barrier sleeves - *Cord adapter not included



4665 - VALO X Barrier Sleeves 100pk



5898 - VALO X Barrier Sleeves 600pk

5839 - Curing Light Ease-In-Shields Kit

OD 5+ @ 400 – 500nm

- 1 x Ease-In-Shield, 1 x Adjustable headstrap,
- 1 x Microfiber cloth, 1 x Hard case



5437 - VALO X Rechargeable Batteries 2pk



4951 - VALO X Battery Charging Unit 1pk



5189 - VALO X Assembled Cord 1pk



4952 - VALO X Power Supply 1pk

Note: If you need support or service on your VALO product, please contact Equipment Support at 801.553.4574.

VALO™ Grand Cordless

LED CURING LIGHT



11.7 mm
Lens



Best LED
Curing Light

- Ultra-high-energy broadband LEDs cure all light-curable dental materials
- Three curing modes, Standard Power, High Power Plus, and Xtra Power, accommodate your preferences
- Optimally collimated beam delivers consistent, uniform power
- Extremely durable, slim, ergonomic shape allows unprecedented access to all restoration sites²
- Unique unibody design is extremely durable and lightweight
- Highly efficient LEDs and aerospace unibody aluminum keep wand body cool to the touch
- Second activation button on the underside allows for intuitive operation
- Battery-operated, cordless wand design provides optimal convenience and flexibility
- Operates on environmentally responsible, safe, inexpensive, rechargeable batteries

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

1. realitysthetics.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.



EQUIPMENT



5972 - VALO Grand Cordless Kit - Black

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



4666 - VALO Grand Cordless Barrier Sleeves 100pk

5896 - VALO Grand Cordless Barrier Sleeves 600pk

3604 - VALO Grand Light Shield 1pk



508 - Blue Light Blocking Glasses 1pk



5839 - Curing Light Ease-In-Shields Kit

- OD 5+ @ 400 – 500nm
- 1 x Ease-In-Shield
- 1 x Adjustable headstrap
- 1 x Microfiber cloth
- 1 x Hard case



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

5963 - VALO Grand Rechargeable Batteries 2pk



5962 - VALO Grand Battery Charging Unit 1pk



5961 - VALO Power Supply 1pk



EQUIPMENT

VALO™ Grand Corded LED CURING LIGHT



11.7 mm
Lens



Best LED
Curing Light

- Ultra-high-energy broadband LEDs cure all light-curable dental materials
- Optimally collimated beam delivers consistent, uniform power
- Three curing modes, Standard Power, High Power Plus, and Xtra Power, accommodate your preferences
- Extremely durable, slim, ergonomic shape allows unprecedented access to all restoration sites²
- Unique unibody design is extremely durable and lightweight
- Highly efficient LEDs and aerospace unibody aluminum keep wand body cool to the touch
- Second activation button on the underside allows for intuitive operation
- International power supply is suitable for power outlets from 100 to 240 volts; no batteries needed

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

1. realitysthetics.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.

Note: If you need support or service on your VALO product, please contact Equipment Support at 801.553.4574.



5971 - VALO Grand Corded Kit

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



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



508 - Blue Light Blocking Glasses 1pk



5839 - Curing Light Ease-In-Shields Kit

- OD 5+ @ 400 – 500nm
- 1 x Ease-In-Shield
- 1 x Adjustable headstrap
- 1 x Microfiber cloth
- 1 x Hard case

1667 - VALO Corded Surface Mounting Bracket 1pk



5930 - VALO Power Supply - 6' cord

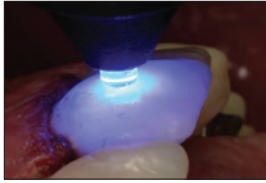
5933 - VALO Power Supply - 16' cord



VALO™ Accessory Lenses

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

PointCure™ Lens



The PointCure lens is a clear 2.5 mm diameter lens that is ideal for point curing (tacking) veneers and all porcelain crowns.

5890 - VALO X
PointCure Lens 2pk



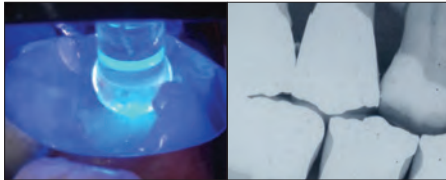
4082 - VALO Grand
PointCure Lens 2pk



5934 - VALO/VALO Ortho
PointCure Lens 2pk



ProxiCure™ Ball Lens



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

5889 - VALO X
ProxiCure Ball Lens 2pk



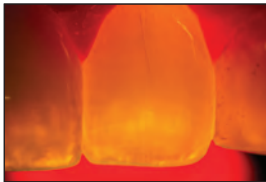
4081 - VALO Grand
ProxiCure Ball Lens 2pk



5936 - VALO/VALO Ortho
ProxiCure Ball Lens 2pk



TransLume™ Lens



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

5891 - VALO X
TransLume Lens 2pk



4084 - VALO Grand
TransLume Lens 2pk



5937 - VALO/VALO Ortho
TransLume Lens 2pk



Interproximal Lens



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

5893 - VALO X
Interproximal Lens 2pk



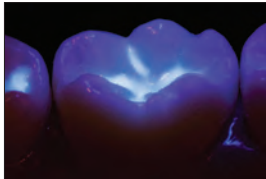
4658 - VALO Grand
Interproximal Lens 2pk



4629 - VALO/VALO Ortho
Interproximal Lens 2pk



Black Light Lens



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

N/A

4319 - VALO Grand
Black Light Lens 1pk



5939 - VALO/VALO Ortho
Black Light Lens 1pk



White Light Lens



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

N/A

4628 - VALO Grand
White Light Lens 2pk



N/A

VALO X Diffuser Lens

In Black Light diagnostic aid mode, the Diffuser lens gives visual aid of fluorescent particles in various dental resins. In White Light diagnostic aid mode, the Diffuser lens provides a pure, controlled, natural light source to aid in accurate shade matching.

5892 - VALO X Diffuser
White Light Lens 1pk



N/A

N/A



EQUIPMENT



GEMINI EVO™

810 + 980 DIODE LASER

THE NEXT EVOLUTION IN LASER DENTISTRY

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



Gemini EVO™

810 + 980 DIODE LASER



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

Dentistry Today Top 50 Technology Products, Readers Choice 2023

Dentistry Today Editors' Choice Award 2023

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

Good Design Award

Dental Product Shopper "Best Product" 2022

- Delivers 100 watts of peak power for faster cutting, less heat, and ultra-clean incisions in soft tissue¹
- 3-in-1 design allows you to choose the optimal wavelengths for coagulation, ablation, or a combination of both
- Three photobiomodulation adapters (3 mm, 7 mm, and 25 mm) are included so your patients can experience the benefits of laser dentistry
- Streamlined display and user interface gives more intuitive and user-friendly control
- 16 preset procedures are divided into three categories for efficient, intuitive use
- Uses the same tips as the original Gemini laser
- Patented single-use tips and autoclavable handpiece for easy laser use and simple sterilization between procedures
- Wi-Fi connectivity allows for over-the-air updates and dedicated tech support
- Mobile app and Dashboard monitor usage statistics, including ROI and procedure data
- Battery operation and wireless foot pedal allow for convenient movement from operator to operator
- Two-year warranty with an option to extend up to a five-year warranty
- Designed and assembled in the U.S. from U.S./imported components

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

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

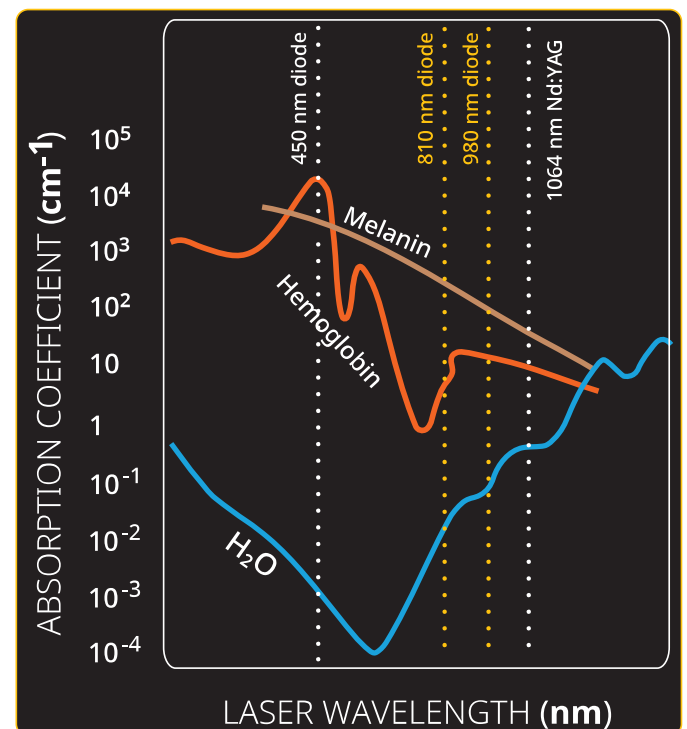


Additionally, laser procedures often result in less pain and swelling than procedures performed using traditional methods, such as electrocautery or a scalpel, leading to reduced healing time for increased patient comfort and satisfaction. The ability to precisely target and treat specific areas of soft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

BENEFITS	SCALPEL	ELECTROSURGE	LASER
Efficient soft tissue removal	X	X	X
Excellent hemostasis		X	X
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

WAVELENGTH & TISSUE INTERACTION

Dental soft tissue diode lasers work by emitting a focused beam of light (non-ionizing infrared radiation of 800–980 nm wavelength) that is absorbed by the water, 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.

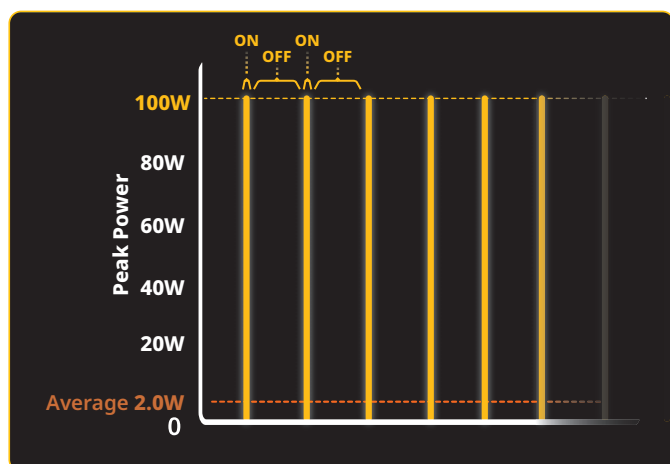


Selecting the optimal wavelength is important for maximizing the laser's efficacy in soft tissue applications. The Gemini EVO laser features 810 nm, 980 nm, and dual wavelength options to combine the best absorption in melanin, hemoglobin, and water to provide the greatest clinical versatility.^{2,3}

1. R Borchers. Comparison of diode lasers in soft tissue surgery using CW and superpulsed mode, an in vivo study. *Int J Laser Dent*. 2011; 1(1):17–27. 2. Akbulut N, Kursun ES, 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. 3. S Pirnat. Versatility of 810 nm laser in dentistry. *J Laser Health Academy*, 2007; (4).



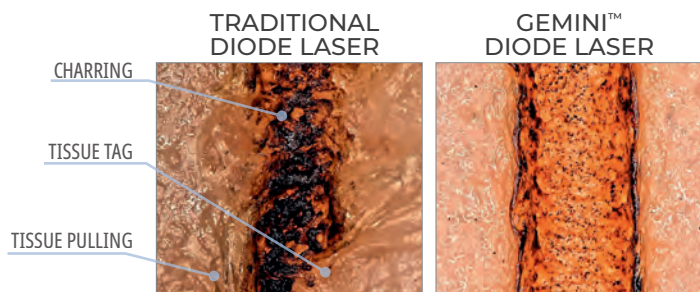
PEAK POWER AND SUPER-PULSING



GEMINI EVO
2.0 W Average
Power Output

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

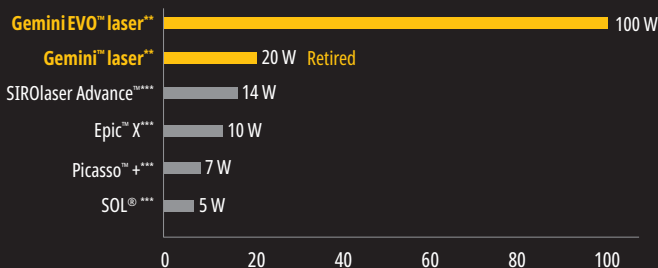
The desired results with the least risk of unwanted thermal damage can be achieved with very short pulses at the highest power density for the shortest time possible.^{1,2}



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

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

DIODE LASER PEAK POWER COMPARISON*



PHOTOBIOMODULATION



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

The benefits of PBM:

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



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



Scan here to connect with other Gemini laser fans on our Facebook page

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



* Data published by manufacturer. ** Peak power in dual wavelength mode. *** Trademark of a company other than Ultradent. **1.** Goharkhay K, Moritz A, Wilder-Smith P, et al. Effects on oral soft tissue produced by a diode laser in vitro. *Lasers Surg Med.* 1999;25(5):401-406. doi:10.1002/(sici)1096-9101(1999)25:5<401::aid-lsm6>3.0.co;2-u. **2.** Borchers R. Comparison of diode lasers in soft tissue surgery using CW and superpulsed mode, an in vivo study. *Int J Laser Dent.* 2011; 1(1):17-27. **3.** Ross G, Ross A. Photobiomodulation: an invaluable tool for all dental specialties. *J Laser Dent.* 2009;17(3):117-124. **4.** 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.



WIFI CONNECTIVITY & DASHBOARD

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



Dashboard Includes:

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



25 mm Tip



7 mm Tip



3 mm Tip

BUILT-IN PHOTOBIO-MODULATION

Three PBM adapters are included for intraoral and extraoral treatment.

- 3 mm
- 7 mm
- 25 mm



HAPTIC SENSE & TOUCH TECHNOLOGY

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



GUIDED TOUCH INTERFACE

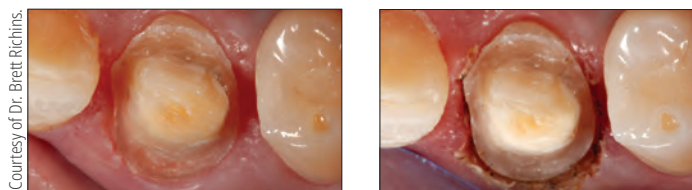
- Operating the Gemini EVO laser is easier than ever. Only relevant icons light up to help guide you through the interface and make the proper input selection



SURGICAL INDICATIONS

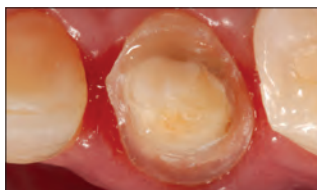
- Excisional and incisional biopsies
- Exposure of unerupted teeth
- Fibroma removal
- Frenectomy
- Frenotomy
- Gingival troughing for crown impression
- Gingivectomy
- Gingivoplasty
- Gingival incision and excision
- Hemostasis and coagulation
- Implant recovery
- Incision and drainage of abscess
- 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

TROUGHING



Pre-op.

Immediately Post-op.

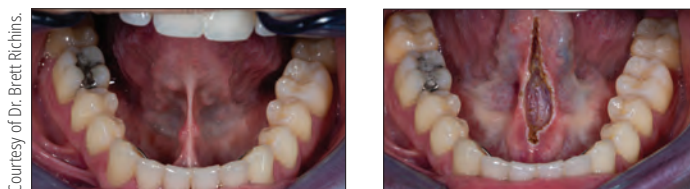


Post-op.

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

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

LINGUAL FRENECTOMY



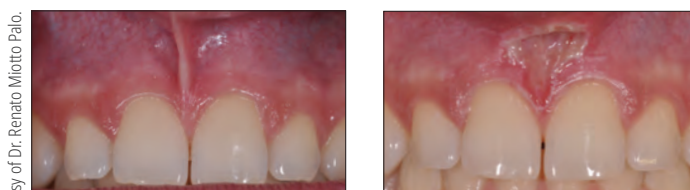
Pre-op.

Immediately Post-op.



Post-op.

LABIAL FRENECTOMY



Pre-op.

Immediately Post-op.



Post-op.

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

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

GINGIVECTOMY



Pre-op.

Immediately Post-op.

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

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



TOOTH EXPOSURE

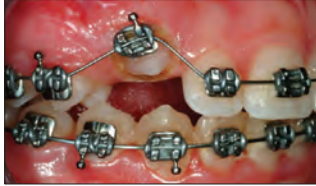
Courtesy of the late Dr. Stephen Tracey.



Pre-op.



Immediately Post-op.



Immediate Bracket Bonding.

CUSPID EXPOSURE



Pre-op.



Immediately Post-op.

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

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

BIOPSY/FIBROMA

Courtesy of Dr. Ray Voller.



Pre-op.



Immediately Post-op.



Post-op.

HYGIENE INDICATIONS

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

BACTERIAL DECONTAMINATION OR LASER BACTERIAL REDUCTION (LBR)



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

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

SULCULAR DEBRIDEMENT OR SOFT TISSUE CURETTAGE



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

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





Gemini EVO™

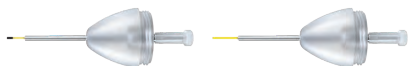
810 + 980 DIODE LASER



- Delivers 100 watts of peak power for faster cutting, less heat, and ultra-clean incisions in soft tissue¹
- 3-in-1 design allows you to choose the optimal wavelengths for coagulation, ablation, or a combination of both
- Three photobiomodulation adapters (3 mm, 7 mm, and 25 mm) are included so your patients can experience the benefits of laser dentistry
- Streamlined display and user interface gives more intuitive and user-friendly control
- 16 preset procedures are divided into three categories for efficient, intuitive use
- Uses the same tips as the original Gemini laser
- Patented single-use tips and autoclavable handpiece for easy laser use and simple sterilization between procedures
- Wi-Fi connectivity allows for over-the-air updates and dedicated tech support
- Mobile app and Dashboard monitor usage statistics, including ROI and procedure data
- Battery operation and wireless foot pedal allow for convenient movement from operator to operator
- Two-year warranty with an option to extend up to a five-year warranty
- Designed and assembled in the U.S. from U.S./imported components

9120 - 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 Power supply
3 x PBM Adapters (25 mm, 7 mm, 3 mm)



8983 - Gemini EVO 5 mm Pre-Initiated Tip 25pk

8984 - Gemini EVO 7 mm Uninitiated Tip 25pk



9127 - Gemini EVO Handpiece Shell 1pk



9125 - Gemini EVO Power Supply 1pk



5837 - Dual Wave Ease-In-Shields Kit

OD 5+ @ 800-900nm OD 6+ @ 900-<980nm
OD 7+ @ 980-1064nm OD 6+ @ >1064-1080nm
1 x Ease-In-Shield
1 x Adjustable headstrap
1 x Microfiber cloth
1 x Hard case



8985 - Gemini EVO Safety Glasses 1pk



9123 - Gemini EVO Intraoral PBM Adapter Kit

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



9124 - Gemini EVO Extraoral PBM Adapter Kit

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



8999 - Gemini EVO PBM Spacer Tip Kit 5pk

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

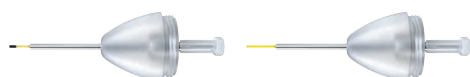


Gemini™ Accessories

810 + 980 DIODE LASER



8986 - Gemini Handpiece **Shell 1pk**



8983 - Gemini EVO **5 mm Pre-Initiated Tip 25pk**

8984 - Gemini EVO **7 mm Uninitiated Tip 25pk**



8981 - Gemini **Power Supply 1pk**



5837 - Dual Wave Ease-In-Shields **Kit**

OD 5+ @ 800-900nm OD 6+ @ 900-<980nm
OD 7+ @ 980-1064nm OD 6+ @ >1064-1080nm
1 x Ease-In-Shield
1 x Adjustable headstrap
1 x Microfiber cloth
1 x Hard case



8985 - Gemini **Safety Glasses 1pk**



8998 - Gemini **PBM Adapter Kit**

1 x 25 mm Photobiomodulation (PBM) adapter
2 x Disposable spacer tips
1 x Handpiece holder clip
1 x Cleaning cloth



8999 - Gemini **PBM Spacer Tip Kit 5pk**



EASE-IN-SHIELDS™

Protective Loupe Inserts

WORK WITH YOUR LOUPES,
UNINTERRUPTED





Ease-In-Shields™

PROTECTIVE LOUPE INSERTS



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



Ease-In-Shields Kit Contents



5837 - Dual Wave Kit

OD 5+ @ 800-900nm OD 6+ @ 900-<980nm
OD 7+ @ 980-1064nm OD 6+ @ >1064-1080nm



5839 - Curing Light Kit

OD 5+ @ 400 - 500nm



5832 - Universal Soft Tissue Kit

OD 4+ @ 800-<900nm, OD 6+ @ 900-<980nm,
OD 7+ @ 980-1064nm, OD 6+ @ >1064-1080nm



5835 - Universal Hard Tissue Kit

OD 4+ @ 1800 - 3000 nm, OD 5+ @ 1980 - 2550 nm,
OD 6+ @ 10600 nm



5836 - CO₂ Kit

0.3<OD<0.49 @ 520-535nm
OD 6+ @ 9000-11000nm



5838 - Diode Soft Tissue Kit

OD 5+ @ 800-830nm



5843 - Pink Diode Soft Tissue Edition Kit

OD 5+ @ 800-830nm



5842 - Multi-Wave Kit

OD 8+ @ 180 - 385 nm, OD 4+ @ 795 - <840 nm,
OD 5+ @ 840 - <960 nm, OD 7+ @ 960 - 1400 nm,
OD 4+ @ >1400 - <3000 nm, OD 6+ @ 10600 nm



5844 - Clear CO₂ Kit

OD 5+ @ 190 - 390nm
OD 6+ @ 9000 - 11000nm



5845 - Tri-Wave Kit

OD 4+ @ 440-475 nm, OD 2+ @ 655-665 nm,
OD 4+ @ 960-995 nm



5846 - Nd:YAG and Er:YAG Kit

OD 6+ @ 1010-1030 nm, OD 7+ @ 1030-1070 nm,
OD 6+ @ 1070-1080 nm, OD 4+ @ 1800-3000 nm



UltraTect™

PROTECTIVE EYEWEAR

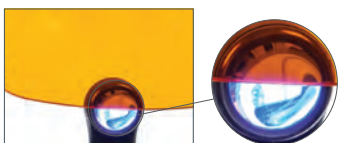


UltraTect protective eyewear is made for the modern dental environment. The high-quality, lightweight frames and polycarbonate lenses are both comfortable and durable, and they meet ANSI and CE safety standards for protection against impact injuries and chemical exposure. Clinicians, assistants, and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

Note: Do not use for laser protection.



Glasses are flexible and impact resistant for ultimate durability.



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

914 - Black-Green Frame/Gray Lens **1pk**

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

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

Machine III/Ultravac Accessories

Ultrasep™ III

MOLD RELEASE



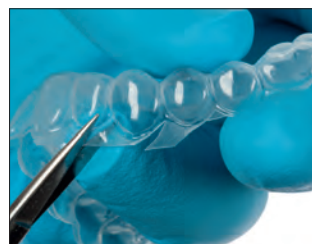
- Quickly and easily removes vacuum-formed parts
- Minimizes distortion and reduces defects
- Does not contain CFC propellants or solvents
- Provides outstanding surface coverage
- Does not contain color and is nonstaining

176 - Ultrasep III **1pk**

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**



Ultrawave™ Accessories



F12617 - Ultrawave XS LED Handpiece 1pk



F12101 - Ultrawave Handpiece 1pk

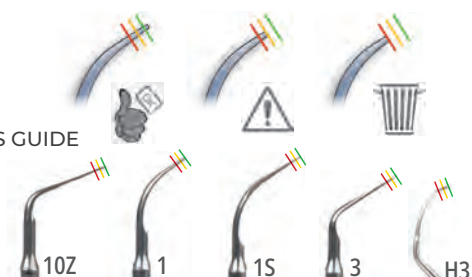
Ultrawave™ Acteon®* Satelec®* Wrenches

F00446 - Flat Wrench

F81330 - Ultrawave Wrench



TIP EFFECTIVENESS GUIDE



Ultrawave™ Acteon®* Satelec®* Tips

- Corrosion resistant: steel alloy is resistant to corrosion caused by decontamination
- Variety of applications: tips are available for scaling, endodontics, periodontal treatment, and restorative procedures
- Tensile strength: each tip is designed to meet the specific requirements of the procedure¹
- Sterilization: tips are autoclavable and suitable for sterilization
- Ring color correlates with Ultrawave Power Setting

Scaling Supragingival and subgingival tips are ideal for standard scaling, as well as cases where high power is needed for tenacious calculus removal.

Restoration Ball-diamond tips are ideal for preparing small proximal cavities and allow interproximal treatment while preserving the adjacent tooth.



For supra- and subgingival scaling. Designed for greater power.

F00245 - Ultrawave 1 Slim Scaling Tip 1pk



Recommended for treating simple cases and gross supragingival scaling.

F00246 - Ultrawave 1 Scaling Tip 1pk



For removal of biofilm and soft deposit. Tip is etched in 3 mm increments.

F00254 - Ultrawave 10Z Scaling Tip 1pk

Endodontics & Apical Surgery These tips are specially designed for all the challenging applications during a root canal treatment, including removal of calcification in the pulp chamber, removal of separated instruments, and retreatment. The innovative tip design improves passive ultrasonic irrigation, facilitating superior performance in root canal cleanings.



Tapered smooth tip for retreatment and instrument fragment removal.

F88018 - Ultrawave ET25 Tip 1pk



Removes the cement interface between post and canal wall.

F88011 - Ultrawave ET20 Tip 1pk

Periodontal Periodontal tips allow for a full-mouth periodontal debridement. Deposits are removed by methodically crisscrossing all root surfaces using low lateral pressure combined with very low amplitude. This provides tactile sensitivity unequaled by any other ultrasonic tip for more comfortable treatment.



Most popular tip for treatment of anterior teeth. The guiding edge is used parallel to the pocket.

F00369 - Ultrawave H3 Tip 1pk



Recommended for examining and maintenance of moderate to deep pockets or furcations.

F01001 - Ultrawave TK1-1S Tip 1pk

* Acteon® and Satelec® are trademarks of Satelec, a company of Acteon Group. 1. Data on file.



ultrapro™ Tx

TRUE INNOVATION FOR EVERY POLISHING NEED



It's a complete line for your practice. Our Ultrapro™ Tx Air handpiece and the Ultrapro™ Tx Cordless handpiece are designed to be light, ergonomic, and comfortable. Plus, they work with nearly any DPA for high versatility. Our Ultrapro™ Tx Sweep™ DPA significantly reduces splatter,¹ a truly innovative solution as part of the whole Ultrapro Tx product line.

¹. Data on file.

[Ultrapro Tx, see pages 120–121.](#)



AMY HIBBARD - Cedar Breaks National Monument

ETCH AND BOND

Ultra-Etch
Peak SE Primer
Peak Universal Bond
PQ1
Peak-ZM Primer
Ultradent Porcelain Repair Kit
Ultradent Porcelain Etch
Silane
Ultra-Blend plus
Consepsis



ETCH AND BOND

The industry leader for more than 35 years

Ultra-Etch™

ETCH AND RINSE ETCHANT



Blue Micro™ Tip page 135



Inspiral™ Brush Tip page 135

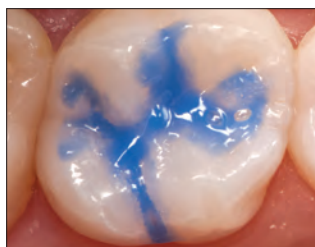
- Self-limiting² on dentin
- Penetrates smallest fissures and won't run on a vertical surface³
- Precise placement
- Etch and rinse
- Rinses cleanly, leaves no residue

Ultra-Etch etchant 35% phosphoric acid solution features ideal viscosity, which facilitates precise placement and superior control. It is self-limiting in its depth of etch (average depth of 1.9 μ m with 15-second etch),² creating an etch pattern that adhesives can penetrate for increased bond strength. Studies demonstrate Ultra-Etch etchant's unique self-limiting chemistry on dentin creates an optimal surface to receive resin.^{2,4,5} Though Ultra-Etch etchant is viscous, it can penetrate into the occlusal fissures or vertical surfaces due to physical and chemical properties that promote capillary action. Its ideal viscosity maintains a layer that is thick enough to prevent premature drying.

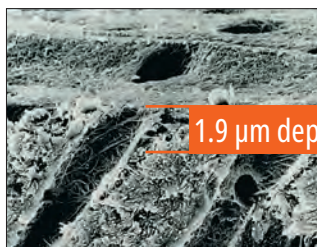
Ultra-Etch etchant is indicated for use on dentin and enamel to create optimal bonding surfaces. Ultra-Etch etchant can be used for 5 seconds to remove the salts created by etching porcelain.

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

Courtesy of Dr. Jaleena Fischer-Jessop.



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



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

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

—DR. C. BRADFORD THOMAS – GALVESTON, TX

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

—DR. DAVID D. MAY – HEMET, CA



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



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

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



383 - Ultra-Etch IndiSpense™ Syringe Kit
1 x 30 ml (39.6 g) IndiSpense syringe
20 x 1.2 ml empty syringes
20 x Blue Micro tips



164 - Ultra-Etch Syringe 4pk

168 - Ultra-Etch Syringe 20pk

1407 - Ultra-Etch Syringe 50pk
1.2 ml (1.584 g) syringes



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



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

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

Peak™ SE Primer

NO-RINSE SELF-ETCHING PRIMER



Black Mini™ Brush Tip page 134

- When used with Peak Universal Bond adhesive, provides top-rated bond strengths by an independent non-profit dental education and product testing institute²
- Delivers fresh, stable chemistry
- Easy, one-coat technique
- Precise and convenient application
- No rinse needed

Peak SE Primer is a self-etching primer mixed and delivered in the unique JetMix™ syringe. JetMix technology separates precise quantities of strong acid (pH 1.2) and optimized priming resin to prevent the hydrolytic breakdown and degradation that occurs with other self-etch chemistries. Components are kept separate until the clinician activates them. The mixed chemistry is stable and can be used for 120 days. Peak SE Primer is used prior to Peak Universal Bond adhesive to achieve unsurpassed bond strengths.³

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

FOR INDIRECT BONDING

Courtesy of Dr. Rich Tuttle.



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



2. Thin/dry for 3 seconds.



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



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

Highest Bond Strengths to Dentin and Enamel!³

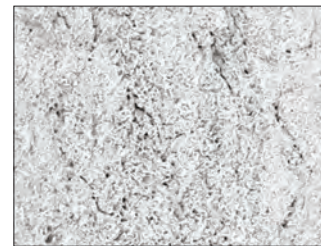
COMPARISON OF 3 SELF-ETCH ADHESIVE SYSTEMS, UNIVERSITY OF IOWA COLLEGE OF DENTISTRY⁴



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



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



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



5135 - Peak SE Primer Syringe 4pk
1.0 ml (0.993 g) syringes



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

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



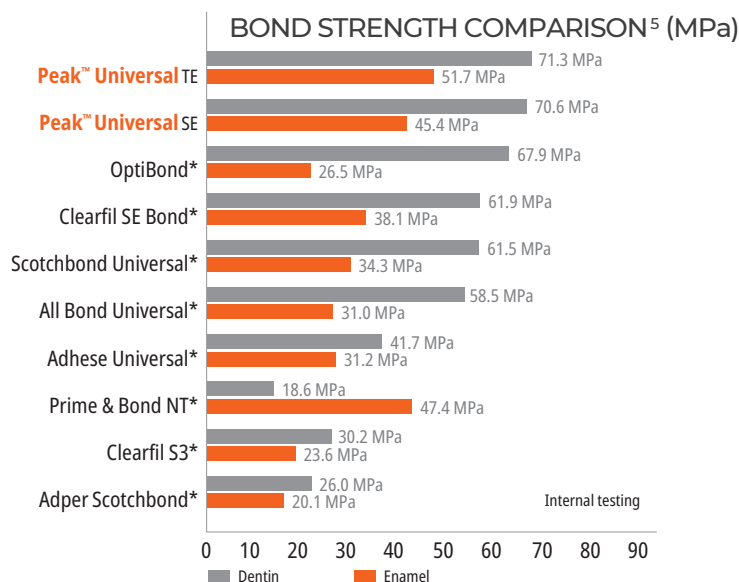
Peak™ Universal Bond

LIGHT-CURED ADHESIVE



- Features Ultradent's Dymetech™ phosphate monomer blend for enhanced strength and greater versatility
- Contains 0.2% chlorhexidine to help ensure long-term bond strength^{2,3}
- Bonds to all dental substrates
- Ideal for direct and indirect bonding, as well as post and core procedures
- Works with self-etch and total-etch techniques
- Patients experience less post-op sensitivity after being treated with Peak Universal Bond adhesive⁴
- Available in syringe, bottle, and unit-dose delivery

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



MONOMER BLEND

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

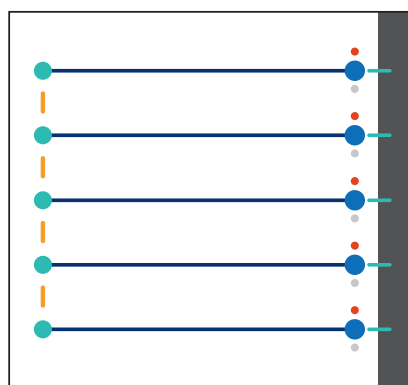


Image 1. 10-MDP

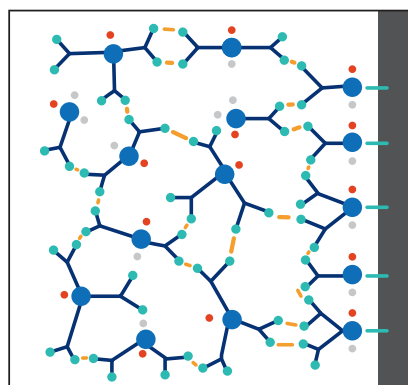


Image 2. Dymetech phosphate monomer blend

ILLUSTRATION KEY

- methacrylate groups
- phosphate groups
- other organic structure components
- bond interactions

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

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

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

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

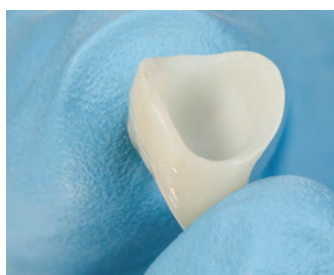
Illustrations are meant for demonstration purposes only and may not accurately depict real monomers.



Dentin and Enamel



Porcelain/Ceramic



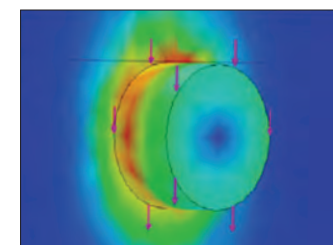
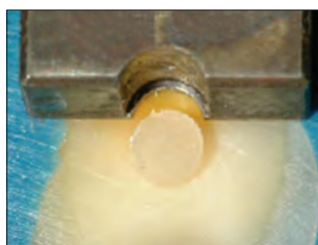
Zirconia



Composite



Metal



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

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

5006 - Peak Universal Bond Unit Dose 50pk
0.2 ml unit dose



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



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



4542 - Peak Universal Bond Total-Etch Bottle Kit
1 x 4 ml (4.13 g) Peak Universal Bond bottle
4 x 1.2 ml (1.584 g) Ultra-Etch syringes
40 x Blue Micro tips
50 x Mixing Wells
50 x Micro Applicator brushes



4551 - Peak Universal Bond Total-Etch Syringe Intro Kit
1 x 1.2 ml (1.24 g) Peak Universal Bond syringe
1 x 1.2 ml (1.584 g) Ultra-Etch syringe
20 x Blue Micro tips
20 x Inspirational Brush tips

4548 - Micro Applicator Brush 400pk
200 x Each color





PQ1™

SINGLE-RESIN BONDING

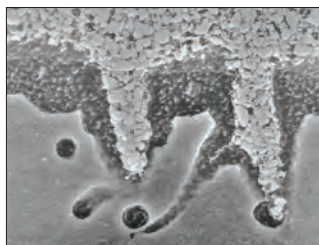


Inspiral™ Brush Tip page 135

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

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

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



Note: Exceptional filler penetration for high-strength bonding.

REFRIGERATE



641 - PQ1 Syringe 4pk
1806 - PQ1 Syringe 20pk
1.2 ml (1.67 g) syringes

Peak™-ZM

ZIRCONIA/METAL PRIMER



Zirconia and metal have met their match!

- Includes a unique blend of phosphate monomers, as well as the MDP monomer
- Significantly enhances bond strengths to resin cements³
- 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.³ With Peak-ZM primer, you can feel confident in your zirconia and metal restorations.

Note: Not for use with RMGI or GI.

REFRIGERATE



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

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



Ultradent™ Porcelain Repair Kit

ETCH, SILANE, BOND RESIN,
AND FLOWABLE COMPOSITE



- Includes all necessary pre-composite placement materials
- Yields the highest porcelain-to-resin bond strengths²
- Provides quick, easy repairs without mixing

Porcelain repair procedures are becoming more common. It is financially advantageous and less invasive to repair a chipped porcelain restoration rather than replace it. The Ultradent Porcelain Repair Kit contains all the products and tips needed for composite-to-porcelain, porcelain-to-metal, and porcelain-to-porcelain repairs.

Rated excellent by a prominent independent research institute.³

"Ultradent's Porcelain Repair Kit gives us a good, dependable system for repairing bridges and crowns that chip or break."

—DR. FRED WALDSCHMIDT – BOURBONNAIS, IL

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

—DR. LLOYD B. SCHWARTZ – TROY, NY

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

—DR. FELICIA CHU – ELGIN, IL

REFRIGERATE



1108 - Ultradent Porcelain Repair Syringe Kit

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

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. realitysthetics.com. 2. Pameijer CH, Fischer D. Repairing fractured porcelain: how surface preparation affects shear force resistance. *J Amer Dent Assoc.* 1996; 127(2):203-209. 3. Clinical Research Associates Newsletter, Volume 24, Issue 11, November 2000.



Ultradent™ Porcelain Etch and Silane

90-Second Etch—60-Second Silane



Inspiral™ Brush Tip page 135

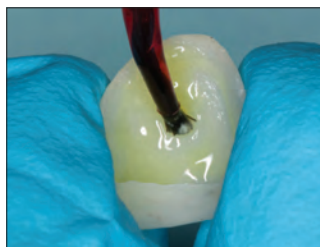


Black Mini™ Brush Tip page 134

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

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

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



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



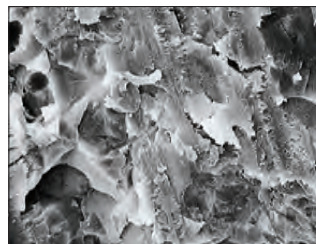
2. Apply Ultra-Etch™ etchant for five seconds to remove porcelain salts and debris formed by hydrofluoric acid etching.



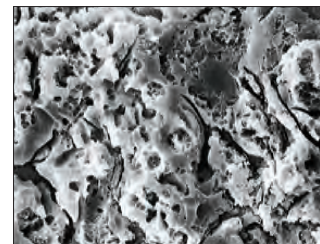
3. Apply a puddle coat of Silane to the inside surface of the prosthesis for 60 seconds, dry, and set aside. Do not rinse. Prosthesis is now ready for luting/cementing.

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

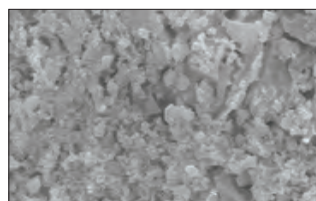
Courtesy of Dr. Cornelis Pameijer.



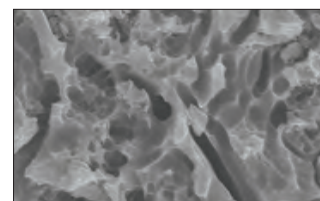
Diamond-cut porcelain surface.



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



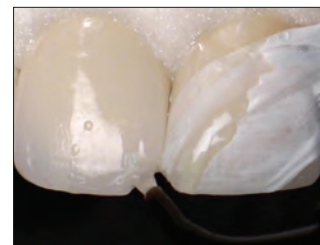
Residual silica salts on porcelain, post hydrofluoric acid etching for 90 seconds with Ultradent Porcelain Etch.



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



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



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



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



406 - Porcelain Etch Syringe 2pk
407 - Porcelain Etch Syringe 4pk
 1.2 ml (1.332 g) syringes



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

* Trademark of a company other than Ultradent. 1. realityesthetics.com. 2. Pameijer CH, Louw NP, Fischer D. Repairing fractured porcelain: how surface preparation affects shear force resistance. *J Amer Dent Assoc.* 1996;127(2):203-209.



Ultra-Blend™ plus

DENTIN LINER AND PROTECTIVE BASE



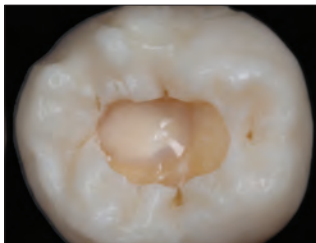
Black Micro™ Tip page 135



Black Mini™ Tip page 134

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

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



Ultra-Blend plus liner used for pulp capping.

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

—DR. TERRY BRAUN – OCALA, FL

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

—DR. SHELDON BORUCHOW – AUDUBON, PA

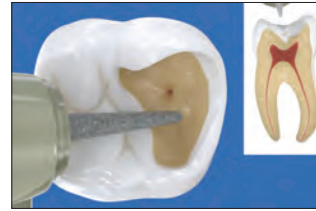
"Ultra-Blend plus liner has been working well and is easy to use compared to other products."

—DR. SUZETTE NIKAS – CARMEL, IN

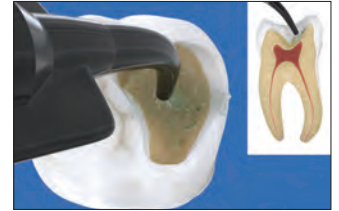
"Ultra-Blend plus liner application is easy!"

—DR. MIMI V. JOHNSON – BELLWOOD, IL

LIGHT-CURED MATERIAL FOR PULP CAPPING



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



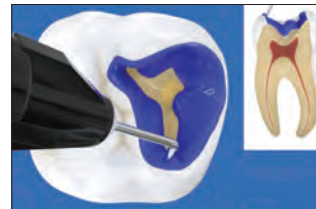
2. Consepis solution - Apply Consepis™ antibacterial solution with plastic Blue Mini™ Dento-Infusor™ or Black Mini™ brush tip for 60 seconds. Do not scrub. Air dry.



3. Optional: MTAFlow cement - 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 Consepis solution prior to bonding, gently agitating for 60 seconds. Dry until dentin is slightly moist and proceed to the bonding agent.



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



415 - Ultra-Blend plus Syringe Kit

2 x 1.2 ml (1.6 g) Dentin syringes
2 x 1.2 ml (1.68 g) Opaque White syringes
20 x Black Micro tips
20 x Black Mini tips



416 - Ultra-Blend plus Dentin Syringe 4pk
417 - Ultra-Blend plus Opaque White Syringe 4pk
1.2 ml (1.6 g) Dentin syringes, 1.2 ml (1.68 g) Opaque White

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



Consepsis™

2% CHLORHEXIDINE ANTIBACTERIAL SOLUTION



Black Mini™ Brush Tip page 134



Blue Mini™ DI Tip page 135

- Reduces potential for postoperative sensitivity²
- Helps ensure long-term bond strength^{3,4}
- Syringe delivery makes placement easy

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

Minimize post-op sensitivity by thoroughly cleaning the preparation prior to sealing and restoring.² Use prior to cementation, luting (provisional and/or permanent), and direct restorative placement. Clean with near-neutral Consepsis solution prior to pulp-capping.

In vivo studies have shown that restorations not treated with chlorhexidine (CHX) exhibited a significant DECREASE in the structural integrity of the collagen network and in bond strength (35% bond strength degradation vs. no degradation in CHX-treated teeth).^{3,4}

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

WHEN DO YOU USE CONSEPSIS ANTIBACTERIAL SOLUTION?

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

1. Peak SE Primer



Consepsis solution - **RECOMMENDED**



2. Peak Universal Bond adhesive



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

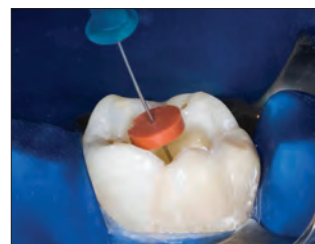
1. Ultra-Etch etchant



Consepsis solution - **RECOMMENDED**



2. Peak Universal Bond adhesive



Use Consepsis solution to disinfect canals during endodontic procedures.



490 - Consepsis Syringe Kit

4 x 1.2 ml (1.116 g) syringes
20 x Blue Mini Dento-Infusor tips
20 x Black Mini Brush tips



404 - Consepsis IndiSpense Syringe Kit

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



491 - Consepsis Syringe 20pk

1.2 ml (1.116 g) syringes



687 - Consepsis IndiSpense Syringe 1pk

30 ml (27.9 g) syringe

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



RACHEL NILSEN - Neffs Canyon

FINISH

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

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



Jiffy™

ORIGINAL COMPOSITE SYSTEM



- Unique disk shape gives you leverage on working surfaces
- Polishing cups feature a flared, flexible thin-wall design ideal for polishing near the gingiva
- Available with or without autoclavable aluminum blocks*
- Not made with natural rubber latex
- Autoclavable



Shaping to Polishing

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



High Shine Polish

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



Final Finish Option

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

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



4254 - Jiffy Composite Adjusting & Polishing Kit

3 x Each cups, disks, and points
(1 coarse, 1 medium, 1 fine)
2 x Jiffy brushes (1 regular, 1 pointed)



7010 - Jiffy Composite Polishing Variety Pack

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



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

Jiffy Cups, Disks, Points 12pk

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

Jiffy HiShine Cups, Disks, Points 10pk

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

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



INTRAORAL CONTOURING & SHAPING

Recommended speed: 3,000–8,000 RPM



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



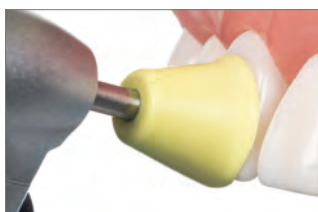
Jiffy Coarse Green disk shapes labial/buccal surfaces.



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

INTRAORAL FINISHING & POLISHING

Recommended speed: 3,000–8,000 RPM



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



Jiffy Medium Yellow disk polishes labial/buccal surfaces.



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

INTRAORAL POLISHING

Recommended speed: 3,000–8,000 RPM



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



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



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

INTRAORAL FINAL POLISHING

Recommended speed: 3,000–8,000 RPM



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



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



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



Jiffy™ *Natural* COMPOSITE POLISHING SYSTEM



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

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

Recommended speed: 5,000–8,000 RPM



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

Recommended speed: 5,000–8,000 RPM



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



6304-1 - Jiffy *Natural* Composite Polishing Kit

- 1 x Jiffy Medium spiral polisher
- 1 x Jiffy Fine spiral polisher
- 1 x Jiffy Medium swirl polisher
- 1 x Jiffy Fine swirl polisher



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

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

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



6305-1 - Jiffy *Natural* Occlusal Swirl Medium 3pk

6306-1 - Jiffy *Natural* Occlusal Swirl Fine 3pk

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



Jiffy™ One

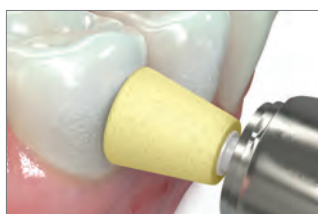
SINGLE-USE POLISHERS



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

SIMPLE, STRAIGHTFORWARD, AND SAFE

Recommended speed: 3,000–8,000 RPM



Polish.



Toss in the bin.



Quick. Easy. Beautiful.

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

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



Medium



Fine

Jiffy One Cups, Disks, Points 20pk

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



7030 - Jiffy One Single Use Polisher Trial Kit

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



PermaSeal™

PENETRATING COMPOSITE SEALER



Black Micro™ FX™ Tip page 134

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

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

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

NEW RESTORATIONS

Courtesy of Dr. Dan Fischer.



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



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

EXISTING RESTORATIONS

Courtesy of Dr. Brett Richins.



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



Restoration immediately after PermaSeal composite sealer application.

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



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

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



631 - PermaSeal Syringe Kit

4 x 1.2 ml (1.3 g) syringes
10 x Black Micro FX tips

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

PrimaDry™

DRYING AGENT



Black Micro FX™ Tip page 134

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



716 - PrimaDry Syringe 4pk

1.2 ml (.953 g) syringes



Jiffy™ Spin

COMPOSITE SHAPING & FINISHING DISKS



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

Recommended speed: 7,000–10,000 RPM

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



5570 - Jiffy Spin

10 mm Shaping & Finishing Disk Kit

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



5571 - Jiffy Spin

14 mm Shaping & Finishing Disk Kit

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



5581 - Jiffy Spin Mandrel 10pk

Jiffy Spin Shaping & Finishing Disks 75pk

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

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

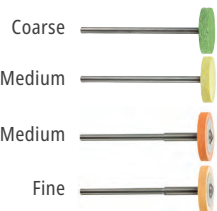


Jiffy™

UNIVERSAL CERAMIC
ADJUSTING AND POLISHING SYSTEM



- Universal application on all ceramic materials eliminates the need for multiple adjusters and polishers, saving you time and money
- Specially formulated Ultradent diamond grit provides optimal smoothness and outstanding polishing results while still being gentle on any ceramic material, including zirconia
- Multi-grit diamond particles allow for effective adjustment of ceramics for a truly smooth and high-gloss finish²
- Optimized two-step adjusting and polishing sequence
- Maximum diamond retention ensures a long service life
- Autoclavable aluminum block extends the life of the system



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



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



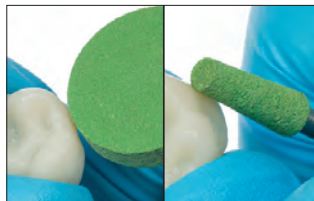
Final Finish Option
The unique Jiffy™ Goat Hair Brush used with Ultradent™ Diamond Polish Mint gives a final esthetic finish to ceramic restorations.

1. realityesthetics.com 2. Data on file.

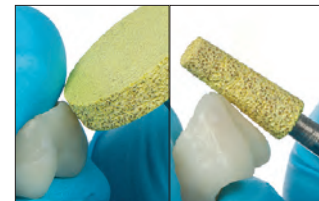
EXTRAORAL ADJUSTING

- 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.

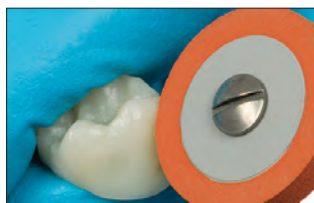


Jiffy Universal Medium Yellow grinders are designed for adjustments of lithium disilicate, zirconia, and feldspathic porcelain.

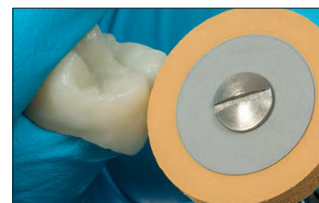
EXTRAORAL POLISHING

- 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.

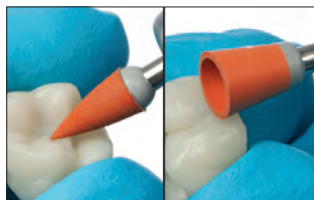


2. Use Jiffy HP Fine Universal wheel to create final polish.

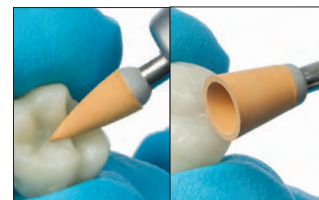
INTRAORAL POLISHING

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

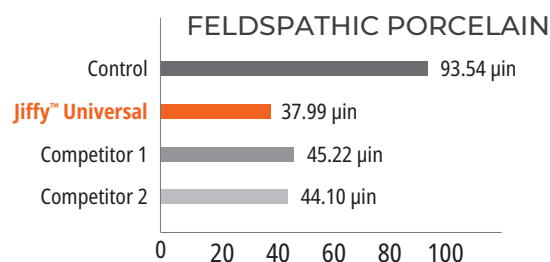
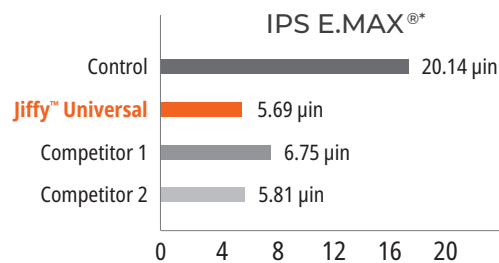
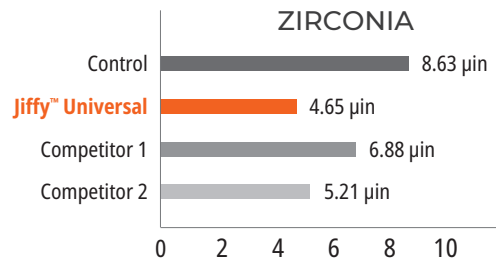
Recommended speed: 5,000–7,000 RPM



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 ROUGHNESS³

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

—DR. ERIC HOLLANDER DDS - AUSTIN, TX

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

—DR. WILLIAM J. DUNBAR DDS - GLENOCLOE, MN

**4018-1 - Jiffy Universal Extraoral Adjusting & Polishing Kit**

2 x Jiffy HP Grinder Wheels (1 coarse, 1 medium)

2 x Jiffy HP Grinder Tapers (1 coarse, 1 medium)

2 x Jiffy HP Universal Wheels (1 medium, 1 fine)

**4238-1 - Jiffy HP Coarse Polishing Grinder Wheel 1pk****4241-1 - Jiffy HP Medium Polishing Grinder Wheel 1pk****4239-1 - Jiffy HP Coarse Polishing Grinder Taper 1pk****4242-1 - Jiffy HP Medium Polishing Grinder Taper 1pk****4236-1 - Jiffy HP Medium Polishing Wheel 1pk****4237-1 - Jiffy HP Fine Polishing Wheel 1pk****4019-1 - Jiffy Universal Intraoral Adjusting & Polishing Kit**

2 x Jiffy RA Universal Points (1 Medium, 1 Fine)

2 x Jiffy RA Universal Cups (1 Medium, 1 Fine)

2 x Jiffy Natural Spiral Polishing Wheels (1 Medium, 1 Fine)

**4108-1 - Jiffy RA Medium Polishing Point 5pk****4109-1 - Jiffy RA Fine Polishing Point 5pk****4234-1 - Jiffy RA Medium Polishing Cup 5pk****4235-1 - Jiffy RA Fine Polishing Cup 5pk**

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



Jiffy™ Natural

UNIVERSAL CERAMIC POLISHING SYSTEM



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

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

CERAMIC POLISHING

Recommended speed: 5,000–8,000 RPM

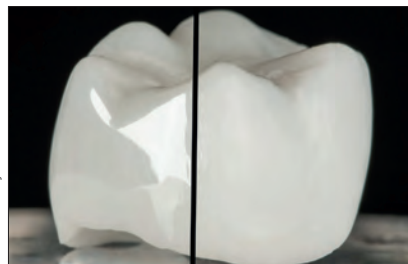


Use Jiffy Natural Universal RA Medium 14 mm wheel to pre-polish all areas except near the gingiva, where a Jiffy RA Medium Universal cup should be used.



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



6080-1 - Jiffy Natural Universal Polishing Kit

2 x Jiffy RA Medium Natural Universal 14 mm wheels
2 x Jiffy RA Fine Natural Universal 14 mm wheels



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



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

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

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



Ultradent™ Diamond Polish Mint



Black Mini™ Tip page 134

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



Use Ultradent Diamond Polish Mint with Jiffy Goat Hair Brush.

5540 - Diamond Polish Mint Syringe 0.5 μm 2pk
 5541 - Diamond Polish Mint Syringe 1 μm 2pk
 1.2 ml (1.404 g) syringes

Jiffy™ Goat Hair Brush

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

Recommended speed: 10,000 RPM



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



1029 - Jiffy Goat Hair Brush 10pk

Jiffy™ Composite Polishing Brushes

REGULAR AND POINTED



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

Easily recognizable by their golden shafts.

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

Recommended speed: 1,000–3,000 RPM



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

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



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



Jiffy™ Diamond Strips



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



4670 - Jiffy Diamond Strips Perforated
Narrow Assorted 15pk

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



4671 - Jiffy Diamond Strips Perforated
Narrow Medium 10pk

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



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

Jiffy™ Proximal Saw

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



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



HEATHER BOREN - Gold Bar, Moab

IMPRESSIONS

Thermo Clone VPS
Thermo Clone VPS Putty
Thermo Clone Bite Registration
Thermo Clone Clear Bite Registration
Thermo Clone Alginate Alternative
Chromaclone Alginate
Chromaclone PVS
Chromaclone PVS Putty



Thermo Clone™ VPS

VINYL POLYSILOXANE IMPRESSION MATERIAL

TAKE A GREAT IMPRESSION THE FIRST TIME



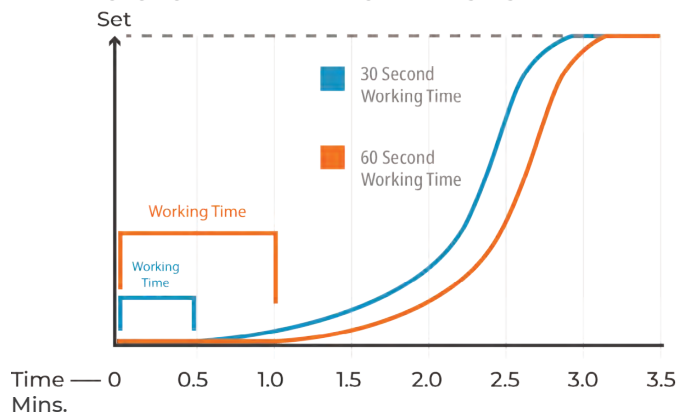
- Thermal-Accelerated Set ensures a long working time and short intraoral setting time
- Increased hydrophilicity reliably captures margins
- Highly thixotropic material flows into all gaps for maximum detail
- High tear strength with superb elastic recovery
- Bubble Gum scent

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

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

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

THERMO CLONE HEAVY BODY FAST SET MATERIAL²



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

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

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

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

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



Ask about our mix and match
bulk discount pricing on
Thermo Clone VPS
50 ml and 380 ml Cartridges!

Thermo Clone™ VPS 50 ml Cartridges

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

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



Thermo Clone™ VPS 380 ml Jumbo Cartridges



Remove cap.



Attach Thermo Clone
Mixing tip.



Load mixing machine.

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

2 x 50 ml cartridges
6 x Mixing tips



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

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



50 ml	Fast 10pk
Light	4076

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



6065 - Thermo Clone 380 ml Mixing Tip - 50pk

50 x Thermo Clone 380 ml mixing tips
1 x Bayonet ring



50 ml	Fast 10pk
Heavy	4077

10 x 50 ml cartridges
30 x Mixing tips



4073 - Thermo Clone VPS Putty Kit

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





Thermo Clone™ Bite Registration

BITE REGISTRATION MATERIAL

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



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

4072 - Bite Registration 50 ml **2pk**

2 x 50 ml cartridges
12 x Mixing tips



Thermo Clone™ Clear Bite Registration

BITE REGISTRATION MATERIAL

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



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

4079 - Clear Bite Registration 50 ml **2pk**

2 x 50 ml cartridges
6 x Mixing tips



ExperTemp™

TEMPORARY CROWN AND BRIDGE MATERIAL



- 10:1 self-cured chemistry provides exceptional strength, flexibility, and high abrasion resistance¹
- Fluoresces similarly to enamel²
- Low oxygen inhibition at polymerization
- Easily repaired or characterized with a packable composite, a flowable composite, or additional ExperTemp material
- Trims easily and polishes beautifully (polishing optional)
- Available in A1, A2, A3, and Bleach White shades

PROCEDURE*



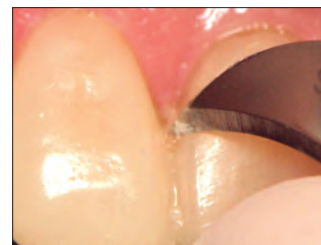
1. Prep teeth. Scour with Consepsis™ Scrub slurry and STARbrush™ coronal brush.



2. ExperTemp temporary crown and bridge with esthetic translucency.



3. Apply ClearTemp™ LC temporary veneer cement.



4. Use blade to open embrasures without altering margins.



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

For more information, see pages 8–9.

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



Thermo Clone™ VPS Alginate Alternative

IMPRESSION MATERIAL



USE FOR:

- Anatomical models
- Opposing dentition models
- Preliminary impressions
- Fabricating temporary crowns and bridges
- Fabricating simple removable prosthetic restorations
- Producing models for whitening trays, bite trays, and surgical guides
- Fabrication of removable retainers and splints
- Orthodontic work
- Case study models

Thermo Clone Alginate Alternative material flows without slumping and provides great workability. It releases easily from undercuts while capturing clear margins and precise details. You can repour the impression and create multiple models if needed, saving you time and money. All with a pleasant Bubble Gum scent to keep patients happy during the process!

Ease of preparation gives a big advantage over alginate. No powder, mess, or measuring. Anyone in the office can use it, as it goes straight from cartridge to impression tray.

Delivering exceptional dimensional stability, Thermo Clone Alginate Alternative provides analog impression solutions when digital impressions are not the best option. In addition, the scannable material makes it easy to capture digital images without using a powder or contrasting agent.



A Thermal-Accelerated Set means curing begins as soon as it is placed in the patient's mouth—leading to less distortion and imperfections.

THERMO CLONE ALGINATE ALTERNATIVE

Immediately after impression was taken.

24 hours after impression was taken.



ALGINATE COMPETITORS



Note the excellent dimensional stability of Thermo Clone Alginate Alternative 24 hours after the impression was taken. It can be poured immediately or even weeks later if needed.

Impressions taken with Typodont model.

50 ml	2pk	10pk
Medium	4327	4328

2 x 50 ml cartridges, 6 x Mixing tips

10 x 50 ml cartridges, 30 x Mixing tips



380 ml	1pk
Medium	4329

1 x 380 ml cartridge

10 x Thermo Clone 380 ml Mixing tips

1 x Bayonet ring



THERMO CLONE Alginate Alternative	MIXING RATIO	WORKING TIME	INTRAORAL SETTING TIME	TOTAL SETTING TIME	HARDNESS SHORE
50 ml Cartridge	1:1	1:15 mins	1:15 mins	2:30 mins	A43
380 ml Cartridge	5:1	1:30 mins	1:30 mins	3:00 mins	A45



IMPRESSIONS

FOR IMPRESSION TAKING*

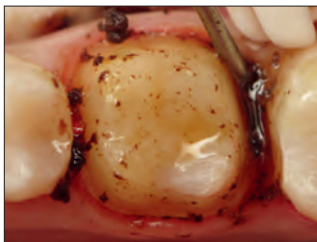
An astringent is a substance that eliminates permeability of epithelium to tissue fluid flow. The result is a dry field, an important tissue management solution. An ideal impression for successful crowns and bridges must accurately capture the preparation margins. This can be ensured only through reliable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

BLEEDING



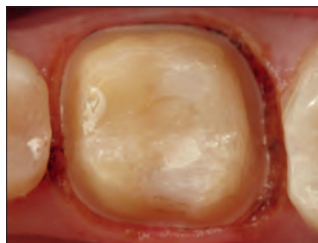
1. Subgingival preparation with bleeding.

HEMOSTASIS



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

CLEANING/TESTING



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

DISPLACEMENT



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

DRYING/TESTING



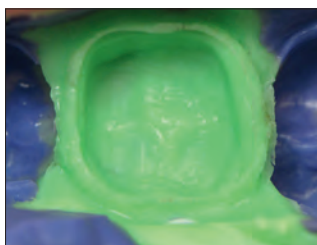
5. Remove Ultrapak knitted cord, follow with a firm air/water spray and dry.

TAKE IMPRESSION



6. Express Thermo Clone VPS impression material.

RESULT



7. Predictable quality impressions.

* See IFU for complete instructions.

HYDROPHILIC

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

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



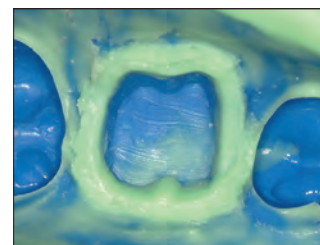
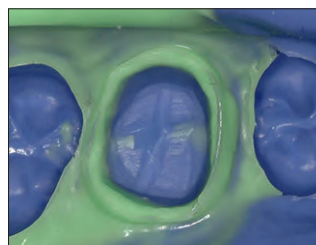
Initial water contact.



After 30 seconds.

THIXOTROPIC

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





J-Temp™ LIGHT-CURED TEMPORARY RESIN



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



1. Secure floss between implant copings.



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



3. Alternate sides, working towards the middle.



4. Light cure between each increment



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



6. Light cure final increment.



7. It is now ready for open tray impression.

Light-Cured Temporary Resin,
4 indications in 1, see page 31.

Chromaclone™ ALGINATE

- Dimensionally stable up to five days
- Great **Bubble Gum** flavor
- Dust-free mixing
- Silicone-like consistency
- Highly accurate
- Fast Set changes color
- Extra Fast Set is ideal for sensitive patients

In your busy dental office, every second counts. Every extra minute you save lets you breathe a little easier. With Chromaclone alginate you'll get more than a few extra minutes—you'll get a few extra days. That's because the formulation offers a full five days for you to pour your impressions, not just the few hours you're used to.*

And as always, Chromaclone 5-day alginate offers the same dust-free formula and reliable set times you depend on. The Fast Set time (53 seconds) features a convenient color-changing formula, while the Extra Fast Set time (45 seconds) is ideal for both young and sensitive patients. Both formulas are available in a pleasant Bubble Gum flavor.

***NOTE: Wrap the impression with a damp paper towel and store in a sealed plastic bag at room temperature (23°C/73°F) to ensure dimensional stability for up to five days.**



KIT
5-DAY FAST SET



REFILL



REFILL
ORTHO 5-DAY EXTRA FAST SET

Fast Set: 53 seconds time in mouth
Extra Fast Set: 45 seconds time in mouth

4033 - Chromaclone 5-day FAST SET Kit
1 x 1 lb bag of Chromaclone 5-day
1 x Plastic container, water cup, and scoop

4034 - Chromaclone 5-day FAST SET Refill
5503 - Chromaclone Ortho 5-day EXTRA FAST SET Refill
1 x 1 lb bag of Chromaclone 5-day



Chromaclone™ PVS

HYDROPHILIC POLYVINYL SILOXANE IMPRESSION MATERIAL



- Hydrophilic and thixotropic
- Dimensionally stable with great elastic recovery
- Allows you to pour at your convenience
- Tear resistant
- Highly accurate even with multiple pours
- Four viscosities, Fast and Regular Set
- Bubble Gum flavor

Chromaclone PVS impression material captures even the smallest details, enabling you to take effective impressions the first time, every time. Its extremely low contact angle allows it to flow deep into the sulcus for highly visible margins.

The material is super hydrophilic not only during application, but also during immediate pouring of gypsum. It contains special reinforcing branched silicone resins for superior tear resistance so impressions can be easily removed. And its elastic recovery ensures dimensional stability for weeks, allowing you to pour at your convenience.

Note: The accuracy of any impression material can be increased with the use of Ultradent's Tissue Management System. Profound hemostasis is paramount before making impressions.

PROCEDURE*



1. Apply light body impression material around outer edges of preparation.



2. Cover preparation in light body impression material.



3. Insert tray and make impression.



4. Remove the tray and examine the impression. Chromaclone PVS material provides excellent margin detail.

SET TIMES	SET SPEED	WORKING TIME	SET TIME	TOTAL TIME
SUPER LIGHT BODY	FAST	1:15 mins	1:30 mins	2:45 mins
LIGHT BODY	REGULAR	2:30 mins	2:30 mins	5:00 mins
	FAST	1:15 mins	1:30 mins	2:45 mins
MEDIUM BODY	REGULAR	2:30 mins	2:30 mins	5:00 mins
	FAST	1:15 mins	1:30 mins	2:45 mins
HEAVY BODY	REGULAR	2:30 mins	2:30 mins	5:00 mins
	FAST	1:15 mins	1:30 mins	2:45 mins
PUTTY	FAST	1:15 min	1:45 mins	3:00 mins
BITE REGISTRATION	FAST	0:20 min	0:70 mins	1:30 mins

50 ml	Regular 2pk	Fast 2pk
Super Light	—	7601
Light	5030	5031
Medium	5020	5021
Heavy	5010	5011

2 x 50 ml cartridges
10 x Each Mixing tips
10 x IntraOral tips ONLY included with Super Light and Light



50 ml	Regular 10pk	Fast 10pk
Super Light	—	—
Light	5032	5033
Medium	5022	5023
Heavy	5012	5013

10 x 50 ml cartridges
25 x Each Mixing tips
50 x IntraOral tips ONLY included with Light



50 ml	2pk
70 second Clone Bite	7600

2 x 50 ml cartridges
12 x Mixing tips



Chromaclone™ PVS Putty



5040 - Chromaclone PVS Putty Kit
1 x Each 250 g base and 250 g catalyst, and 2 scoops

* See IFU for complete instructions.



PHYLLIS THIBODEAU - Dimple Dell Park

ORTHODONTICS

VALO Ortho Cordless
Gishy Goo

VALO™ Ortho Cordless

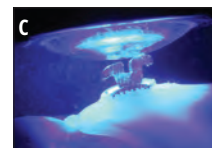
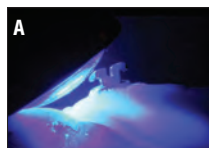
LED CURING LIGHT



Best LED
Curing Light

- Unique Xtra Power Quadrant mode quickly and efficiently cures five teeth with one touch of a button
- Powerful, optimally collimated beam delivers consistent, even cures directly over the labial face of the bracket
- Slim, low-profile design allows unprecedented access anywhere in the mouth²
- Highly efficient LEDs keep the wand body cool to the touch
- Intuitive timer controls are easy to operate and user-friendly
- Battery-operated, cordless wand provides optimal convenience and flexibility
- Uses inexpensive rechargeable batteries

VALO Ortho 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 Ortho 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 Ortho Cordless curing light is equipped with a sensor that registers movement of the light; when the light is not being used, the VALO Ortho Cordless curing light will automatically go into sleep mode and when moved will return to the most recently used setting.



The customary two-position curing as shown in images A and B is not required with VALO Ortho Cordless light. Its power and collimated beam cause the tooth underneath the bracket to illuminate, curing the resin. Hence, in image C, the clinician can achieve a complete cure from directly above the bracket without having to reposition. Use just two 3-second exposures with the VALO light in Xtra Power Mode for fast, complete curing.

"The fact that the VALO light is small and lightweight makes it one of a kind and an ideal choice for an orthodontist."

—DR. PAUL UPATHAM, DDS, MS – SAN DIEGO, CA

* Awards given to the traditional VALO curing light. The VALO Ortho curing light meets the same rigorous standards of quality and performance. 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.



5942 - VALO Ortho Cordless Kit

1 x VALO Ortho Cordless LED curing light
4 x Rechargeable batteries

1 x Each Battery charger, charging unit power supply,
handpiece mounting bracket holder,
VALO cordless light shield, and Black Light lens
1 x Sample pack of barrier sleeves

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

5963 - VALO Ortho Rechargeable Batteries 2pk



5962 - VALO Ortho Battery Charging Unit 1pk



5961 - VALO Ortho Charging Unit Power Supply 1pk

1667 - VALO Surface Mounting Bracket 1pk



5929 - VALO Ortho Light Shield 1pk



4667 - VALO Ortho Barrier Sleeves 100pk

5939 - Black Light Lens 1pk



508 - Blue Light Blocking Glasses 1pk

Gishy Goo™

POLYVINYL SILOXANE ELASTOMER



- Reduces costly emergency appointments
- Provides lasting comfort for patients' lips, cheeks, and tongue

Gishy Goo material is a specially formulated polyvinyl siloxane elastomer that helps patients get comfortable with orthodontic appliances such as brackets, lingual braces, molar tubes, fixed and functional appliances, mouthguards, and other applications where soft tissues can be protected.

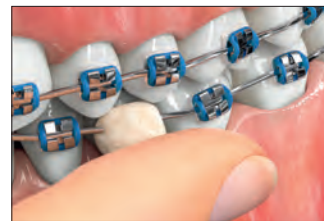
INSTRUCTIONS*



1. Squeeze some Gishy Goo material from the syringe onto your finger.



2. Mix Gishy Goo material thoroughly between your fingers for 10 seconds. Don't wait too long or it will set up.



3. Place Gishy Goo material immediately over braces where it hurts. Mold and shape Gishy Goo material. Wait two minutes for it to set.



500-059 - Gishy Goo Syringe 10pk

2749 - Gishy Goo Syringe 50pk
5 ml syringe

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



Umbrella™

TONGUE, LIP, AND
CHEEK RETRACTOR



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

Umbrella, see page 100.



Gemini EVO™

810 + 980 DIODE LASER



The Gemini EVO soft tissue diode laser allows for timesaving ortho treatments with little to no bleeding and a topical anesthetic. Remove tissue over an impacted tooth for immediate bracket/button attachment which bypasses the wait for passive eruption.

Gemini EVO, see pages 52–59.



Opalescence Go™

10% and 15%

PREFILLED WHITENING TRAYS
- HYDROGEN PEROXIDE



Opalescence Go whitening features ready-to-use convenience with the UltraFit™ tray, for an even more adaptable and comfortable whitening experience over brackets or other orthodontic appliances.

Opalescence Go, see pages 162–163.



Chromaclone™

ALGINATE



KIT

5-DAY FAST SET

REFILL

REFILL

ORTHO 5-DAY EXTRA FAST SET

With Chromaclone alginate you'll get more than a few extra minutes, you'll get a few extra days. That's because the formulation offers a full five days to pour your many orthodontic impressions. After all, perfection can't be rushed.

Chromaclone, see page 93.



DARREN BECKSTEAD - Grafton

PREPARE

Umbrella
DermaDam Synthetic
DermaDam
OraSeal
Sable Seek
Consepsis Scrub
STARbrush
Ultracare
Halo
Triodent
Omni-Matrix
Omni-Matrix Original
InterGuard



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 sensitive patients—it won't initiate the gag reflex for most
- Can be kept in place when checking bite

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

- 4870 - Umbrella Retractor **Medium** 5pk
- 4871 - Umbrella Retractor **Medium** 20pk
- 5162 - Umbrella Retractor **Medium** 40pk
- 5256 - Umbrella Retractor **Large** 5pk
- 5257 - Umbrella Retractor **Large** 20pk
- 5258 - Umbrella Retractor **Large** 40pk

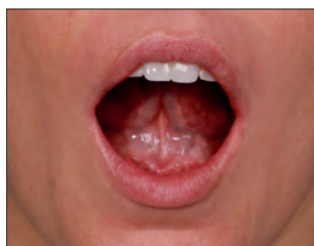
PROCEDURE



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



DO NOT place the retractor upside down.



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



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



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



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



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



Opalescence™ Pro

IN-OFFICE POWER WHITENER
- 40% HYDROGEN PEROXIDE



Black Mini™ Tip page 134

- NO LIGHT NEEDED!
- Whitens up to 4–5 shades for quick, visible results²
- No refrigeration required before mixing
- Powerful 40% hydrogen peroxide gel
- Two to three 20-minute applications for a total of 40–60 minutes of treatment time, not exceeding 3 applications in one visit
- Opalescence Pro whitening gel is designed to maximize patient comfort
- Precise delivery
- Easy to see for placement and removal
- Chairside syringe-to-syringe mixing ensures maximum strength
- Opalescence Pro tooth whitening gel contains potassium nitrate and fluoride

BEFORE AND AFTER

Courtesy of Carol Jent, RDH.



Before Opalescence Pro in-office whitener.



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

Courtesy of Carol Jent, RDH.



Before Opalescence Pro in-office whitener.



After three 20-minute applications of Opalescence Pro and Opalescence 10% non-PF whitening treatments.

Opalescence Pro, see pages 168–171.

* See IFU for complete instructions. 1. realityesthetics.com. 2. Rodrigues JL, Rocha PS, Pardim SLS, Machado ACV, Faria-E-Silva AL, Seraidarian PI. Association Between In-Office And At-Home Tooth Bleaching: A Single Blind Randomized Clinical Trial. *Braz Dent J*. 2018;29(2):133-139. doi:10.1590/0103-6440201801726

DermaDam™ Synthetic

DENTAL DAM



Zero sensitizing proteins

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



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

DermaDam™

RUBBER DAM



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

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

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



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





OraSeal™

CAULKING AND PUTTY



White Mac™ Tip page 137

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

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



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

PROCEDURE*

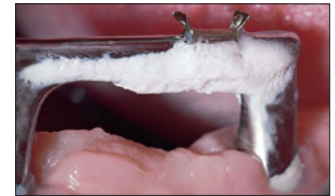


Apply OraSeal Caulking material with Black Mini™ or White Mac delivery tips to prevent leakage of rubber dam during treatment.² Procedure can then be performed in a clean, dry field.

USES*



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



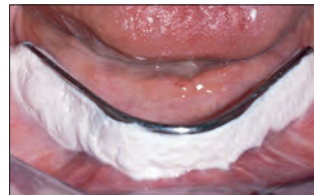
Block out undercuts below and around prosthetic implant clip. Flexing component of clip is covered with putty to accommodate clip flexure during insertion and removal.



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



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



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



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



352 - OraSeal Syringe Kit

- 2 x 1.2 ml (1.38 g) OraSeal Caulking syringes
- 2 x 1.2 ml (1.44 g) OraSeal Putty syringes
- 4 x Black Mini tips
- 20 x White Mac tips



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

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



Sable™ Seek™ CARIES INDICATOR

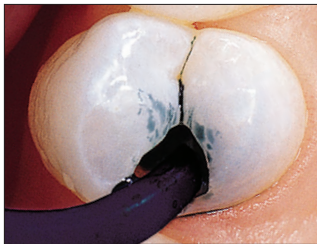


Black Mini™ Brush Tip page 134

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

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

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.

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



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



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



J-Temp™ LIGHT-CURED TEMPORARY RESIN



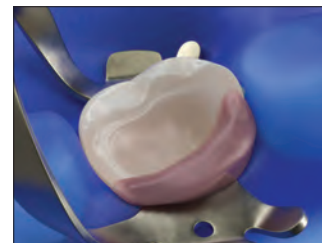
TO PROVIDE STRUCTURE FOR
ISOLATION CLAMPING AND TO ACT
AS A BARRIER FOR ENDODONTIC
IRRIGANTS*



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



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



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

Light-Cured Temporary Resin, 4 indications in 1,
see page 31.

* See IFU for complete instructions.



Consepsis™ Scrub

CHLORHEXIDINE ANTIBACTERIAL SLURRY



White Mac™ Tip page 137



STARbrush coronal brush

- May reduce post-op sensitivity²
- Does not compromise bond strength^{3,4}
- Nonsplatter formula
- Use to clean prior to cementation or around ortho brackets
- Use with STARbrush™ brush in grooves prior to sealant placement

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

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

Use Consepsis Scrub slurry for removing residual temporary cement prior to permanent cementation and for removing debris. Studies have shown that 2% chlorhexidine, such as Consepsis [Scrub slurry], helps address microorganisms in dentinal tubules better than other tested intracanal medicaments.⁵

Note: Evidence demonstrates that you can further reduce post-op sensitivity by sealing dentin with a bonding agent such as Peak™ Universal Bond adhesive before cementation. We recommend using PermaFlo™ DC luting resin for permanent cementation.

See page 28 for Consepsis™ chlorhexidine antibacterial solution.

PROCEDURE



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

BEFORE AND AFTER



Before.



After.



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



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

STARbrush™

CORONAL BRUSH



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



Actual size

	50pk	100pk
STARbrush	1092	1093

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



PROBLEM:

Staining under provisional crowns.

SOLUTION:

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

CHEMISTRIES (THE “WHYS”):

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

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

HOW TO PREVENT/TREAT:

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

2. Clean the preparation well. This can be done with Consepsis Scrub slurry and a STARbrush coronal brush or by etching with Ultra-Etch etchant for 2–3 seconds and rinsing well.

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

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

CASE 1



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

CASE 2



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

Ultracare™

TOPICAL ANESTHETIC GEL



When you choose Ultracare gel as your topical anesthetic, **YOU GET A TRIO OF BENEFITS**

- 20% benzocaine for effective numbing
- Rapid onset, numbs tissues in 15–20 seconds²
- Delicious Bubble Gum and dye-free Walterberry™ flavors with no bitter aftertaste



302 - Ultracare Topical Bubble Gum Bottle

301 - Ultracare Topical Walterberry Bottle

1 x 1 oz bottle

METHEMOGLOBINEMIA WARNING:

For external use only. Use of this product may cause methemoglobinemia, a serious condition that must be treated promptly because it reduces the amount of oxygen carried in blood. This can occur even if you have used this product before. Stop use and seek immediate medical attention if you or a child in your care develop pale, gray, or blue colored skin (cyanosis), headache, rapid heart rate, shortness of breath, dizziness or lightheadedness, fatigue, or lack of energy. Product supervision is required for children between 2 and 12 years of age. Do not use if taking sulfonamides, for teething, or in children under 2 years of age.

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



Halo™

SECTIONAL MATRIX SYSTEM



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



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



4831 - Halo Original Bands with Instruments Kit

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



4832 - Halo Original Bands Kit

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

4835 - Halo Original Bands Mini Kit

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

4833 - Halo Firm Nonstick Bands Kit

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

4834 - Halo Firm Bands Kit

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



Halo™ Matrices

MATRIX BANDS

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



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



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



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



Halo™ Wedges



- Firm wedge adapts the matrix band at the gingival margin, while being less traumatic to the papillae
- Hollow design makes wedges easy to place and allows wedges to be stacked when multiple wedges are needed
- Easy to distinguish colors help identify sizes of wedges
- Collapsible center for anatomical adaptation of the band

Size	100pk
Small	5042
Medium	5043
Large	5044



Halo™ Nitinol Rings

UNIVERSAL RINGS



- Super-elastic nitinol metal maintains force during procedures and reduces cyclic fatigue
- Rings will last over 1,000 uses¹
- Glass-filled nylon tines won't easily break, and won't collapse into the prep and create under-contoured restorations
- Ring contours secure the band in a natural and anatomical shape, helping to eliminate flash and reducing the amount of finishing needed²
- Stackable design allows for use with MODs and other Class II restorations
- Provides ideal separation for back-to-back restorations

Size	1pk	2pk
Universal	5008	5009



Halo™ Tweezers

CROSSOVER ACTION TWEEZERS

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



5048 - Tweezers 1pk

Halo™ Forceps

RING-PLACEMENT FORCEPS

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



5047 - Halo Forceps 1pk

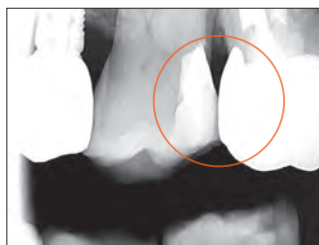
1. Data on file. 2. Data on file.



WHY CHOOSE A SECTIONAL MATRIX?



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



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

DO CLINICAL CASE



1. Pre-op.



2. Preparation with Halo system.



3. Post-op.

DO CLINICAL CASE



1. Pre-op.



2. Preparation with Halo system.

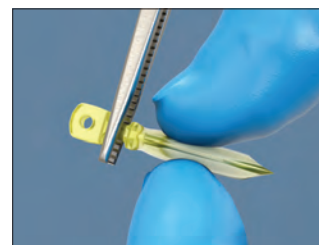


3. Post-op.

HALO 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.

* See IFU for complete instructions.

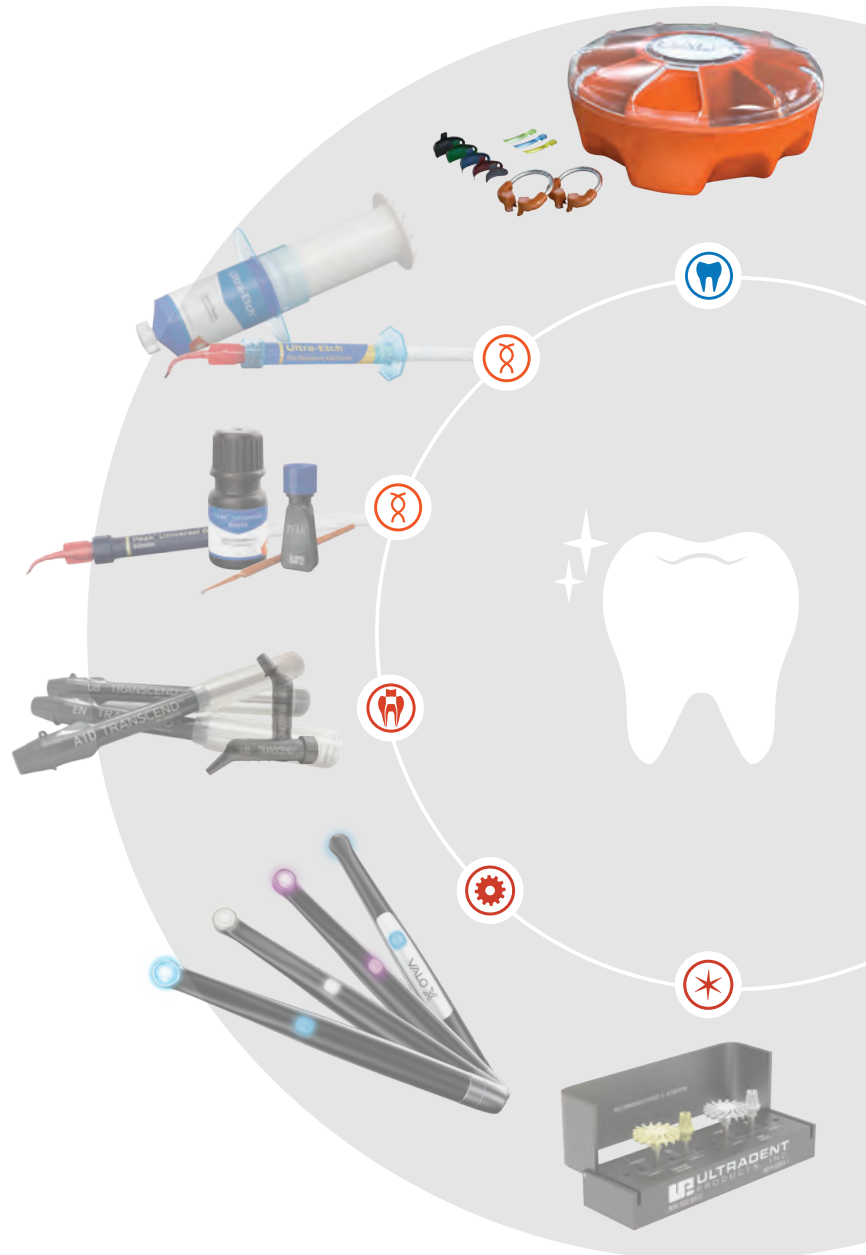


RESTORATIVE SOLUTION

Your complete system for
QUALITY RESTORATIONS

Halo™

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



LEARN MORE AT ULTRADENT.COM





Triodent® V3 System™

SECTIONAL MATRIX SYSTEM



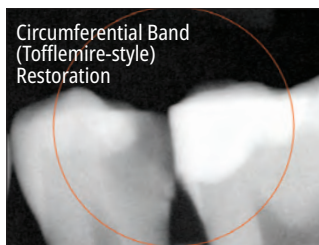
- Has wide applications for sectional matrix use
- Consistently achieves anatomically accurate contacts
- Creates predictable, tight contacts
- Ring and wedge system combine to seal and shape the restoration to minimize required finishing
- System is among the simplest and most accurate matrix solutions on the market
- Can be used on molars, premolars, and primary teeth
- Easy-clean feature prevents adhesive from sticking to the matrix ring, even after light curing

The contoured shape of the SuperCurve Matrix saves you time and allows you to achieve even better restorations, and the non-stick coating makes removing the matrix easier and faster. It's the perfect system for any Class II restoration.

WHY CHOOSE A SECTIONAL MATRIX?



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



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

WIDE BOX*



1. Pre-wedge for preparation.



2. Ring and matrix placed.



3. Completed restoration.

MOD*



1. Rings and matrices placed.



2. Cavity filled.



3. Prior to finishing.



4. Completed restoration.



403316 - V3 SuperCurve Kit

- 1 x Each Universal V3 Ring and Narrow V3 Ring
- 20 x Each SuperCurve Matrices
- 3.5 mm, 4.5 mm, 5.5 mm, 6.5 mm, and 7.5 mm
- 25 x Each Wave-Wedges Small, Medium, and Large
- 2 x Pin-Tweezers
- 1 x Forceps

403301 - V3 Matrix Kit

- 1 x Each Universal V3 Ring and Narrow V3 Ring
- 25 x Each V3 Tab Matrices
- 3.5 mm, 4.5 mm, 5.5 mm, 6.5 mm, and 7.5 mm
- 25 x each Wave-Wedges Small, Medium, and Large
- 2 x Pin-Tweezers
- 1 x Forceps



403341 - V3 Ring Variety 2pk

- 1 x Each Universal Green & Narrow Yellow

403342 - V3 Ring Universal Green 2pk

403343 - V3 Ring Narrow Yellow 2pk

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



Triodent® SuperCurve Matrix

SUPERSNUG NON-STICK MATRICES



- Matrix hugs the tooth and prevents any interference with ring placement
- Matrix shape features anatomical accuracy and curvature
- Ultra-thin non-stick finish minimizes adhesion of the bonding agent or composite to the matrix band
- Gingival apron provides matrix coverage for deeper preparations

Size	50pk	90pk	
3.5 mm	403417	—	
4.5 mm	403418	403404	
5.5 mm	403419	403405	
6.5 mm	403420	403406	
7.5 mm	403412	—	



Triodent® Pin-Tweezers

CROSSOVER ACTION TWEEZERS

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



402075 - Pin-Tweezers 1pk

Triodent® V3 Tab-Matrix™

SECTIONAL MATRIX



- Matrix bands feature significantly greater horizontal curvature ensuring that more curvature remains as the matrix wraps around the tooth
- Pronounced marginal ridge produces accurate anatomy
- Matrix bands are shaped for commonly encountered cavities and produce excellent seals at the gingival margin
- Super thin matrices
- Placement tab and removal holes are designed for easy gripping with Pin-Tweezers
- Gingival apron on larger sizes provide matrix coverage for deeper preparations

The V3 Tab-Matrix has a pronounced ridge on the occlusal margin, designed to produce natural-looking Class II composite restorations.

Size	50pk	100pk	
3.5 mm	403388	—	
4.5 mm	403372	403375	
5.5 mm	403373	403376	
6.5 mm	403374	403377	
7.5 mm	403398	—	



Triodent® Tab-Matrices

SECTIONAL MATRICES



- Placement tab and removal holes allow for easy placement and removal
- As with all Triodent matrix bands, tab can be bent 90° for contra-angle placement
- Matrix bands are super thin
- Gingival apron provides matrix coverage for deep preparations

Size	100pk	
4.5 mm	402072	
5.5 mm	402073	
6.5 mm	402074	



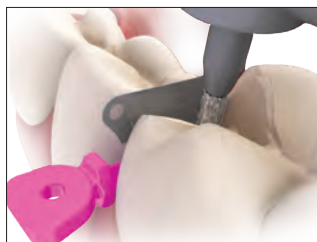


Triodent® WedgeGuard

PREPARATION WEDGE



- Prevents bur damage to adjacent tooth
- Saves time and protects gingival papillae
- Detachable guard leaves wedge in place after tooth prep



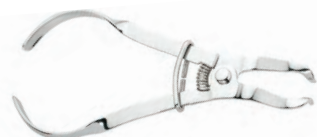
Size	50pk
Small	403383
Medium	403384
Large	403385



Triodent® Forceps

RING-PLACEMENT FORCEPS

The locking function and angled grip arms of the Triodent forceps ensure maximum stability of the V3 Ring during placement both mesially and distally.



402061 - Ring-Placement Forceps 1pk

Triodent® Wave-Wedge™

DISPOSABLE ANATOMICAL WEDGE



- Self-guiding for ease of placement and a true fit and seal
- Design accommodates gingival tissue and is stackable from opposite side
- Strong, anatomical design



Courtesy of Dr. Renato Miotto Palo.

Stacked wedges: One wedge placed from buccal and one from the lingual.

Size	100pk
Small	402066
Medium	402065
Large	402064



Triodent® V-Wedge

DISPOSABLE ANATOMICAL WEDGE



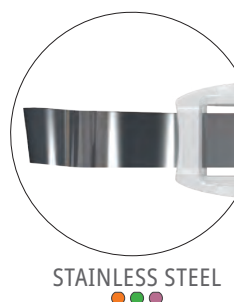
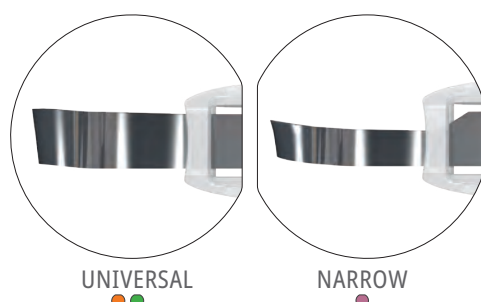
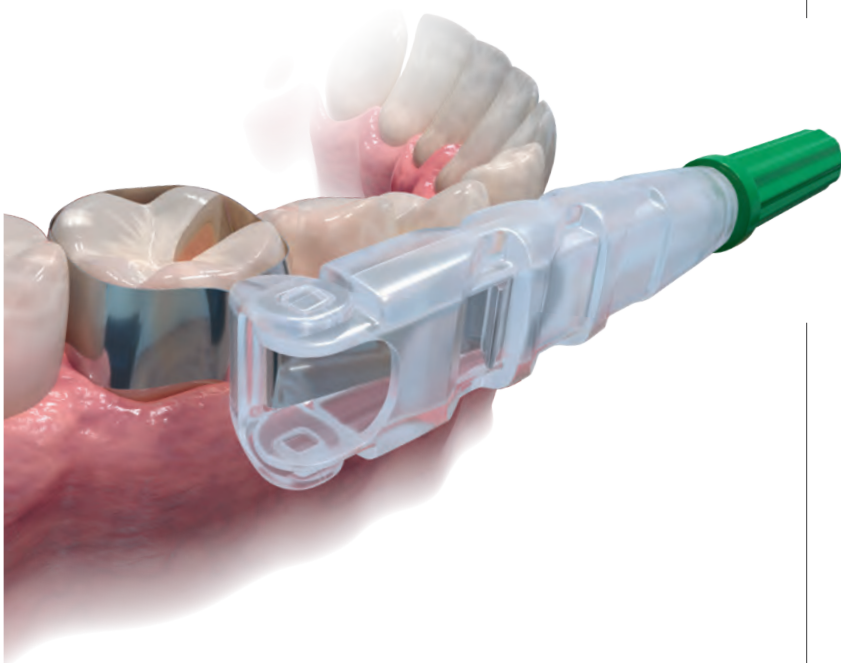
- Self-guiding and stackable, making them easy to place
- Adapts to the contours of the interproximal space
- Accommodates gingival tissue
- Strong, anatomical design
- Rigid enough to provide tooth separation

Size	100pk
Small Hard	402059
Small Soft	402056
Medium Hard	402058
Medium Soft	402055
Large Hard	402057
Large Soft	402054





Omni-Matrix™ DISPOSABLE RETAINER AND MATRIX



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

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

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

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

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



Omni-Matrix™ Original

DISPOSABLE RETAINER AND MATRIX



- Disposable
- Easy to place
- Color coded
- Comfortable for patients
- Adaptive, burnishable band
- No placement instruments required
- No lip, cheek, or glove capture

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



1. Seat.



2. Tighten.



3. Remove.



4. Dispose.

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

InterGuard™

INTERPROXIMAL TOOTH GUARD



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



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

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

—DR. OLE OSTERBY, INVENTOR — DENMARK



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

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



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



WADE SMITH - Zion National Park

PREVENT AND HYGIENE

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



UltraSeal XT™ plus

HYDROPHOBIC PIT AND FISSURE SEALANT



Inspiral™ Brush Tip page 135

- Resin-based sealants have high retention rates²
- Direct delivery into difficult-to-access areas
- Drip-free placement
- Highly filled resin - 58%
- Penetrates deepest pits and fissures³
- Thixotropic/ideal viscosity flowability³
- Four shades: Opaque White, Clear, A1, and A2

UltraSeal XT plus hydrophobic pit and fissure sealant is a light-cured, radiopaque composite sealant that contains fluoride. The average particle size is 1.4 microns, and the sealant is 58% filled by weight.⁴ UltraSeal XT plus sealant has less polymerization shrinkage than competitive products.⁵ Used with the Inspiral™ Brush Tip, the thixotropic nature of UltraSeal XT plus sealant allows the material to thin as it's expressed from the tip, allowing it to penetrate deep into the pits and fissures. When the resin stops flowing, the shear thinning ceases and placement is complete,³ preventing it from running before it can be light cured. Using PrimaDry™ drying agent with UltraSeal XT plus sealant allows complete penetration into pits and fissures by eliminating moisture that can cause failure in hydrophobic sealants.

BEFORE AND AFTER

Courtesy of Dr. Jaleena Fischer-Jessop.



Before.



After UltraSeal XT plus sealant.



Before.



After UltraSeal XT plus sealant.

^{**} See IFU for complete instructions. **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. **6.** Reality Ratings. Reality. Reality Publishing Company 1998–2017.

FIVE SIMPLE STEPS**



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



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



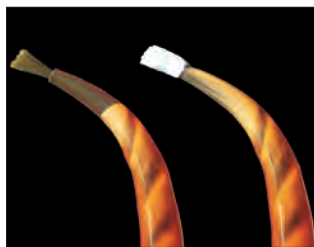
3. Apply PrimaDry agent for 5 seconds with Black Micro™ FX™ tip, then air dry.



4. Place UltraSeal XT plus sealant.

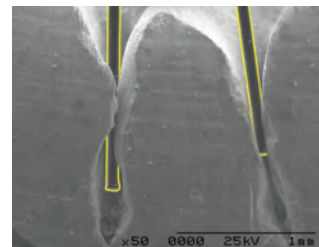


5. Light cure with VALO™ curing light on Standard Power for 10 seconds or 3 seconds on Xtra Power mode.



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

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



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

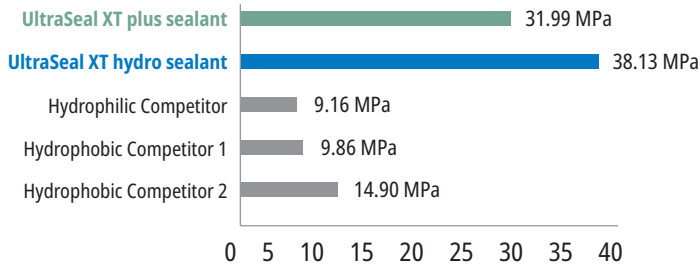
"Being a pediatric dentist, this is one material I cannot practice without. I have never found such a user-friendly sealant that is so easy to apply and with such excellent retention as the UltraSeal XT plus sealant." —DR. DAVID GOLDSTEIN – ORLANDO, FL

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



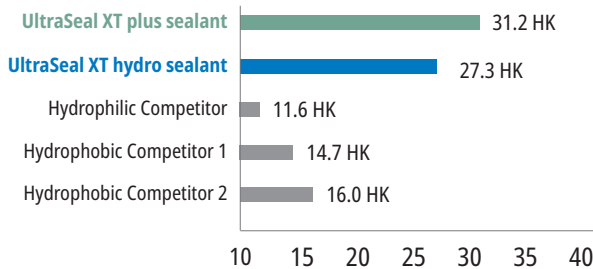
PHYSICAL PROPERTY COMPARISON

SHEAR BOND¹



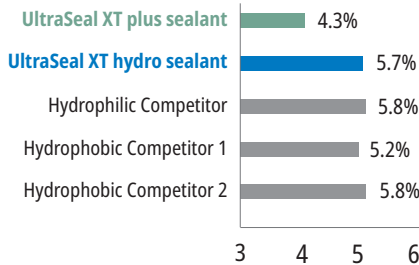
High shear bond strength is essential for retaining the sealant under normal use.

HARDNESS¹



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

SHRINKAGE¹



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



UltraSeal XT plus Syringe 4pk and 20pk

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

1.2 ml (2.04 g) syringes

1. Data on file.

PrimaDry™ DRYING AGENT



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



Black Micro™ FX™ Tip page 134

PrimaDry drying agent is optimal for pit and fissure drying and prior to placement of hydrophobic sealants. It contains 99% organic solvents and 1% primer. PrimaDry drying agent rapidly volatilizes the moisture content of pits and fissures after rinsing off etchant with water spray and air drying. The ultrafine primer film allows UltraSeal XT plus pit and fissure sealant to flow perfectly into every pit and fissure.

REFRIGERATE



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



Black Micro™ FX™ Tip

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

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

For more information on tips,
see pages 134–140.



UltraSeal XT™ hydro

HYDROPHILIC PIT AND FISSURE SEALANT

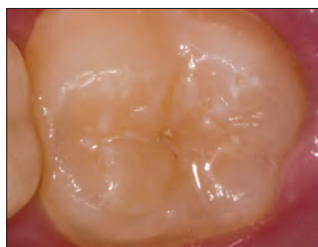


Inspiral™ Brush Tip page 135

- Hydrophilic before it is cured, hydrophobic once cured, and has a self-adhesive quality
- Advanced adhesive technology
- Fluoresces under black light to ensure sealant is still in place
- Highly filled resin - 53%
- Thixotropic/ideal viscosity flowability²
- Two shades: Opaque White and Natural

UltraSeal XT hydro hydrophilic pit and fissure sealant is a light-cured, radiopaque composite sealant that contains fluoride. It is stronger and more wear resistant because it is a 53%-filled resin and has less polymerization shrinkage than competitive products.³ Used with the 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,² preventing it from running before it can be light cured. The advanced hydrophilic chemistry works when all visible moisture has been removed. UltraSeal XT hydro sealant is more forgiving of moisture deep inside pits and fissures.

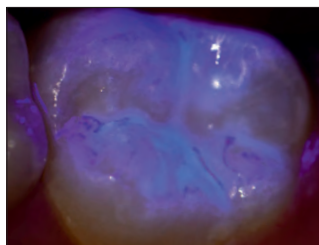
BEFORE AND AFTER



Before.



After.



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

FOUR SIMPLE STEPS*



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



2. Remove visible moisture.



3. Place UltraSeal XT hydro sealant.



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

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

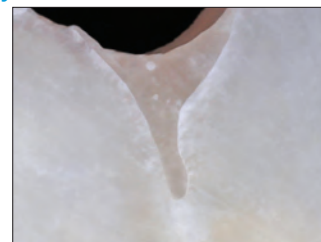
—STEPHANIE VIEAU, DENTAL ASSISTANT – CENTREVILLE, VA

MARGINAL RETENTION AND MICROLEAKAGE⁴

UltraSeal XT hydro Sealant

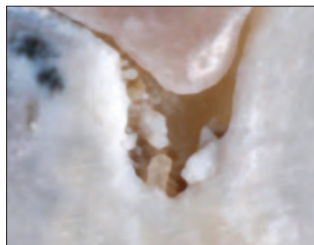


No microleakage.



Sealed margins.

Competitor Hydrophilic Sealant



Microleakage.

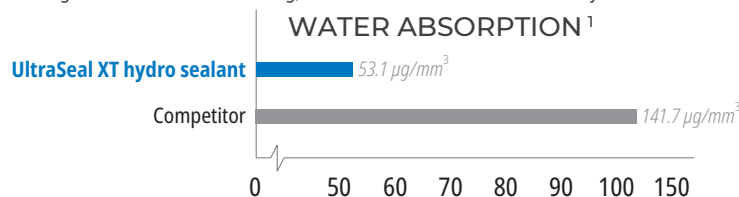


Peeling from margins.

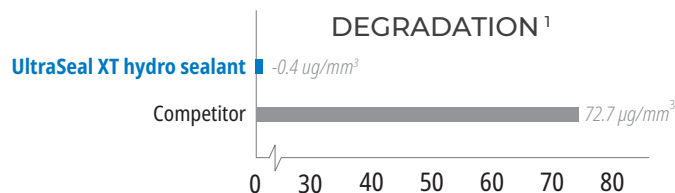
* See IFU for complete instructions. 1. realityesthetics.com. 2. Data on file. 3. Data on file. 4. Data on file.



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



Balanced water absorption allows forgiveness in moist environments without degradation.



No degradation as a result of balanced water absorption.



UltraSeal XT hydro Syringe Kits

Shade	Kit
Opaque White	3532
Natural	3533

1 x 1.2 ml (2.01 g) UltraSeal XT hydro syringe

1 x 1.2 ml (1.584 g) Ultra-Etch syringe

20 x Blue Micro tips

20 x Inspiral Brush tips



UltraSeal XT hydro Syringe 4pk and 20pk

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

1.2 ml (2.01 g) syringes



35551 - Black Light Keychain 1pk

1. Data on file.



ULTRADENT'S TOOTH FAIRY PROGRAM

Redeem extracted teeth for credit towards Ultradent's high-quality products!

PROGRAM DETAILS



We will credit your Ultradent account with \$1.00 for each usable tooth you send us.

In order for Ultradent to develop the quality dental products that we provide, it is necessary that many products be tested on human teeth.

With this in mind, and for your convenience, we have set up a simple process whereby you can dispose of extracted teeth and redeem for credit. This credit can be used to purchase Ultradent products.

We will supply you with 50 ml bottles of .05% Chlorhexidine Gluconate* solution for safe storage and shipping. For each usable tooth** you send us, we will credit your Ultradent account with \$1.00 toward future purchases of Ultradent products.

To order your bottles for the program, please contact us at **801.552.5512 ext. 4180** or **anita.raisch@ultradent.com**. We appreciate your contribution.

*Chlorhexidine Gluconate is a decontaminant that conforms to OSHA standards and state laws for shipping teeth. Specific bio-hazard or color-coded labeling is not required under OSHA requirements.

**Usable teeth include whole adult teeth without root canals or major decay. Teeth should be unbroken with the coronal portion significantly intact. Teeth with small fillings or small- to medium-sized decay are acceptable.



Unlimited Movement

ultrapro™ Tx
cordless



Ultrapro™ Tx Cordless

HYGIENE HANDPIECE



- Cordless design allows for unlimited movement
- Compatible with most DPAs for maximum usability
- A single wireless charge can last an entire day
- Automatic shutoff after five minutes
- Working output of up to 4,000 RPM
- Wireless Bluetooth foot control
- Lightweight and ergonomic
- 2-year handpiece warranty
- 1-year battery warranty

The Ultrapro™ Tx Cordless handpiece gives you the power of a corded handpiece with the unlimited movement of cordless. The cordless design means you have the ability to approach a tooth from any angle with no cord drag.



5275 - Ultrapro Tx Cordless Propy Motor **Kit**

- 1 x Cordless propy motor
- 3 x Sheaths
- 1 x Foot control
- 1 x Charger base
- 2 x Wall chargers
- 4 x Propy angles
- 100 x Barrier sleeves
- 6 x Black sheath O-rings
- 2 x Green motor O-rings



5276 - Ultrapro Tx Cordless Prophy Sheath Kit

1 x Sheath
4 x Black sheath O-rings
2 x Green motor O-rings



5531 - Ultrapro Tx Cordless Prophy Wall Charger

Replacement Part
1 x Wall Charger



5532 - Ultrapro Tx Cordless Prophy O-Ring

Replacement Part
6 x Black sheath O-rings
2 x Green motor O-rings



5533 - Ultrapro Tx Cordless Prophy Foot Control

Replacement Part
1 x Foot control



5534 - Ultrapro Tx Cordless Prophy Charger

Base Replacement Part
1 x Charger base



5499 - Ultrapro Tx Cordless Prophy Motor Barrier

Sleeves **500pk**
500 x Barrier sleeves



Ultrapro™ Tx Air

HYGIENE HANDPIECE



- Lightweight—2.2 oz to reduce hand and arm fatigue²
- Ergonomically shaped and low vibration for maximum comfort
- Swivels 360° for easy rotation
- Soft-start motor to minimize splatter
- Maximum speed of 4,000 RPM
- Universal E-type motor for multifunctionality
- Compatible with nearly all disposable prophy angles
- 2-year handpiece warranty

Featuring an ergonomic handpiece, innovative prophy angle designs, and low splatter prophy pastes, our Ultrapro Tx family of products offer a powerful, comfortable, and effective solution to all your polishing needs.



8502 - Ultrapro Tx Air Kit

1 x Motor
3 x Nose cones
1 x Universal lubricating oil



8503 - Ultrapro Tx Air **Green Nose Cone 1pk**

8504 - Ultrapro Tx Air **Pink Nose Cone 1pk**

8505 - Ultrapro Tx Air **Blue Nose Cone 1pk**



8506 - Ultrapro Tx Air **Motor 1pk**



8316 - Universal **Lubricating Oil - 0.5 oz Bottle 1pk**

1. realityesthetics.com. 2. Moravec, L. Habits for a healthy practice. *Dimen Dent Hyg.* 2012;10(11):42-44.



Ultrapro™ Tx PROPHY PASTE



COOL MINT



WALTERBERRY™



BUBBLE GUM



ORANGE
DREAMSICLE



PURE

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

Ultrapro Tx 2 g 200pk

Flavor	Fine	Medium	Coarse
Cool Mint	8309	8310	8311
Walterberry	8320	8312	8313
Bubble Gum dye-free	—	8314	8315
Variety W-100, OD-50, CM-50	—	8327	—
PURE	—	8325	—

1. realityesthetics.com.

Ultrapro™ Tx DISPOSABLE PROPHY ANGLES



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

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

Ultrapro™ Tx Sweep™

DISPOSABLE PROPHY ANGLES WITH BRUSH GUARD



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

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



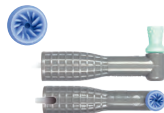
8356 - Ultrapro Tx Tapered Brush 100pk



original	144pk	500pk
Soft	8308	8318
Firm	—	8317



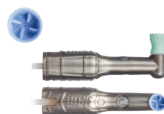
extra	500pk
Soft	8342
Firm	8343



extra CONTRA	500pk
Soft	8346
Firm	8347



sterile R	skini	500pk
	Soft	8350
	Firm	8351



sterile R	skini CONTRA	500pk
	Soft	8354
	Firm	8355



sweep	144pk	500pk
Soft	8357	8359
Firm	8358	8360



DPA HEAD COMPARISON



Skini/Sweep Original
25% slimmer neck



Skini/Sweep Original
20% shorter head

original



extra



skini

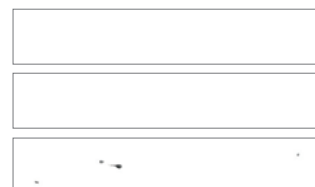


sweep

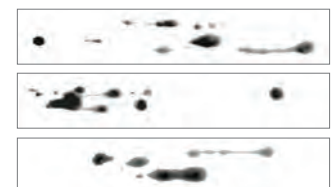


Reduces splatter by up to 95%
to help prevent cross contamination.¹

SWEEP DPA SPLATTER COMPARISON TESTING



Ultrapro Tx Sweep prophyl angle



Traditional prophyl angle

1. Data on file.



PREVENT AND HYGIENE

MORE THAN JUST GREAT TASTE!



Flavor-Free



Cool Mint



Caramel



Orange Cream



Bubble Gum



Walterberry

Enamelast™

FLUORIDE VARNISH



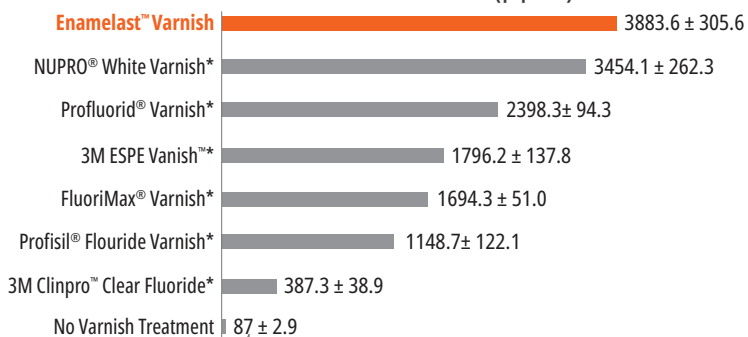
SoftEZ™ Tip page 137

- Patented adhesion-promoting system for enhanced retention
- Superior fluoride release and uptake²
- Smooth, nongritty texture
- Nearly invisible appearance
- Nut free and gluten free

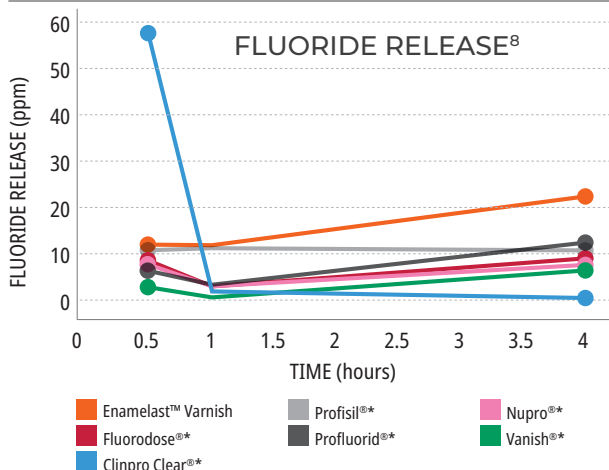
Enamelast fluoride varnish is a xylitol-sweetened, 5% sodium fluoride in a resin carrier. Its unique formula is made with a patented adhesion-promoting system for enhanced retention, while providing superior fluoride release and uptake.² Available in syringe applications in **Walterberry™** flavor and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

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

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



FLUORIDE RELEASE⁸



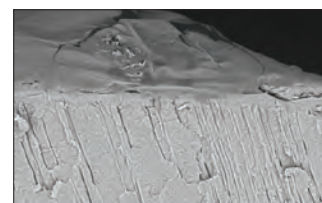
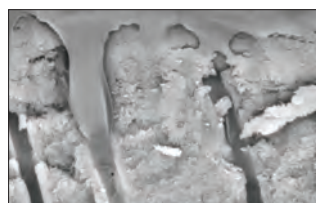
BEFORE AND AFTER



Before Enamelast fluoride varnish.



Immediately after applying Enamelast fluoride varnish.



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



4521 - Enamelast **Walterberry Syringe Kit**

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



4523 - Enamelast **Walterberry Syringe 20pk**

1.2 ml (1.23 g) syringes

Enamelast **Unit-Dose 0.4 ml**

Flavor	50pk	200pk
Walterberry	4518	4528
Orange Cream	4344	4343
Cool Mint	4353	4352
Bubble Gum	4363	4362
Caramel	4819	4822
Flavor-Free	5188	5187



4529 - Enamelast **Application Brushes 200pk**



*Trademark of a company other than Ultradent. 1. realityesthetics.com. 2. Data on file. 3. Data on file. 4. American Academy of Pediatric Dentistry. Policy statement on the use of fluoride. Adopted 1967. Reaffirmed 1977. Revised 2018. Available from http://www.aapd.org/media/Policies_Guidelines/P_FluorideUse.pdf. 5. American Dental Association Council on Scientific Affairs. Professionally applied topical fluoride: evidence-based clinical recommendations. *J Am Dent Assoc.* 2006;137(8):1151-1159. 6. McClure H. Fluoride Uptake into Sound Enamel Substrate Provided by Fluoride Varnishes and Resultant Surface Microhardness Effects via a Combination in Vitro Flow Model & PH Cycling Treatment Regimen Study Number 24-562. Therametric Technologies, Inc. Dental Product Testing Division; 2025. 7. McClure H. Fluoride Uptake into Sound Enamel Substrate Provided by Fluoride Varnishes and Resultant Surface Microhardness Effects via a Combination in Vitro Flow Model & PH Cycling Treatment Regimen Study Number 24-522. Therametric Technologies, Inc. Dental Product Testing Division; 2024. 8. Data on file.



Ultradent™ Universal Dentin Sealant

FOR TRANSIENT ROOT SENSITIVITY

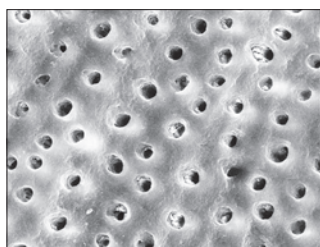


Black Mini™ Brush Tip page 134

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

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

Coat sensitive roots with Ultradent Universal Dentin Sealant to seal tubules and reduce discomfort¹ after scaling and root planing.



Ultradent Universal Dentin Sealant covers dentin with a protective seal. Both surfaces have been conditioned with phosphoric acid for 20 seconds; SEM on the right was sealed first with Ultradent Universal Dentin Sealant.²



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

Note: Ultradent Universal Dentin Sealant is NOT a bonding agent.
For unsurpassed bonding products, see pages 68–70.
If base or liner is needed, use Ultra-Blend™ plus liner, page 73.

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

Opalpix™

INTERPROXIMAL CLEANER



Toothpicks vs. Opalpix cleaners.

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

USES



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



5590 - Opalpix 100pk
Each pk contains 32 Opalpix cleaners



PREVENT AND HYGIENE



BEFORE AND AFTER



Results in as little as one week¹

Opalescence™ Whitening Toothpaste

ORIGINAL AND SENSITIVITY RELIEF

- Whitens teeth up to 2 shades in just 2 weeks²
- Contains hydrated silica which is proven to remove staining¹
- Gentle on gums¹
- Safe for long-term daily use
- Contains sodium fluoride to help prevent cavities and strengthen enamel³
- Exceptional fluoride uptake⁴
- 78 RDA⁶
- Triclosan and TiO₂ free
- Vegan - no animal products are used

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

- Two 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



1.0 oz	24pk
Original	402
Sensitivity	3472



1.0 oz	48pk
Original	6472



4.7 oz	12pk
Original	401
Sensitivity	3470

1. Çakmakçioğlu O, Yılmaz P, Topbaşı BF. Clinical evaluation of whitening effect of whitening toothpastes: A pilot study. *OHDMBMC*. 2009;8(4):6–13. 2. Dursun MN, Ergin E, Tekce AU, Gurgan S. Which whitening toothpaste with different contents is more effective on color and bond strength of enamel?. *J Esthet Restor Dent*. 2023;35(2):397–405. doi:10.1111/jerd.12968 3. Sivapriya E, Sridevi K, Periasamy R, Lakshminarayanan L, Pradeepkumar AR. Remineralization ability of sodium fluoride on the microhardness of enamel, dentin, and dentinoenamel junction: An in vitro study. *J Conserv Dent*. 2017;20(2):100–104. doi:10.4103/JCD.JCD_353_16 4. Data on file. 5. Data on file. 6. Data on file.



MARTIN WEBB - Zion National Park

SURGICAL

OsteoGen Plug
OsteoGen Strips
SST - Surgical Suction Tip
Ultradent Luer Vacuum Adapter



SURGICAL



OSTEOGEN® NON-CERAMIC
BIOACTIVE RESORBABLE
CALCIUM APATITE BONE GRAFT

TYPE I BOVINE ACHILLES
TENDON COLLAGEN

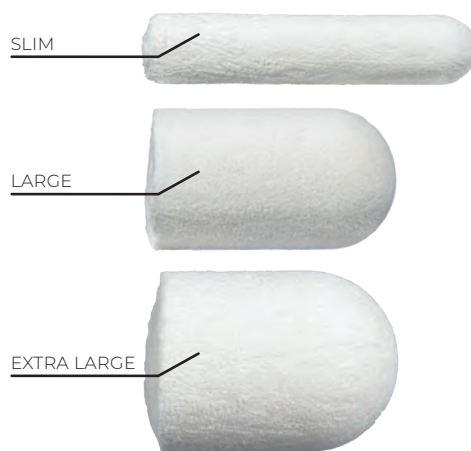
OSTEOGEN® PLUG

ONE-STEP BONE GRAFTING SOLUTION:

SOCKET PRESERVATION WITHOUT
THE NEED FOR A MEMBRANE

OsteoGen® Plug*

ONE-STEP BONE GRAFTING SOLUTION



- The OsteoGen® Bone Grafting Plug is an easy and affordable way to clinically deliver bone graft. It's mainly used for ridge maintenance and socket preservation.
- The idea is simple: a collagen plug is filled with OsteoGen® non-ceramic bone graft crystals. This creates the OsteoGen® Bone Grafting Plug.
- The result is a bone graft combined with a collagen plug for ease of clinical delivery, without the need for a membrane.
- The OsteoGen® Bone Grafting Plug combines Bioactive Resorbable Calcium Apatite with a bovine Achilles tendon collagen matrix. This creates a structure that mimics the organic and inorganic components of physiologic bone.
- OsteoGen® is a bioactive and resorbable calcium apatite-based bone graft. It is physiochemically and crystallographically similar to human bone.¹
- The OsteoGen® non-ceramic production process yields a resorbable bone graft with a unique Ca:P ratio. It is NOT a β -TCP and NOT a non-resorbable dense ceramic HA (nor is it a biphasic mixture of the two).
- The Bovine Achilles Tendon collagen carries the bone graft for easy and efficient delivery to the site. Thus, the hassle and time spent mixing and packing particulate bone grafts is eliminated, and so is the potential for particulate wash out.
- The Type I collagen acts as a wound dressing, not only to stabilize the clot, but also to absorb and deliver blood flow to the slowly resorbing graft (a feature critical for the initiation of bone formation and early angiogenesis).
- The collagen found in the OsteoGen® Plug provides a scaffold for keratinized tissue to develop over the grafted site.
- The OsteoGen® Bone Grafting Plug will show radiolucent on the day of placement. It becomes radiopaque in 3–6 months when it has been replaced with host bone.² Implant placement can then be achieved.

* Manufactured by Implants Ltd. Jamaica, NY. 1. Valen M, Ganz SD. A synthetic bioactive resorbable graft for predictable implant reconstruction: part one. *Oral Implantol.* 2002;28(4):167–177. 2. Data on file.



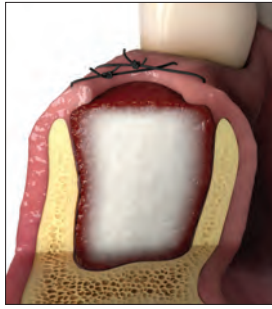
STEPS TO SUCCESS*



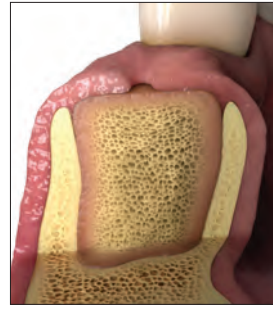
1. Extract tooth and thoroughly debride site in order to increase the healing capacity of the affected tissues.¹



2. Insert OsteoGen® Plug to deliver bone graft and absorb blood flow. This will stabilize the clot and initiate early bone formation and angiogenesis.



3. Approximate tissue and crisscross suture over top to keep OsteoGen Bone Grafting Plug in place. **There is no need to use a membrane to cover.**



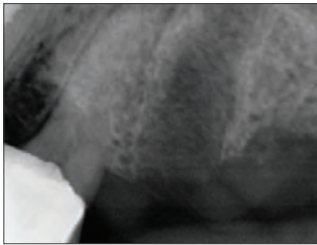
4. While OsteoGen Plug resorbs, the OsteoGen bone graft crystals offer a slowly resorbing bioactive scaffold for bone formation while the collagen provides a scaffold for developing tissue.



5. The OsteoGen® crystals resorb over 3–6 months (patient specific)² and will turn from radiolucent to radiopaque, which indicates sufficient bone formation.

CLINICAL APPLICATION

Clinical images courtesy of Brigham Stoker, DDS.



1. Pre-operative X-ray of tooth 12 to be extracted. Tooth 13 was extracted two months prior and was grafted with an OsteoGen® Plug.



2. Tooth 12, set to be extracted.



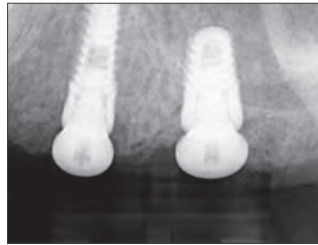
3. The surgical site was initially debrided to induce bleeding and establish the Regional Acceleratory Phenomenon.



4. Appropriately sized OsteoGen® Plugs were inserted, and blood was allowed to absorb.



5. After insertion of OsteoGen® Plugs, the socket was sutured over top. No membrane was required.

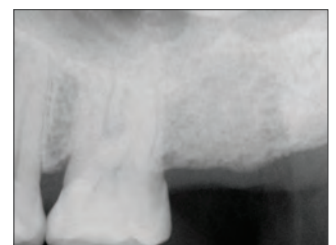


6. Two implants placed four months later with a sinus bump on the distal implant.

Clinical images courtesy of German Murias, DDS, ABQ/ID



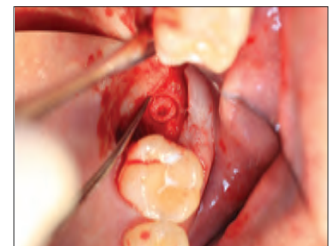
1. OsteoGen® is a low density bone graft and the OsteoGen® Plugs will show radiolucent on the day of placement.



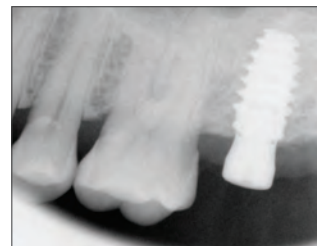
2. As the OsteoGen crystals are resorbed and replaced by host bone, the site will become radiopaque.



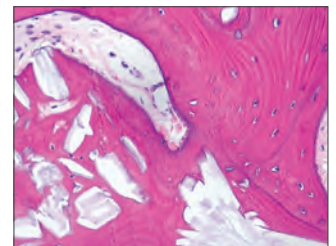
3. The collagen promotes keratinized soft tissue coverage over the graft.



4. Solid bone is seen upon reentry prior to implant placement. In this image, a core sample was retrieved.

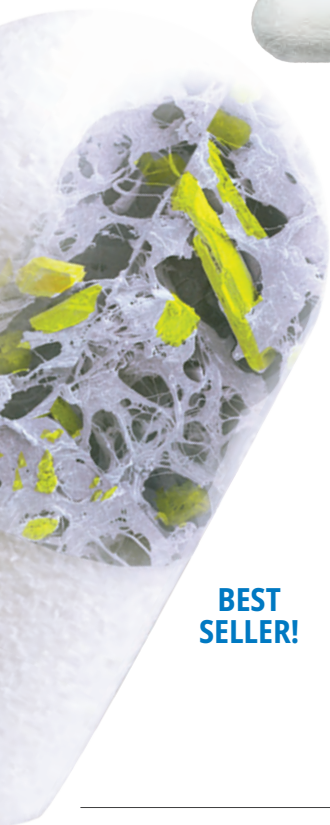


5. Implant is placed. Note the histology below showing mature osteocytes in lamellar bone formation.



6. Some of the larger OsteoGen crystals and clusters are slowly resorbing. Bioactivity is demonstrated by the high bone to crystal contact absent of any fibrous tissue encapsulation.^{3,4}

* See IFU for complete instructions. **1.** Frost HM. The regional acceleratory phenomenon: a review. *Henry Ford Hosp Med J.* 1983;31(1):3-9. **2.** Data on file. **3.** Ricci JL, Blumenthal NC, Spivak JM, Alexander H. Evaluation of a low-temperature calcium phosphate particulate implant material: physical-chemical properties and in vivo bone response. *J Oral Maxillofac Surg.* 1992;50(9):969-978. **4.** Spivak JM, Ricci JL, Blumenthal NC, Alexander H. A new canine model to evaluate the biological response of intramedullary bone to implant materials and surfaces. *J Biomed Mater Res.* 1990;24(9):1121-1149. doi:10.1002/jbm.820240902.



**BEST
SELLER!**

25 mm

SLIM

6 mm

20 mm

LARGE

10 mm

20 mm

EXTRA LARGE

15 mm



OPS625-5 - OsteoGen Plug Slim 5pk



OPS625-10 - OsteoGen Plug Slim 10pk



OPL1020-5 - OsteoGen Plug Large 5pk



OPL1020-10 - OsteoGen Plug Large 10pk



OPXL1520-5 - OsteoGen Plug Extra Large 5pk



ULTRADENT'S TOOTH FAIRY PROGRAM

We will credit your Ultradent account with \$1.00 for each usable tooth you send us.

In order for Ultradent to develop the quality dental products that we provide, it is necessary that many products be tested on human teeth. With this in mind, and for your convenience, we have set up a simple process whereby you can dispose of extracted teeth and redeem credit.

This credit can be used to purchase Ultradent products. We will supply you with 50 ml bottles of .05% Chlorhexidine Gluconate* solution for safe storage and shipping. For each usable tooth** you send us, we will credit your Ultradent account with \$1.00 toward future purchases of Ultradent products.

To order your bottles for the program, please contact us at **801.552.5512 ext. 4180** or **anita.raisch@ultradent.com**. We appreciate your contribution.

*Chlorhexidine Gluconate is a decontaminant that conforms to OSHA standards and state laws for shipping teeth. Specific bio-hazard or color-coded labeling is not required under OSHA requirements.

**Usable teeth include whole adult teeth without root canals or major decay. Teeth should be unbroken with the coronal portion significantly intact. Teeth with small fillings or small- to medium-sized decay are acceptable.

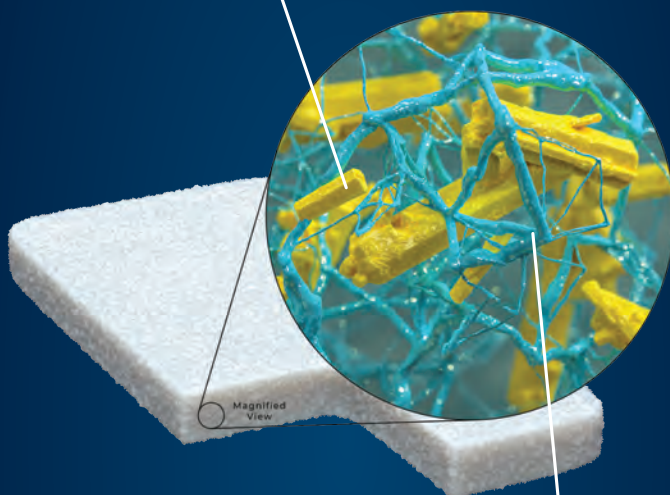
Redeem extracted teeth for credit towards Ultradent's high-quality products!



OsteoGen® Strips*

ONE-STEP BONE GRAFTING SOLUTION

OSTEOGEN® NON-CERAMIC
BIOACTIVE RESORBABLE
CALCIUM APATITE BONE GRAFT



TYPE I BOVINE ACHILLES
TENDON COLLAGEN



OsteoGen® Strips infuse OsteoGen® bone graft crystals into a collagen strip to eliminate problems with particulate migration. They are a predictable and simple solution for sinus lifts and grafting gaps between the implant and extraction socket wall.

- Flexible strips easily conform to the grafting site, eliminating gaps in bony walls
- Eliminates chance of particulate wash out; crystals are contained in the collagen
- Use as a mineralized collagen cover to contain particulates in extraction sites
- Easy and effective ridge expansion, can be curved over a narrow ridge for added width
- Can be folded or layered to create added volume then packed into defect space
- Extremely porous and hydrophilic
- Can be used as a mineralized scaffold for added growth factors or autologous serum
- Four-year shelf life

* Manufactured by Implants Ltd. Jamaica, NY.

OSTEOGEN® STRIP

RESORBABLE MINERALIZED
COLLAGEN BONE GRAFTING STRIP



CLINICAL APPLICATION*

Clinical images courtesy of Robert Miller, DDS, ABQ/ID.



1. Implant is placed lingually following extraction. OsteoGen® Strip will be used to fill gaps and reinforce the buccal wall.



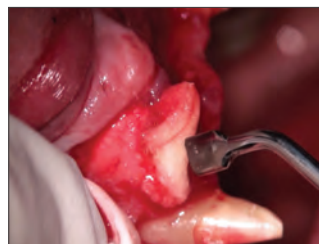
2. OsteoGen® Strip is hydrated with patient's blood from the surgical site and, if desired, autologous serum or other growth factors prior to delivery.



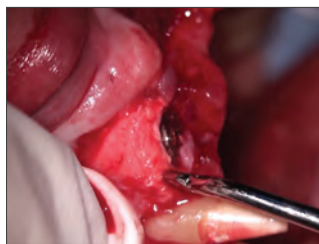
3. Buccal plate is reinforced by feeding the OsteoGen® Strip downwards in between the implant and the buccal wall.



4. The OsteoGen® Strip is a hydrophilic material that can be hydrated with the patient's blood and substantially compressed to fill a variety of defects.



5. The OsteoGen® Strip can be folded after hydration and prior to or during placement with a blunt instrument for additional bone width and stability.



6. After placement, the OsteoGen® Strip reinforces the buccal wall while grafting the gaps between the buccal plate and the implant.

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™ Pro whitening gel. Potential considerations: Always verify flow and functionality prior to intraoral use.



LOK-TITE™	20pk
SST	1248

* See IFU for complete instructions.

40 mm



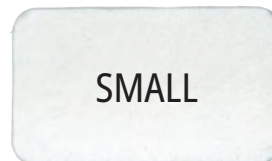
LARGE

20 mm



OSL20403-2 - OsteoGen Strip Large 2pk

20 mm



SMALL

12 mm



OSS12203-2 - OsteoGen Strip Small 2pk

Ultradent™ Luer Vacuum Adapter

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



Luer Vacuum Adapter	10pk
	230



ANGELA WELLS - Fire Lake

TIPS AND SYRINGES

RESTORATIVE

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

ENDODONTICS

Capillary
Micro Capillary
Endo-Eze Irrigator
Endo-Eze
NaviTip with Single Sideport
NaviTip
NaviTip with
Double Sideport Irrigator
NaviTip FX

IMPRESSIONS

Mixing
IntraOral Impression
Thermo Clone Mixing

SYRINGES

Skini Delivery
Delivery Syringes
Empty Delivery
Syringes
Syringe Cover

ACCESSORIES

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



ULTRADENT™ TIPS DESIGNED TO DELIVER

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

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

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

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

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



Black Micro™ FX™ Tip

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

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

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



Black Mini™ Tip

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

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

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



Black Mini™ Brush Tip

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

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

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

**Black Micro™ Tip**

- Provides pinpoint precision
- Narrow cannula accurately delivers materials

Designed for: Ultra-Blend™ plus.

	100pk	500pk
22 ga Black Micro	1085	1435

**Blue Micro™ Tip**

- Provides pinpoint precision
- Narrow cannula accurately delivers materials

Designed for: Ultra-Etch™.

	100pk	500pk
25 ga Blue Micro	127	1436

**Blue Mini™ Dento-Infusor™ Tip**

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

Designed for: Consepsis™, Astringedent™, and Astringedent™ X.

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

**ExperTemp™ Mixing Tip**

- Mixes and delivers in one action

Designed for: ExperTemp™.

	45pk
ExperTemp Mixing	6346

**Inspiral™ Brush Tip**

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

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

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



Metal Dento-Infusor™ Tip with Comfort Hub™

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

Designed for: Astringedent™, Astringedent™ X, ViscoStat™, ViscoStat™ Clear, PQ1™, and Peak™ Universal Bond.

COMFORT HUB™

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



Micro Capillary™ Tips

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

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

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



Micro 20 ga Tip

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

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

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

**SoftEZ™ Tip**

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

Designed for: Enamelast™.

LOK-TITE™	50pk
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™ Pro whitening gel.

LOK-TITE™	20pk
SST	1248

**White Mac™ Tip**

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

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

	100pk	500pk
White Mac	1361	1480



ENDODONTIC TIPS

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

WARNING:

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



Capillary Tips

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

Never use to deliver irrigating materials or endodontic chemistries.

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

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



Micro Capillary™ Tips

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

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

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



Endo-Eze™ Irrigator Tip

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

Designed for: Ultradent™ 5 ml syringe.

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



22 ga 20 ga 19 ga 18 ga

Endo-Eze™ Tips

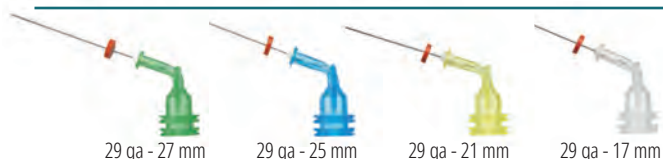
- Great for endodontic procedures such as post cementation and core buildups
- Flexible, strong cannulae
- Bend easily
- Length 19 mm

Designed for: Air/water delivery.
Use with: TriAway™ Adapter and other Ultradent syringes.

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



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



NaviTip™ 29 ga Tips

with Single Sideport

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

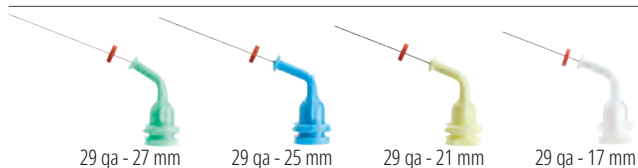
29 ga delivers paste materials: MTAFlow™, EndoREZ™, Ultradent EDTA 18% Solution, File-Eze™, ChlorCid™, ChlorCid™ Surf, and UltraCal™ XS.

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

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



Endodontics

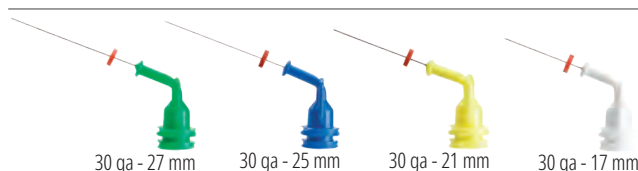


NaviTip™ 29 ga Tips

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

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

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

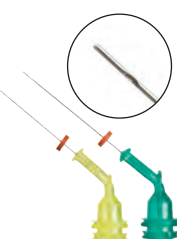


NaviTip™ 30 ga Tips

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

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

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



NaviTip™ 31 ga Tips

with Double Sideport Irrigator

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

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

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



NaviTip™ FX™ 30 ga Tips

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

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

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

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

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



IMPRESSION TIPS

Impressions



Impression Mixing Tips

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

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

	50pk
Yellow	2902
Pink	2903
Teal	2904



IntraOral Impression Tip

- Allows precise placement
- Attaches to impression mixing tips

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

	50pk
IntraOral Impression	2906



Thermo Clone™ 380 ml Mixing Tip

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

Designed for: Thermo Clone™ VPS 380 ml cartridges.

380 ml	50pk
Thermo Clone Mixing	6065

1 x Bayonet ring



Skini Delivery Syringe

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

Designed for: EndoREZ™ and MTAFlow™.



0.5 ml Skini Delivery Syringe

20pk

1680

Ultradent™ 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.



1.2 ml Hemostatic Delivery Syringe

20pk

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™.



1.2 ml Ultra-Etch Delivery Syringe

20pk

129

1.2 ml Delivery Syringe

- Snug Luer Lock threads prevent tips from popping off

Designed for: All 30 ml IndiSpense™ syringes.



1.2 ml Delivery Syringe

20pk

124

100pk

157

5 ml Delivery Syringe

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

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



5 ml Delivery Syringe

10pk

201

Ultradent™ Syringe Cover

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

Designed for: All 1.2 ml syringes.



1.2 ml Syringe Cover

300pk

5993



ACCESSORIES



Luer Lock Cap

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

Designed for: All Ultradent™ plastic syringes.

Luer Lock Cap

20pk

205

Ultradent™ Luer Vacuum Adapter

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



Luer Vacuum Adapter

10pk

230

TriAway™ Adapter

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



TriAway Adapter Irrigator

20pk

1375



Syringe Organizer

- Holds 14 syringes
- Made of clear acrylic

Syringe Organizer

1pk

382

STARbrush™ Coronal Brush

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

1. realityesthetics.com.



STARbrush

50pk

1092

100pk

1093



Actual size

Ultradent™ Micro Applicators

- Bend easily
- Apply small amounts accurately
- Standard size

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

Micro Applicator Brush Variety

400pk

4548





GRANT BAUMAN - Great Salt Lake

TISSUE MANAGEMENT

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



FOR PROFOUND HEMOSTASIS



Tissue Management

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

FOR HEMOSTASIS AND FLUID CONTROL

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

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



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

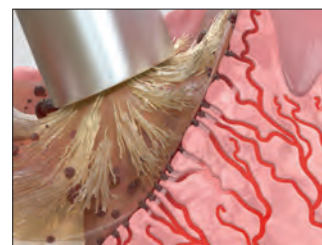


Firmly rub Viscostat™, Astringedent™, or Astringedent™ X hemostatic against the cut bleeding tissue to obtain hemostasis.

FERRIC SULFATE - ACTIVE HEMOSTASIS*



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



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



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

* See IFU for complete instructions.



FOR INDIRECT BONDING (LUTING)*

PROVISIONAL REMOVED



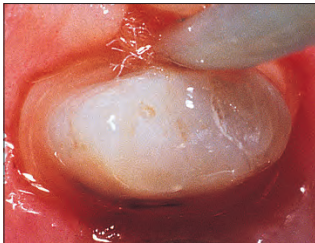
1. Well-healed tissue 2 weeks post-op.

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

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

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 anaerobic bacteria can be sources of contamination. Retreatment is necessary.

ISOLATION



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

RESTORATION



4. Repaired restoration.

CONTROL



Courtesy of Dr. Jaleena Fischer-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.



FOR IMPRESSION TAKING*

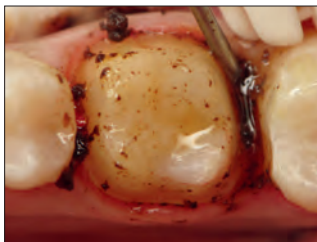
An astringent is a substance that eliminates permeability of epithelium to tissue fluid flow. The result is a dry field, an important tissue management solution. An ideal impression for successful crowns, veneers, and bridges must accurately capture the preparation margins. This can be ensured only through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

BLEEDING



1. Subgingival preparation with bleeding.

HEMOSTASIS



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

CLEANING/TESTING



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

DISPLACEMENT



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

DRYING/TESTING



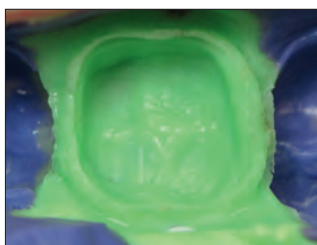
5. Remove Ultrapak knitted cord, follow with a firm air/water spray and dry.

TAKE IMPRESSION



6. Express Thermo Clone™ VPS impression material.

RESULT



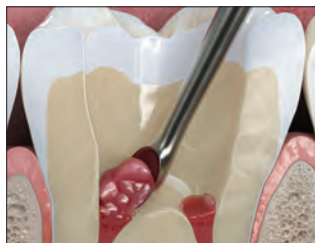
7. Predictable quality impressions.

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

—DR. DAN FISCHER, DDS, SALT LAKE CITY

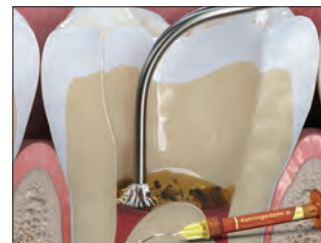
FOR VITAL PULPOTOMY IN PRIMARY TEETH - EXPANDED APPLICATION*

PULP DEBRIDEMENT



1. Mechanically remove pulp tissue.

HEMOSTASIS



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

PROTECTION



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

BARRIER



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

ETCH



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

BOND



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

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



FOR CHALLENGING CASES*



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



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



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



4. Profound hemostasis and tissue control have been achieved.



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



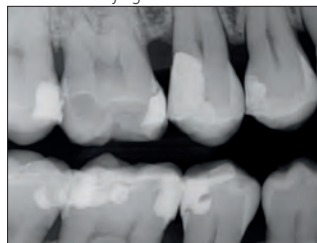
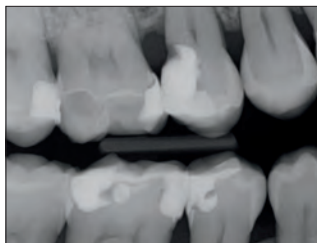
6. Place sectional matrix and wedge with separating ring (not pictured). Check to ensure proper proximal contact, burnishing the band against the adjacent tooth if needed. Etch and then bond with Peak™ Universal Bond adhesive.



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



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



* See IFU for complete instructions.



Dento-Infusor™ Tips



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

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

Courtesy of Dr. Jaleena Fischer-Jessop.



Bleeding must be controlled before starting any direct bonding procedure.



Profound hemostasis achieved, preparation is ready to restore.

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

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



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



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

Dento-Infusor Tips, see pages 135–136.



ViscoStat™

VISCOUS COAGULATIVE HEMOSTATIC
20% FERRIC SULFATE



Metal Dento-Infusor™ Tip
with Comfort Hub™ page 136



- Provides profound hemostasis
- Stops moderate bleeding
- Saves chair time
- Does not impede hard or soft tissue healing
- Eliminates sulcular fluid contamination for optimal bonding
- Decreases costly impression remakes

ViscoStat hemostatic is a 20% ferric sulfate equivalent hemostatic agent with inert binding agents in a viscous, aqueous solution. It contains fumed silica to limit the acidic activity, making it kind to hard and soft tissue.

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

Tip: Prevent leakage caused by sulcular fluid contamination during direct bonding procedures. Soak an Ultrapak™ knitted cord in a hemostatic and isolate the tissues. Follow with a firm air/water spray.

“ViscoStat hemostatic has allowed me to take clean, dry, accurate impressions even in some of the most hemorrhagic situations. Thank you! I appreciate it, my lab man appreciates it, and my patients appreciate it.”

—DR. MONTE PERSON – FRESNO, CA

“ViscoStat hemostatic can stop bleeding in the cervical area of a crown prep like nothing else I have ever seen! It is a miracle solution! I wish I knew how many thousands of hours it has saved me over the years. Thank you, Ultradent!”

—DR. SCOTT J. HADLEY – HAXTUN, CO

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

—DR. JULIE ANN ROUTHIER – SAVANNAH, GA



3093 - ViscoStat Dento-Infusor Syringe Kit

4 x 1.2 ml (1.47 g) syringes
20 x Metal Dento-Infusor tips



647 - ViscoStat Dento-Infusor IndiSpense™ Syringe Kit

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



3070 - ViscoStat Syringe 20pk

1.2 ml (1.47 g) syringes



645 - ViscoStat IndiSpense Syringe 1pk

30 ml (36.69 g) syringe



1278 - Hemostatic Delivery Syringe 20pk

1.2 ml empty syringes

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

1. realityesthetics.com.



ViscoStat™ Clear

VISCOUS HEMOSTATIC GEL
25% ALUMINUM CHLORIDE



Metal Dento-Infusor™ Tip
with Comfort Hub™ page 136

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

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

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

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

6409 - ViscoStat Clear Dento-Infusor Syringe Kit

4 x 1.2 ml (1.54 g) syringes
20 x Metal Dento-Infusor tips



6407 - ViscoStat Clear Dento-Infusor IndiSpense™ Syringe Kit

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



6410 - ViscoStat Clear Syringe 20pk

1.2 ml (1.54 g) syringes



6408 - ViscoStat Clear IndiSpense Syringe 1pk

30 ml (38.52 g) syringe

PROCEDURE*



1. Subgingival preparation and bleeding sulcus.



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



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



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



5. Finished restoration 2 weeks post-op.



* See IFU for complete instructions.



Astringedent™

COAGULATIVE HEMOSTATIC
15.5% FERRIC SULFATE SOLUTION



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

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

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

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

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



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

Astringedent™ X

COAGULATIVE HEMOSTATIC
12.7% IRON SOLUTION



- Clinicians “go-to” hemostatic for all case situations
- Ultradent’s fastest and most powerful hemostatic³
- Stops minor to severe bleeding

Astringedent X hemostatic is an aqueous 12.7% iron solution that works quickly to stop bleeding in seconds.^{4,5} It contains equivalent ferric sulfate and ferric subsulfate. **Note: Diluted Astringedent X hemostatic does not equal ViscoStat or Astringedent hemostatics.**

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



Courtesy of Dr. Bruce LeBlanc.

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



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



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

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

3. Data on file. 4. Bandi M, Mallineni SK, Nuwula S. Clinical applications of ferric sulfate in dentistry: A narrative review. *J Cons Dent.* 2017 Jul-Aug;20(4):278-281. DOI: 10.4103/jcd.jcd_259_16. 5. Spera S. Keeping blood under control in restorative procedures. *Dent Prod Rep.* 2023;57(10):32-33.



Ultrapak™ and Ultrapak™ E

KNITTED AND EPINEPHRINE KNITTED CORD



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
- Available with or without epinephrine

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 E knitted cord is impregnated with racemic epinephrine hydrochloride.

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.

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



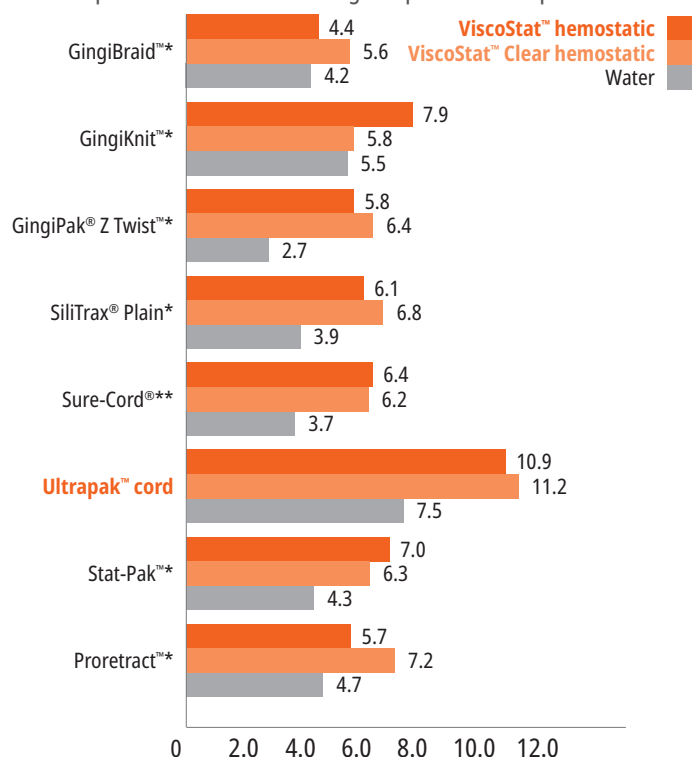
THE ONE WITH THE STRIPE!™

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 (μl/cm)

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



* Trademark of a company other than Ultradent. 1. realitysthetics.com. 2. “Can’t Live Without” Clinical Research Associates Newsletter, Volume 21, Issue 7, July 1997. 3. Data on file.



PRE-PREPARATION PACKING TECHNIQUE

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

PREPACK



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

PREPARATION



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

FOR DIGITAL IMPRESSIONS - COMPLETE HEMOSTASIS

HEMOSTASIS



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

CLEAR FIELD



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

"Ultrapak cord is excellent at displacing the gingival tissue and allowing proper hemostasis, and is easy to place and remove. It works very well for all retraction purposes. The different sizes are good for all situations."

—DR. Y CLEMENT SHEK – SAN FRANCISCO, CA

"In dentistry, time is money. Ultrapak cord's woven design makes packing the cord quick and easy, plus the tooth can be prepped or touched up without snagging the cord. This increases patient comfort in shortening the appointment with far less repeat impressions."

—DR. THOMAS J. FRANKFURTH – TAMPA, FL

"Ultrapak cord has taken the stress out of cord packing. This was the most frustrating part of my day when I was using other products. Add the amazing Astringent hemostatic and... LIFE IS GOOD!"

—DR. LISA MARSHALL – XENIA, OH

DOUBLE-CORD TECHNIQUE

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

FIRST CORD



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

SECOND CORD



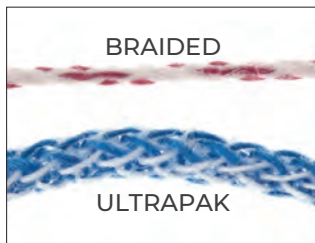
2. Place a second, thicker cord soaked in a hemostatic agent to expand the tissue laterally.

RINSE/DRY



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

BRAIDED



ULTRAPAK

Knitted Ultrapak cord is composed of thousands of tiny, interlocking loops so it compresses and expands easier than other cords. 100% cotton fibers provide high absorption¹ of hemostatic agents and sulcular fluids.



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



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



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

¹. Data on file.

Each bottle contains
8 ft/244 cm of cord.

CORD COMPARISON CHART

	#000 - .035" (0,889 mm)
	#00 - .041" (1,041 mm)
	#0 - .045" (1,143 mm)
	#1 - .049" (1,245 mm)
	#2 - .056" (1,422 mm)
	#3 - .063" (1,6 mm)

130 - Ultrapak Kit

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



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

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



137 - Ultrapak Cord #000 Regular 1pk

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

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



136 - Ultrapak Cord #00 Regular 1pk

197 - Ultrapak Cord #00 Epinephrine 1pk

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

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



131 - Ultrapak Cord #0 Regular 1pk

198 - Ultrapak Cord #0 Epinephrine 1pk

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

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



132 - Ultrapak Cord #1 Regular 1pk

199 - Ultrapak Cord #1 Epinephrine 1pk

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

- Upper cord for double-cord technique
- Protective pre-preparation cord



133 - Ultrapak Cord #2 Regular 1pk

200 - Ultrapak Cord #2 Epinephrine 1pk

#3 - .063" (1,6 mm)

- Areas that have fairly thick gingival tissues where a significant amount of force is required
- Upper cord for use with the double-cord technique



134 - Ultrapak Cord #3 Regular 1pk

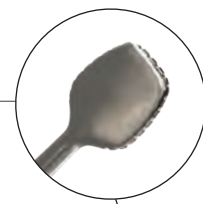
Note: Do not use Ultrapak E knitted cord or other epinephrine preparations with ferric sulfate solutions, including ViscoStat, Astringent, and Astringent X hemostatics, as blue/black precipitate will occur.



TISSUE MANAGEMENT

Fischer's Ultrapak™ Packers

THIN SERRATED PACKING INSTRUMENTS



#170 and #171 (45° to handle)



#172 and #174 (90° and parallel to handle)



These specially designed packers ease the packing of Ultrapak™ knitted cord. Their thin edges and fine serrations press into the cord, preventing it from slipping off and reducing the risk of cutting the gingival attachment.

45° TO HANDLE: Our most popular packers, with heads at 45° to the handle and three packing sides. Circular packing of the prep can be completed without the need to flip the instrument end to end. Use the small packer on lower anteriors and upper lateral incisors.

90° AND PARALLEL TO HANDLE: Same size design as the 45° to handle packer, except one of the heads is in line with the shank and the other is at a right angle to the shank.

"Ultrapak Packers help place the cords properly in a quick and efficient manner. Thanks to the inventors!"—**DR. JOHN LUI – BELLEVUE, WA**

- 171 - Small Packer - 45° to handle 1pk
- 170 - Regular Packer - 45° to handle 1pk
- 174 - Small Packer - 90° to handle 1pk
- 172 - Regular Packer - 90° to handle 1pk



RESTORATIVE SOLUTION

Your complete system for
QUALITY RESTORATIONS

LEARN MORE AT ULTRADENT.COM





DEREK HATCH - Bell Canyon Reservoir

WHITEN

Questions Behind Tooth Whitening
Whitening Treatment Protocol
Opalescence Tooth Whitening Reference Guide
NEW Opalescence Home Advanced
NEW Opalescence Custom
NEW Opalescence Pro
Tips on Growing your Tooth Whitening Business
Opalescence Go
Opalescence Endo
OpalDam and OpalDam Green
Opalustre and OpalCups

Opalescence Whitening Toothpaste
UltraEZ
IsoBlock
Ultradent LC Block-Out Resin
Sof-Tray Classic Sheets
Ultra-Trim Scalloping Scissors
Opalescence Shade Guide Card
Opalescence Pocket Tray Cases
Custom Tray Patient Instructions
Opalescence Whitening Menu
Opalescence Gift Bags



WHITEN

new



WHITEN YOUR SMILE - Questions Behind Tooth Whitening

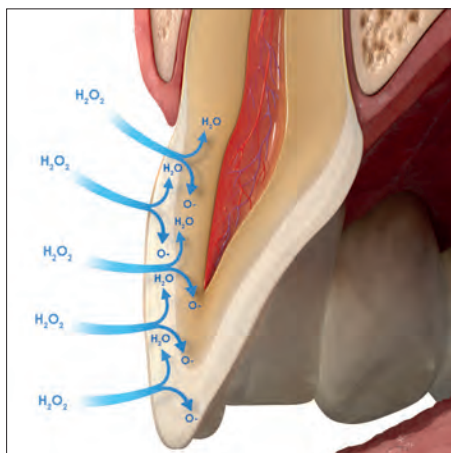
There are many causes of tooth staining. Certain medicines, tooth trauma, fillings, and foods and beverages can cause tooth discoloration over time. Some discolorations are superficial, while others are internal. Both can be effectively treated by a dentist. Professional whitening is the best option to safely lighten discolored teeth.

HOW DOES WHITENING WORK?

Opalescence whitening gels contain a powerful whitening ingredient, either carbamide peroxide or hydrogen peroxide. Peroxide gels break down into water, oxygen, and reactive oxygen molecules.

These reactive oxygen molecules oxidize the bonds of discolored stain molecules. By changing the stained molecules, the tooth appearance becomes lighter.¹

Reactive oxygen molecules permeate the entire tooth, so there is no need for the whitening agent to be in contact with every surface of the tooth for the entire tooth to be whitened.¹



WILL WHITENING AFFECT BOND STRENGTH?

Even though whitening agents release oxygen into the tooth, existing bonds are not weakened.

Note: Wait 7-10 days before any bonding procedure²⁻⁴ or placing any resin. The high concentration of oxygen in the tooth could have a significant adverse effect on polymerization of the resins.

HOW LONG DO WHITENING RESULTS LAST?

Whitening results are very stable. However, depending on the patient's diet and lifestyle habits, whitening may need to be redone periodically.

Due to the safety of the whitening agents, this should not cause any concerns.

WILL WHITENING CAUSE TOOTH SENSITIVITY?

Tooth sensitivity can occur during whitening treatment. If it does occur, it is transient and disappears after the completion of whitening treatments. If desensitizing treatments are desired, we recommend the use of UltraEZ™ desensitizing gel or Enamelast™ fluoride varnish.

Opalescence™ Whitening Toothpaste Sensitivity Relief can also be used to help to prevent or lessen sensitivity if it occurs.

WILL WHITENING WITH OPALESCENCE WHITENING PRODUCTS WEAKEN THE TOOTH'S ENAMEL?

No. Opalescence whitening has not been shown to weaken tooth enamel.⁵⁻⁷

IMPORTANT: DENTIST SUPERVISION IS THE BEST WAY TO WHITEN!

Opalescence tooth whitening treatments are effective and safe if they are used appropriately and with the correct materials. This includes a comprehensive exam, briefing on the chosen whitening process, and monitoring of the patient during the treatment phase. Self-treatment by the patient with store-bought products often does not provide the results desired, and leaves the patient without options for managing potential sensitivity or other concerns.

1. Kwon SR, Wertz PM. Review of the Mechanism of Tooth Whitening. *J Esthet Restor Dent*. 2015 Sep-Oct;240-257.
2. Da Silva Machado J, Cândido MS, Sundfeld RH, et al. The influence of time interval between bleaching and enamel bonding. *J Esthet Restor Dent*. 2007;19(2):111-118; discussion 19. 3. Spyrides GM, Perdigão J, Pagani C, Araújo MA, Spyrides SM. Effect of whitening agents on dentin bonding. *J Esthet Restor Dent*. 2000;12(5):264-270. 4. Unlu N, Cobankara FK, Ozer F. Effect of elapsed time following bleaching on the shear bond strength of composite resin to enamel. *J Biomed Mater Res B Appl Biomater*. 2008 Feb;84(2):363-368. 5. Metz MJ, Cochran MA, Matis BA, et al. Clinical evaluation of 15% carbamide peroxide on the surface microhardness and shear bond strength of human enamel. *Oper Dent*. 2007;32(5):427-436. doi:10.2341/06-142 6. Cadenaro M, Navarra CO, Mazzoni A, et al. An in vivo study of the effect of a 38 percent hydrogen peroxide in-office whitening agent on enamel. *J Am Dent Assoc*. 2010;141(4):449-454. doi:10.14219/jada.archive.2010.0198 7. Cadenaro M, Breschi L, Nucci C, et al. Effect of two in-office whitening agents on the enamel surface in vivo: a morphological and non-contact profilometric study. *Oper Dent*. 2008;33(2):127-134. doi:10.2341/07-89.



Whitening Treatment Protocol

We recommend the following steps for professional whitening evaluation and treatment.

1. TAKE PATIENT'S MEDICAL HISTORY

Discuss health conditions with your patient. If they have serious health concerns, direct them to consult with the primary care provider prior to treatment. Pregnant or breastfeeding women should not whiten.

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

Use polishing paste to gently clean the enamel surface. Then, apply Enamelast™ fluoride varnish at the end of the appointment.

5. DETERMINE THE INITIAL TOOTH COLOR

Identify the initial tooth color with a shade guide and document the shade for future reference. Take a photograph with the shade tab.

6. CREATE WHITENING TREATMENT PLAN

Develop a whitening plan that meets your patient's goals and budget. You can combine multiple Opalescence™ whitening products to create a personalized plan for each patient. You should also consider the patient's history with tooth sensitivity. For patients with sensitivity concerns, use a lower concentration of gel or a reduced wear time and have them use UltraEZ™ desensitizing gel or Opalescence™ Whitening Toothpaste Sensitivity Relief before and after whitening. If sensitivity isn't a concern, consider providing a higher concentration gel for more rapid results.

7. EDUCATE PATIENT

Instruct patients on how to use the chosen whitening products and answer any questions or concerns. Inform them that tooth whitening results can last a year or more,^{1,2} and whitening may need to be repeated periodically to maintain their results.

8. OBTAIN PATIENT'S CONSENT

Have the patient sign a whitening consent form that outlines the whitening treatment and cost involved.

9. DETERMINE THE FINAL TOOTH COLOR

Identify the final tooth color using a shade guide and document in the patient chart. Take a photograph with initial and final shade tab. A definitive color change should only be recorded a few days after the end of the treatment, as the teeth may continue to whiten after the final whitening treatment.

10. PROVIDE SENSITIVITY MANAGEMENT IF NECESSARY

Offer patients with tooth sensitivity UltraEZ™ desensitizing gel or Opalescence™ Whitening Toothpaste Sensitivity relief to help minimize discomfort.



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.



new



Opalescence™ Tooth Whitening Reference Guide

PRODUCT NAME	CONTENTS	INDICATIONS FOR USE
Opalescence™ 10% Home Advanced Prefilled Whitening Trays	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Premium prefilled trays with one-step placement
Opalescence™ 15% Home Advanced Prefilled Whitening Trays	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Premium prefilled trays with one-step placement
Opalescence™ Custom Non-PF 10% Whitening Gel	—	TAKE-HOME Patients with sensitivity concerns; can be worn day or night
Opalescence™ Custom 10% Whitening Gel	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Patients with sensitivity concerns; can be worn day or night
Opalescence™ Custom 15% Whitening Gel	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Faster whitening, recommended to wear during the day
Opalescence™ Custom 20% Whitening Gel	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Faster whitening, recommended to wear during the day
Opalescence™ Custom 35% Whitening Gel	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Shorter wear time and touch-ups
Opalescence™ Quick 45% Whitening Gel	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Shorter wear time and touch-ups
Opalescence Go™ 10% Prefilled Whitening Trays	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Ready-to-go, an alternative to store-bought products
Opalescence Go™ 15% Prefilled Whitening Trays	Potassium Nitrate, Fluoride, and Xylitol	TAKE-HOME Ready-to-go, an alternative to store-bought products
Opalescence™ Endo Whitening Gel	—	DENTIST-ADMINISTERED Internal whitening of non-vital endodontically treated teeth
Opalescence™ Pro 40% Whitening Gel	Potassium Nitrate and Fluoride	PROFESSIONALLY APPLIED Fast chairside treatment
Opalustre™ Microabrasion Slurry	—	DENTIST-ADMINISTERED Chairside treatment to remove superficial enamel imperfections
UltraEZ™ Desensitizing Gel	—	TAKE-HOME Sensitivity treatment



FLAVORS	WEAR TIME	ACTIVE INGREDIENT	<div> <div></div> Hydrogen Peroxide vs. <div></div> Carbamide Peroxide Concentrations </div>
Mint	30–60 minutes a day	10% Hydrogen Peroxide	<div> <div></div> 10% HP </div>
Mint	15–20 minutes a day	15% Hydrogen Peroxide	<div> <div></div> 15% HP </div>
Mint Regular	8–10 hours a day	10% Carbamide Peroxide	<div> <div></div> ~3% HP <div></div> 10% CP </div>
Mint Melon Regular	8–10 hours a day	10% Carbamide Peroxide	<div> <div></div> ~3% HP <div></div> 10% CP </div>
Mint Melon Regular	4–6 hours a day	15% Carbamide Peroxide	<div> <div></div> ~5% HP <div></div> 15% CP </div>
Mint Melon Regular	2–4 hours a day	20% Carbamide Peroxide	<div> <div></div> ~6.6% HP <div></div> 20% CP </div>
Mint Melon Regular	30–60 minutes a day	35% Carbamide Peroxide	<div> <div></div> ~11.6% HP <div></div> 35% CP </div>
Mint	15–30 minutes a day	45% Carbamide Peroxide	<div> <div></div> ~15% HP <div></div> 45% CP </div>
Mint Melon	30–60 minutes a day	10% Hydrogen Peroxide	<div> <div></div> 10% HP </div>
Mint	15–20 minutes a day	15% Hydrogen Peroxide	<div> <div></div> 15% HP </div>
—	1–5 days per treatment	35% Hydrogen Peroxide	<div> <div></div> 35% HP </div>
—	2–3 20-minute applications DO NOT exceed 3 applications per visit	40% Hydrogen Peroxide	<div> <div></div> 40% HP </div>
—	Office visit	6.6% Hydrochloric Acid Silicone Carbide	<p>Note: To determine HP equivalence from a labeled CP concentration, divide by three. For example, 15% CP is equivalent to ~5% HP. This is important to know in order to correctly assess the potency of whitening products.</p>
—	15–60 minutes a day	3% Potassium Nitrate and 0.25% Neutral NaF	



WHITEN

Dentist-designed at-Home whitening

new



Our cutting-edge technology lines the tray with whitening gel for precise placement, so patients just need to position the trays on their teeth and wear for the recommended time.

Opalescence™
Home
Advanced

Your patients want a simple way to get a brighter smile they are confident in. Now, you can offer them professional, mess-free whitening in one easy step with our new Opalescence Home Advanced prefilled trays.

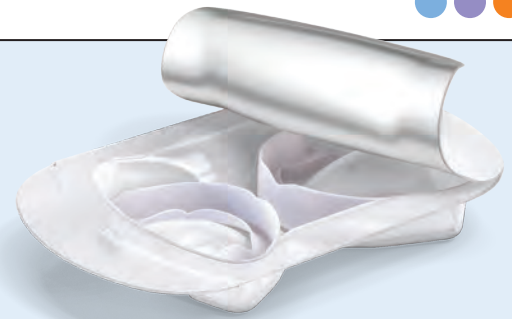


Brighter Smiles. Better Days.

Opalescence™



- Professional results in a one-step treatment
- Prefilled Ultrafit™ tray is ready to use right out of the box, conforming to any patient's smile
- Whitening gel is distributed evenly on the tray, delivering it exactly where needed
- Whitens teeth up to 4–5 shades for quick, visible results¹



Procedure*



Scan to see the how-to video



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. Do not press tray against teeth as it pushes the whitening gel against the gums, causing tissue irritation.



4. Repeat the process for the lower tray.



5. After indicated wear time, remove whitening trays and brush teeth.



10%: 30–60 min.



15%: 15–20 min.

*See IFU for complete instructions and precautions



Opalescence Home Advanced Patient Kits Case of 6

Flavor	10%	15%
Mint	5821-US	5822-US

10 x Each upper/lower trays in each kit



Opalescence Home Advanced Mini Kits Case of 12

Flavor	10%	15%
Mint	6005-US	6006-US

4 x Each upper/lower trays in each kit



Opalescence Home Advanced Sample Tower

Flavor	10%	15%
Mint	6003-US	6004-US

20 x Each upper/lower trays with instructions in each sample

¹ 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.



WHITEN



Powerful,
professional
whitening
to go!

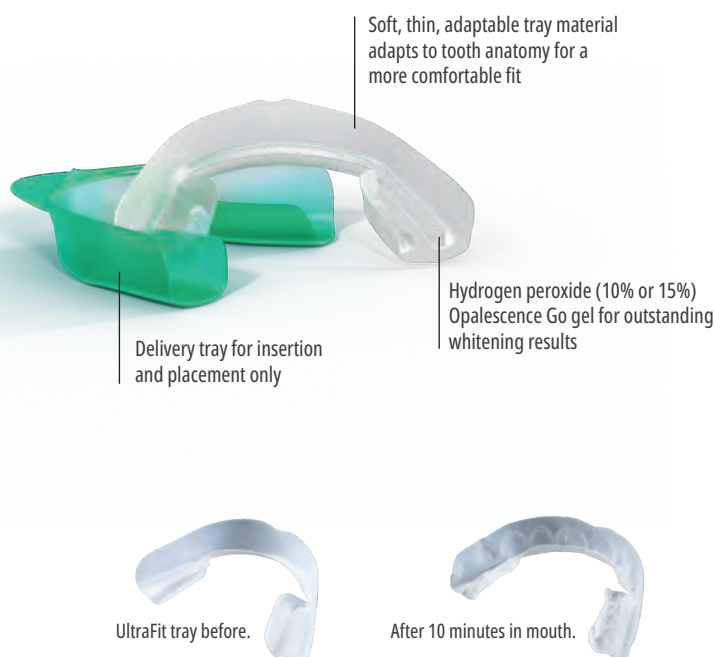
Opalescence Go™ 10% and 15%

PREFILLED WHITENING TRAYS
- HYDROGEN PEROXIDE



- Whitens up to 4–5 shades for quick, visible results²
- Unique UltraFit™ tray material offers a remarkably comfortable fit and easily conforms to any patient's smile
- Molar-to-molar coverage ensures the gel comes in contact with more posterior teeth
- Opalescence Go whitening gel is designed to maximize patient comfort
- Convenient prefilled trays can be worn right out of the package
- Optimal gel quantity allows easy cleanup after whitening
- 10% - wear 30–60 minutes per tray;
15% - wear 15–20 minutes per tray
- Opalescence Go tooth whitening gel contains PF (potassium nitrate and fluoride)
- Delicious **Mint** and **Melon** 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. 2. Cordeiro D, Toda C, Hanan S, et al. Clinical evaluation of different delivery methods of at-home bleaching gels composed of 10% hydrogen peroxide. *Oper Dent.* 2019;44(1):13–23. doi:10.2341/17-174-C



BEFORE AND AFTER



Before.



Female patient, results with Opalescence Go™ 10% whitening after ten trays.



Before.



Male patient, results with Opalescence Go 15% whitening after ten trays.



Before.



Male patient, results with Opalescence Go 10% whitening after ten trays.

PROCEDURE*

1. Remove product from packaging.
"U" – Upper tray "L" – Lower tray

2. Position upper tray on teeth.



3. Bite firmly, then suck on tray for 2 seconds.



4. Remove colored outer tray, leaving white inner tray on teeth. Repeat process for the lower tray.



5. After indicated wear time, remove whitening trays and brush teeth.

* See IFU for complete instructions.

Opalescence Go Patient Kits Case of 6



Flavor	10%	15%
Mint	4635-US	4638-US
Melon	4636-US	—

10 x Each upper/lower trays in each kit

Opalescence Go Mini Kits Case of 12



Flavor	10%	15%
Mint	4645-US	4648-US
Melon	4646-US	—

4 x Each upper/lower trays in each kit

Opalescence Go Sample Dispenser Kits



Flavor	10%	15%
Mint	4893-US	4894-US
Melon	4890-US	—

20 x Each upper/lower trays in each kit
20 x Patient instructions



WHITEN

Professional, Custom at-home whitening

new



Opalescence Custom tooth whitening gel is designed for comfort and performance. Paired with a custom tray, its sticky, viscous formula stays put with no mess and no slipping,¹ delivering a more comfortable whitening experience for your patients.

Opalescence™

Custom

Every smile is unique, so give your patients the customized whitening they deserve. With Opalescence Custom at-home whitening, you and your patients can personalize a treatment that fits their individual needs.



Provide a custom whitening solution! Opalescence™

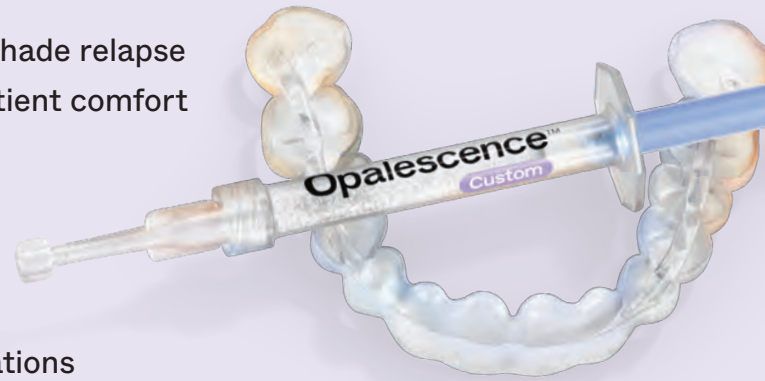


Deliver excellent results:

- Safely whitens teeth up to five shades²
- Formulated to prevent tooth dehydration and shade relapse
- Contains potassium nitrate and fluoride for patient comfort

Customize your treatments:

- Night wear: 10% concentration
- Day wear: 15%, 20%, 35%, and 45% concentrations
- Three flavors (Regular, Mint, Melon)



Photos courtesy of Carol Jent, RDH.



Patient used Opalescence Custom 20% whitening for 16 days.³



Scan to see the how-to video.



x 8



x 40

Opalescence Custom Patient Kits

Flavor	10% non-PF	10%	15%	20%	35%	45%
Mint	6250-US	6252-US	6255-US	6258-US	6261-US	6264-US
Melon	—	6253-US	6256-US	6259-US	6262-US	—
Regular	6251-US	6254-US	6257-US	6260-US	6263-US	—

8 x 1.2 ml Opalescence syringes
1 x 1 oz Whitening Toothpaste
1 x Tray case
1 x Shade guide card

Opalescence Custom Syringe Refill Kits

Flavor	10% non-PF	10%	15%	20%	35%	45%
Mint	6265-US	6267-US	6270-US	6273-US	6276-US	6279-US
Melon	—	6268-US	6271-US	6274-US	6277-US	—
Regular	6266-US	6269-US	6272-US	6275-US	6278-US	—

20 x 2-packs of 1.2 ml syringes

1. Caughman WF, Frazier KB, Haywood VB. Carbamide peroxide whitening of nonvital single discolored teeth: case reports. *Quintessence Int.* 1999;30(3):155-161. 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. See IFU for complete instructions.



Opalescence™ Custom 10%, 15%, 20%, 35%, and 45%

CARBAMIDE PEROXIDE WITH
POTASSIUM NITRATE AND FLUORIDE

Opalescence™ Custom 10% Non-PF

CARBAMIDE PEROXIDE



- Uniquely formulated to brighten your teeth up to 5 shades²
- Opalescence Custom tooth whitening gels contain potassium nitrate and fluoride
- Opalescence Custom whitening gel is designed to maximize patient comfort
- Sticky, viscous gel won't migrate to soft tissues and ensures tray stays securely in place³
- Formulated to prevent dehydration and shade relapse
- Five concentrations for treatment flexibility
- Opalescence Custom whitening available in **Mint**, **Melon**, and **Regular** flavors
- Opalescence Custom 10% Non-PF whitening available in **Mint** 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.³ The sticky gel holds the tray securely and comfortably in place. Opalescence Custom gel contains potassium nitrate and fluoride. Opalescence gel is effective in helping reduce shade relapse as compared to competitor tooth whitening products.⁴ Opalescence whitening gel is made up of at least 20% water to help prevent dehydration.^{5,6,7} A university study proves that the gel stays active for 8–10 hours during overnight whitening,⁸ 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.^{3,9}

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):155-161. 4. Grobler SR, Majeed A, Hayward R, et al. A clinical study of the effectiveness of two different 10% carbamide peroxide bleaching products: a 6-month followup. *Int J Dent.* 2011;2011:167525. doi:10.1155/2011/167525. 5. Betke H, Kahler E, Reitz A, Hartmann G, Lennon A, Attin T. Influence of bleaching agents and desensitizing varnishes on the water content of dentin. *Oper Dent.* 2006;31(5):536-542. doi:10.2341/05-89. 6. Kihn PW. Vital tooth whitening. *Dent Clin North Am.* 2007;51(2):319-viii. doi:10.1016/j.cden.2006.12.001. 7. Data on file. 8. 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. 9. Matis BA, Gaião U, Blackman D, Schultz FA, Eckert GJ. In vivo degradation of bleaching gel used in whitening teeth. *J Am Dent Assoc.* 1999;130(2):227-235.



"I recommend Opalescence PF (Custom) gel to other doctors because the results from patients using it are consistent. The sticky, viscous Opalescence PF (Custom) gel is one of the most effective solutions I've used. My patients feel better knowing that the application of the gel also provides beneficial results such as improving enamel health and increasing enamel microhardness."

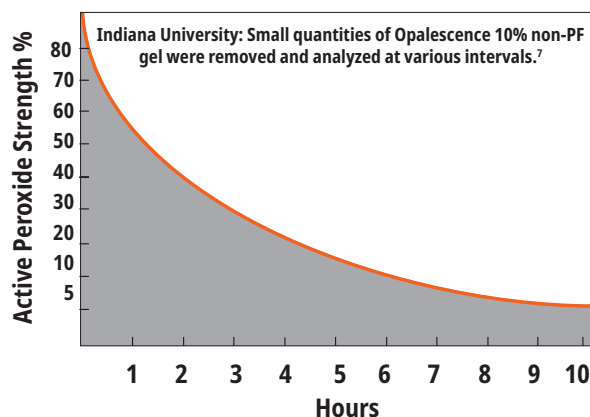
—DR. FRANK SPEAR – SEATTLE INSTITUTE FOR ADVANCED DENTAL EDUCATION

"On behalf of my staff as well as my patients, not one person has made a comment in regards to sensitivity while using this product."

—DR. HEDY ATASHBAR – SILVER SPRING, MD

"Opalescence gel has had 100% patient satisfaction [in our office] for over 10 years. Despite all the changes and competition of OTC products and otherwise, Opalescence gel has been a product that we have been proud to stake our reputation on...The cosmetic aspect of my practice has been dramatically enhanced." —DR. GUY MINOLI – NEW YORK, NY

STAYS ACTIVE THROUGH THE NIGHT!



FOR YOUR
CUSTOM TRAY FABRICATION NEEDS

Ultradent™ LC Block-Out Resin



See page 180 for more information

Sof-Tray™ Classic Sheets



See page 181 for more information

Chromaclone™ ALGINATE



KIT 5-DAY FAST SET REFILL
ORTHO 5-DAY
EXTRA FAST SET

See page 93 for more information



BEFORE AND AFTER

Courtesy of Dr. Robert Nixon.



Before whitening.



Upper teeth after 5 nights of treatment, approximately 40 hours.

Courtesy of Carol Jent, RDH.



Before whitening.



After seven Opalescence Pro whitening treatments over six months. Patient also whitened at home with Opalescence Custom 10%, 15%, 20%, and 35% whitening.

Courtesy of Carol Jent, RDH.



Before whitening.



After one month of whitening.

Courtesy of Dr. Dan Fischer.



A 12-year-old before whitening.



After 5 nights of whitening.

Courtesy of Carol Jent, RDH.



Before whitening.



After 16 days of treatment with Opalescence Custom 20% whitening gel.

Courtesy of Dr. Dan Fischer.



Moderate to advanced tetracycline stains.

Improvement in 2 weeks. With tetracycline stains, treatment can require 2 to 6 months.¹

* See IFU for complete instructions. 1. Haywood VB, Leonard RH, Dickinson GL. Efficacy of six months of nightguard vital bleaching tetracycline-stained teeth. *J Esthet Dent*. 1997;9(1):13-19

PROCEDURE*



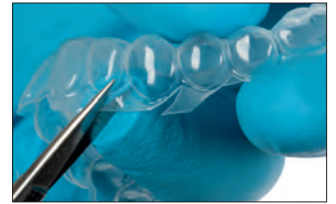
1. Take an impression using alginate and create a model that excludes the palate and tongue areas. Alternatively, use digital scans to obtain the impression and then create a 3D printed model.



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 vacuum former to heat Sof-Tray Classic tray material until it sags approximately 1/4 to 1/2 inch for the 0.035" sheets, and 1" for the 0.060" and 0.080" sheets. Adapt plastic over model. Cool and remove model from vacuum former.



4. With tactile scissors like 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 and check tray extensions. If necessary, gently flame polish the edges one quadrant at a time with a butane torch. While still warm, hold periphery of each segment firmly against model for three seconds with water-moistened gloved finger. If the tray becomes too thin, fabricate a new tray.



6. Instruct the patient to brush their teeth prior to loading and inserting tray. Go over instructions with the patient that are provided in the whitening kit. Explain the process of loading the tray by expressing one continuous bead of gel approximately halfway up from the incisal edge on the facial side of the tray from molar to molar. Explain that this should use about 1/3 to 1/2 of a syringe.



7. Place tray over teeth. Gently press tray to move gel into place. Pressing too firmly will force gel out of tray.



8. If too much gel has been placed or gel has been forced from tray, gently wipe off with a toothbrush.



9. Clean tray with toothbrush and water. Store tray in appliance case when not in use. Remind patient to follow the whitening regimen you have established.



WHITEN

High-impact, in-office **Pro** whitening

new



Opalescence Pro tooth whitening safely provides excellent whitening results in about an hour,¹ without the use of a light.

Opalescence[™]

Pro

When your patients are ready for their brightest smile now, there is no time to waste. That's why Opalescence Pro in-office whitening delivers results in one visit.¹



Brighten their day in about an hour! Opalescence™

Results you and your patients can trust:

- Whitens up to 5 shades in about an hour¹
- Contains potassium nitrate and fluoride for patient comfort
- Effective in helping reduce shade relapse as compared to competitor tooth whitening products²

A whitening treatment designed by dentists:

- No refrigeration required for storage*
- Syringe-to-syringe mixing ensures maximum strength
- Distinct red color aids proper placement and ensures complete removal



Photos courtesy of Carol Jent, RDH.



Before



After

Patient was given three treatments, with two applications per treatment, of Opalescence Pro whitening followed by 2 weeks of Opalescence Custom 10% whitening.³



Scan to see the how-to video



6248-US - Opalescence Pro 40% Syringe Patient Kit

2 x 1.2 ml Opalescence Pro/Activator syringes
1 x 1.2 ml OpalDam Green syringe
1 x Shade guide card
1 x IsoBlock
10 x Black Mini tips



6247-US - Opalescence Pro 40% Syringe Intro Kit

4 x 1.2 ml Opalescence Pro/Activator syringes
2 x 1.2 ml OpalDam Green syringes
2 x Ultradent Luer Vacuum Adapters
2 x Shade guide cards
2 x IsoBlocks
2 x SST tips
20 x Black Mini tips



6249-US - Opalescence Pro 40% Syringe Refill Kit

20 x 1.2 ml Opalescence Pro/Activator syringes



SCAN
TO VIEW
PRICING

*Mixed whitening gel must be refrigerated.

1. Polydorou O, Wirsching M, Wokewitz M, Hahn P. Three-month evaluation of vital tooth bleaching using light units—a randomized clinical study. *Oper Dent.* 2013;38(1):21–32. doi:10.2341/12-041-C 2. Polydorou O, Hellwig E, Hahn P. The efficacy of three different in-office bleaching systems and their effect on enamel microhardness. *Oper Dent.* 2008 Sep-Oct;33(5):579–586. 3. See IFU for complete instructions.



WHITEN

Brighten your smile
in about an hour.



Opalescence™
Pro

Opalescence™ Pro

IN-OFFICE POWER WHITENER
- 40% HYDROGEN PEROXIDE



Black Mini™ Tip page 134

- NO LIGHT NEEDED!
- No refrigeration required before mixing
- Powerful 40% hydrogen peroxide gel
- Two to three 20-minute applications for a total of 40–60 minutes of treatment time, not exceeding 3 applications in one visit
- Opalescence Boost whitening gel is designed to maximize patient comfort
- Precise delivery
- Easy to see for placement and removal
- Chairside syringe-to-syringe mixing ensures maximum strength
- Opalescence Boost tooth whitening gel contains PF (potassium nitrate and fluoride)

While there are many other factors to consider, the beginning shade sets the foundation for proper expectations after treatment. This is especially true with in-office whitening. Opalescence Pro whitening is an excellent in-office treatment for less severe, more mild staining as well as tetracycline staining. It safely provides excellent whitening results in about an hour.⁴ In most cases, teeth will continue to whiten 24–48 hours after the treatment.

Important Note: After mixing, Opalescence™ Pro gel is good for 10 days refrigerated. Before disposing of syringes, aspirate water into the syringe and express liquid down the drain. Repeat a couple of times before disposing of the syringe. Make sure any gauze used is rinsed with water.

WARNING: Clinician, assistant, and patient must wear protective eyewear with side shields when mixing and applying Opalescence Pro in-office whitening gel.

"Opalescence Boost (Pro) whitening gives the patient the results they are looking for: having whiter teeth after one hour of sitting in the dental chair. Instant gratification is very important to people who desire beautiful white teeth. This product achieves the results we're looking for in our practice." —DR. RONALD FISHER – DELRAY BEACH, FL

* See IFU for complete instructions. 1. realityesthetics.com. 2. Rodrigues JL, Rocha PS, Pardim SLS, Machado ACV, Faria-E-Silva AL, Seraidarian PI. Association Between In-Office And At-Home Tooth Bleaching: A Single Blind Randomized Clinical Trial. *Braz Dent J.* 2018;29(2):133-139. doi:10.1590/0103-6440201801726 3. Bruzell EM, Johnsen B, Aalerud, TN, Dahl JE, Christensen T. In vitro efficacy and risk for adverse effects of light-assisted tooth bleaching. *Photochem Photobiol Sci.* 2009;8(3) 377-385. 4. Polydorou O, Wirsching M, Wokewitz M, Hahn P. Three-month evaluation of vital tooth bleaching using light units—a randomized clinical study. *Oper Dent.* 2013;38(1):21–32. doi:10.2341/12-041-C.



BEFORE AND AFTER

Courtesy of Carol Jent, RDH.



Before Opalescence Pro in-office whitener.



After two 20-minute applications of Opalescence Pro whitening treatments.

Courtesy of Carol Jent, RDH.

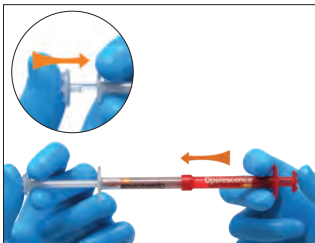


Before Opalescence Pro in-office whitener.



After three 20-minute applications of Opalescence Pro and Opalescence Custom whitening treatments.

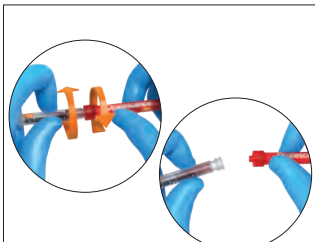
PROCEDURE*



1. Ensure syringes are securely attached. Depress the small clear plunger into the middle small clear syringe to rupture internal membrane and combine whitener and activator. Press the plunger of the red syringe, pushing all contents into the clear syringe.



2. Press the contents of the clear plunger completely back into the red syringe. To thoroughly mix activator with whitening gel, push stems back and forth continually and mix 25 times each side.



3. Press all mixed gel into the red syringe. Twist to separate the two syringes and securely attach the Black Mini™ tip onto the red syringe.



4. Verify flow, consistency, and red color before applying intraorally. If resistance is met, replace tip and re-check. If gel is not red, do not use and refer to Step 2 in the Use – Mixing Opalescence Pro In-Office Whitening section of IFU.

PROCEDURE* CONTINUED



5. Remove Luer lock cap from OpalDam™ resin barrier and securely attach recommended delivery tip. Verify flow prior to applying intraorally. Rinse and dry teeth and gums thoroughly. Place Ultradent IsoBlock™ bite block and Umbrella™ retractor.



6. Apply OpalDam resin barrier along gingival margin, overlapping approximately 2–3 mm onto enamel. Begin and finish one tooth beyond the most distal tooth being whitened. Express through any open embrasures to completely cover exposed papilla.



7. Use mouth mirror to ensure there is no exposed gingiva. If so, apply resin. Light cure using a scanning motion. Carefully check cure.



8. Apply a 0.5–1.0 mm layer of gel. Allow gel to remain on the teeth 20 minutes per application, and periodically check on patient comfort and suction saliva.



9. Suction gel from teeth using the Luer Vac and SST™ (Surgical Suction Tip). To avoid gel splatter, do not use water.



10. When no gel is visible, lightly rinse and air dry. Do not dislodge isolation barrier or rubber dam seal. Monitor patient for sensitivity and irritation. If persistent sensitivity occurs, discontinue use.



11. Evaluate shade change after each application. Repeat steps 5–7 for no more than 3 applications. Do not exceed 3 applications per visit. Retreat as necessary using professional judgement.



12. Gently slide the tip of an instrument beneath the resin barrier to remove.



Scan here to order
marketing materials for
your office.

Tips on Growing your Tooth Whitening Business

Whitening not only creates more profit, it can create better patients, increased interest in cosmetic and restorative services, and positive buzz for your practice.

Here are some simple tips to help grow the tooth whitening business in your practice:

- 1) Designate a Whitening Specialist. This member of your team is responsible for focusing on tooth whitening in your office. They can train the other team members, order supplies, answer any tooth whitening questions, organize internal marketing, and lead the overall effort to increase your whitening business.
- 2) Display a Whitening Album with before and after pictures of the patients who have whitened their teeth. Remove some of the magazines in the reception area and put the album out to showcase the work done in your office.
- 3) Do you have a morning meeting to go over the day's schedule? Review patients' charts to see if tooth whitening has been offered and if so, the last time the patient purchased a touch-up. Discuss tooth whitening with those identified as potential opportunities when they come in that day.
- 4) Put up a display with a pad of paper, a pen, and a fish bowl. Have patients fill out their name and number for a drawing for a FREE whitening procedure.
 - a. This advertises to your patients that you offer tooth whitening in your practice.
 - b. It's a great way to get referrals. The patient who wins will tell friends and family about their FREE whitening.
 - c. Take the names of those who did not win and send a letter or give them a phone call to let them know that although they didn't win, because they expressed an interest in whitening, your office will extend a special discount to them (whatever discount or special you choose). This is a simple way to get in touch with patients who are interested in whitening their teeth, but may not necessarily ask for it.
- 5) Give FREE whitening or touch-ups to patients who schedule and keep their dental hygiene 6-month check-up appointments.
- 6) Offer Tooth Whitening Menus in your reception area and operatories. People love options, and this gives your patients an opportunity to see what is available to them to whiten their teeth.
- 7) Offer tooth whitening gift cards your patients can purchase for family or friends.
- 8) Increase your office's social media presence by entering patients into a drawing for a FREE whitening treatment when they check in at your office on Facebook or Instagram or when they tag your office in a picture of their smile.
- 9) Attend a local bridal show or host a bridal event at your practice. Every bride is looking for ideas for the big day, and what's a better idea than a bright white smile for them and their bridal party?
- 10) Set a goal of providing one whitening treatment a day. "Things that are measured are improved."

Contact your local Ultradent Sales
Representative for even more tips!

Opalescence™



Note: Not intended for use in traumatized teeth, any sign of cervical resorption, or after multiple previous whitening attempts.

Opalescence™ Endo

NON-VITAL "WALKING BLEACH"
- 35% HYDROGEN PEROXIDE



Black Mini™ Tip page 134

- 35% hydrogen peroxide
- Easy to place inside pulp chamber
- 1–5 day treatment

Opalescence Endo non-vital whitening gel is formulated specifically to whiten non-vital endodontically treated teeth using the "walking bleach" technique.

BEFORE AND AFTER

Courtesy of Dr. Rich Tuttle.



Before.



After.



Before.



After.

Courtesy of Dr. Jaleena Fischer-Jessop.



Before.



After.

Courtesy of Dr. Arno Schoeler.



Before.



After.

MUST BE REFRIGERATED



1270 - Opalescence Endo Mini Kit

2 x 1.2 ml (1.45 g) syringes
20 x Black Mini tips

MUST BE REFRIGERATED



1323 - Opalescence Endo Mini Refill Kit

2 x 1.2 ml (1.45 g) syringes

1. realitysthetics.com.



J-Temp™

LIGHT-CURED
TEMPORARY RESIN



TEMPORARY RESTORATION: WALKING BLEACH TECHNIQUE*



1. Evaluate, prepare, and seal the pulp chamber according to the IFU.



2. Place the whitening gel in the pulp chamber leaving 3–5 mm of space for J-Temp temporary resin (no barrier is needed between whitening gel and J-Temp temporary resin).



3. Apply J-Temp temporary resin incrementally in 2–3 mm layers.



4. Light cure between layers.



5. J-Temp temporary resin can be removed and replaced for each additional whitening appointment.



Light-Cured Temporary
Resin, 4 indications in 1,
see page 31.

NOTE: Ensure to not displace the whitening gel onto the margins as this may compromise the temporary seal.

* See IFU for complete instructions. 1. realitysthetics.com.



BEFORE AND AFTER

Results in as little as one week¹

Opalescence™ Whitening Toothpaste

ORIGINAL AND SENSITIVITY RELIEF

- Whitens teeth up to 2 shades in just 2 weeks²
- Contains hydrated silica which is proven to remove staining¹
- Gentle on gums¹
- Safe for long-term daily use
- Contains sodium fluoride to help prevent cavities and strengthen enamel³
- Exceptional fluoride uptake⁴
- 78 RDA⁵
- Triclosan and TiO₂ free
- Vegan - no animal products are used

Opalescence™ whitening is the global leader in professional tooth whitening.⁶ Part of that product family is Opalescence™ Whitening Toothpaste, which was developed by a dentist. It actively removes surface stains² and is gentle enough to use every day,⁵ thanks to its unique silica blend.

- Two 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



1.0 oz	24pk
Original	402
Sensitivity	3472



1.0 oz	48pk
Original	6472



4.7 oz	12pk
Original	401
Sensitivity	3470

¹ Çakmakçioğlu O, Yılmaz P, Topbaşı BF. Clinical evaluation of whitening effect of whitening toothpastes: A pilot study. *OHDMBMC*. 2009;8(4):6–13. ² Dursun MN, Ergin E, Tekce AU, Gurgan S. Which whitening toothpaste with different contents is more effective on color and bond strength of enamel?. *J Esthet Restor Dent*. 2023;35(2):397–405. doi:10.1111/jerd.12968 ³ Sivapriya E, Sridevi K, Periasamy R, Lakshminarayanan L, Pradeepkumar AR. Remineralization ability of sodium fluoride on the microhardness of enamel, dentin, and dentinoenamel junction: An in vitro study. *J Conserv Dent*. 2017;20(2):100–104. doi:10.4103/JCD.JCD_353_16. ⁴ Data on file. ⁵ Data on file. ⁶ Data on file.



WHITEN



SEE THE **COLOR**



OpalDam Green resin barrier offers effective coverage of oral tissues, making in-office whitening easier than ever before.

OpalDam™ and OpalDam™ Green

LIGHT-CURED RESIN BARRIERS



Black Mini™ Tip page 134

- Protects soft tissue with excellent seal
- Removes easily
- Applies directly

OpalDam light-cured resin barrier is a passively adhesive (sealing) methacrylate-based resin barrier used for isolating tissue adjacent to teeth being whitened. For single-tooth whitening, it may be used to protect adjacent teeth. OpalDam resin barrier is light reflecting to minimize heat and tissue sensitivity during curing. OpalDam Green resin barrier ensures a safe, unmistakable barrier every time.

PROCEDURE*



1. Apply OpalDam resin barrier approximately 5–10 mm in height. Seal interproximal spaces. Overlap resin approximately 2–3 mm onto dry enamel to seal. Extend resin one tooth beyond last tooth to be whitened. Light cure using a scanning motion for 20 seconds.

2. Remove cured resin quickly and easily in one piece or a few large pieces. Check interproximally for retained resin. Designed to remove easily from embrasures and undercuts.

* See IFU for complete instructions. 1. realityesthetics.com.



324-U - OpalDam Kit

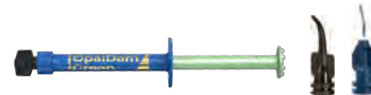
4 x 1.2 ml (1.34 g) syringes
10 x Black Mini tips
10 x Micro 20 ga tips



325-U - OpalDam 4pk

326-U - OpalDam 20pk

1.2 ml (1.34 g) syringes



1824-U - OpalDam Green Syringe Kit

4 x 1.2 ml (1.34 g) syringes
10 x Black Mini tips
10 x Micro 20 ga tips



1825-U - OpalDam Green Syringe 4pk

1826-U - OpalDam Green Syringe 20pk

1.2 ml (1.34 g) syringes

**Opalustre™ and OpalCups™**

CHEMICAL AND MECHANICAL ABRASION SLURRY



White Mac™ Tip page 137



OpalCups Bristle

OpalCups Finishing

- Removes superficial enamel imperfections
- Provides minimally invasive treatment
- Can help improve the appearance of mild to moderate fluorosis²
- Low 6.6% hydrochloric acid concentration aids in removal of surface imperfections
- Silicon carbide microparticles provide gentle mechanical abrasion
- OpalCups cups minimize splatter

Opalustre 6.6% hydrochloric acid slurry contains carbide microparticles to treat surface imperfections through gentle mechanical abrasion and chemical means. OpalCups Bristle cups are latch-type bristle polishing cups that are used with the Opalustre slurry microabrasion technique to facilitate a more aggressive action and minimize splatter. OpalCups Finishing cups are used with Opalustre slurry for micropolishing the newly treated enamel surface.

Use Opalustre slurry and OpalCups cups to quickly remove unsightly enamel decalcification defects that are less than 0.2 mm in depth. Opalustre is effective in treating mild fluorosis and stains in the superficial layer of the enamel.³ This treatment can be classified under ADA insurance code 9970: enamel microabrasion. We recommend using Opalescence teeth whitening products prior to an Opalustre abrasion slurry treatment, as this procedure can sometimes be avoided. Additionally, please be aware that because the reactive oxygen needs to dissipate from the tooth before bonding, it is necessary to wait 7–10 days before any bonding procedure^{4–6} 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.



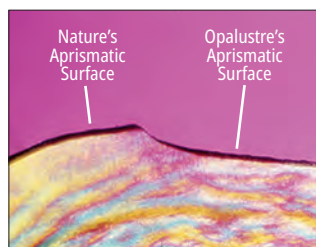
Enamel decalcification corrected after one application of Opalustre™ slurry using OpalCups Bristle cup and 10:1 gear reduction handpiece with firm pressure.

Courtesy of Dr. Jaleena Fischer-Jessop.

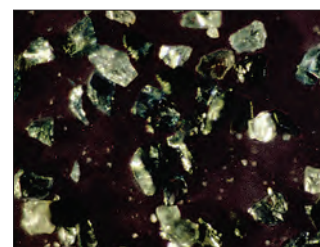


Remove or significantly reduce mild to moderate decalcification with a few applications of Opalustre™ slurry.

Courtesy of Dr. Renato Herman Sundfeld.



Chemical and mechanical abrasion produce a natural-looking surface.



Silicon carbide microparticles contained in Opalustre slurry.

* See IFU for complete instructions. **1.** realityesthetics.com. **2.** da Cunha Coelho ASE, Mata PCM, Lino CA, et al. Dental hypomineralization treatment: A systematic review. *J Esthet Restor Dent.* 2019;31(1):26–39. doi:10.1111/jerd.12420 **3.** Celik EU, Yazkan B, Yildiz G, Tunac AT. Clinical performance of a combined approach for the esthetic management of fluorosed teeth: three-year results. *Niger J Clin Pract.* 2017;20(8):943–951. **4.** Da Silva Machado J, Cândido MS, Sundfeld RH, et al. The influence of time interval between bleaching and enamel bonding. *J Esthet Restor Dent.* 2007;19(2):111–119. doi:10.1111/j.1708-8240.2007.00077.x. **5.** Spyrides GM, Perdigão J, Pagani C, Araújo MA, Spyrides SM. Effect of whitening agents on dentin bonding. *J Esthet Dent.* 2000;12(5):264–270. doi:10.1111/j.1708-8240.2000.tb00233. **6.** Unlu N, Cobankara FK, Ozer F. Effect of elapsed time following bleaching on the shear bond strength of composite resin to enamel. *J Biomed Mater Res B Appl Biomater.* 2008 Feb;84(2):363–368.

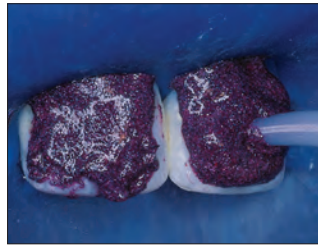


PROCEDURE* - RUBBER DAM

Courtesy of Dr. Rich Tuttle.



1. Before.



2. After rubber dam placement, apply Opalustre slurry to discolored enamel using the syringe.



3. Use OpalCups™ Bristle cup to compress Opalustre slurry on tooth surface using medium to heavy pressure. Suction the paste from the teeth then rinse, evaluate, and repeat as necessary. Finish treatment by polishing with OpalCups™ Finishing cup.



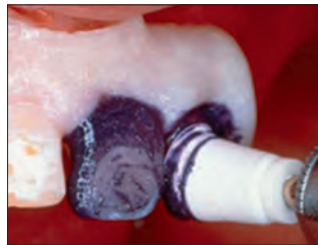
4. After enamel microabrasion and 21 days of using Opalescence™ whitening gel.

PROCEDURE* - OPALDAM BARRIER

Courtesy of Dr. Ted Croll.



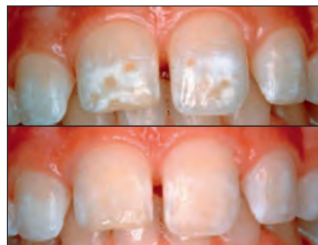
1. Isolate mottled teeth with OpalDam resin barrier. Apply Opalustre slurry directly out of the syringe with a White Mac™ tip.



2. Press the cup against the surface at a slow speed.



3. Remove Opalustre slurry with an air/water spray. Please pay attention to careful vacuuming. Check to see if repeating the treatment is appropriate. Follow with OpalCups Finishing cup.



4. Result of the Opalustre slurry treatment. Upper: before. Lower: after.



554 - Opalustre Kit

4 x 1.2 ml (1.87 g) syringes
10 x Each OpalCups Bristle and Finishing
20 x White Mac tips



5554 - Opalustre Mini Kit

2 x 1.2 ml (1.87 g) 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



opalpix™

Toothpicks vs. Opalpix cleaners.



- Will not splinter or break
- Has a textured surface for better cleaning
- Perfect balance between flexibility and rigidity
- Massages interproximal tissue while removing debris and plaque
- Personalized stickers available with 100pk upon request

Interproximal Cleaner, page 125.



UltraEZ™

DESENSITIZING GEL WITH
POTASSIUM NITRATE AND FLUORIDE



- Designed to quickly and effectively reduce teeth sensitivity^{2,3,4}
- Treats dentin sensitivity
- Non-flavored gel available in syringes or disposable trays

UltraEZ gel is a sustained-release 3% potassium nitrate desensitizing gel with fluoride (0.25% neutral NaF). This sustained-release formula starts working quickly to treat sensitivity caused by tooth whitening, root exposure, and thermal or chemical changes.^{2,3,4}



1008 - UltraEZ Single Syringe 4pk
1007 - UltraEZ Econo Single Syringe 20pk
1.2 ml (1.48 g) syringes



Featuring the UltraFit™ tray

5743 - UltraEZ Mini Tray Combo
4 x Each upper/lower trays



Featuring the UltraFit™ tray

5721 - UltraEZ Tray Combo
10 x Each upper/lower trays



1. realityesthetics.com. 2. Ozen T, Orhan K, Avsever H, et al. Dentin hypersensitivity: a randomized clinical comparison of three different agents in a short-term treatment period. *Oper Dent.* 2009;34(4):392–398. 3. Leonard RH Jr, Smith LR, Garland GE, Caplan DJ. Desensitizing agent efficacy during whitening in an at-risk population. *J Esthet Restor Dent.* 2004;16(1):49–56. 4. Ibrahim PE, Ezzat MA, Ibrahim AH, Shaalan OO. Efficacy of fluoride varnish containing xylitol coated calcium phosphate or potassium nitrate gel versus conventional fluoride varnish in management of hypersensitivity of exposed root surfaces in adult patients: A randomized clinical trial. *Int J Health Sci.* 2022;2760-2776.

1. realityesthetics.com.

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.

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 100.



Opalescence™ Shade Guide Card

	50pk
Shade Guide Card	6494



Opalescence™ Pocket Tray Cases

	20pk
Variety Pocket Tray Cases	707



Opalescence™ Custom Tray Patient Instructions

Use these instructions to quickly and easily explain the take-home whitening process and procedure to your patients.

	50pk
Patient Instructions	1012961



Opalescence™ Family Patient Brochure

Educate patients on the many whitening options available in your office and set your offerings apart from the many store-bought whiteners available.

	50pk
Whitening Menu	1013682-PK



Opalescence™ Plastic Bag

9" x 14"	10pk
Plastic Bag	1013860



Opalescence™ Small Organza Bag

4.5" x 12"	10pk
Small Organza Bag	8751



Opalescence™ Large Organza Bag

9" x 14"	10pk
Large Organza Bag	8750

Note: Gift bags only. Product not included.



Ultradent™ LC Block-Out Resin



Black Mini™ Tip page 134

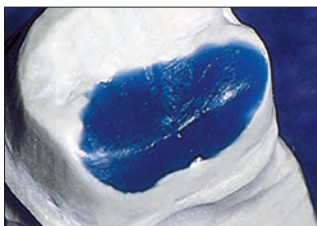
- Optimal viscosity for proper application
- Blue pigment for visibility during application
- Great utility resin with multiple uses

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



Also use for periodontal trays.



240 - Ultradent LC Block-Out Resin Kit

4 x 1.2 ml (1.38 g) syringes
20 x Black Mini tips

242 - Ultradent LC Block-Out Resin Econo Kit

20 x 1.2 ml (1.38 g) syringes
20 x Black Mini tips



241 - Ultradent LC Block-Out Resin Refill Kit

4 x 1.2 ml (1.38 g) syringes

* See IFU for complete instructions. 1. realityesthetics.com.



Sof-Tray™ Classic Sheets



Select the 0.035" for most whitening trays, and the 0.060" or the 0.080" for whitening patients who are bruxers.



Use the vacuum former to heat Sof-Tray™ Classic tray material until it sags approximately 1/4 to 1/2 inch for the 0.035" sheets, and 1" for the 0.060" and 0.080" sheets. Adapt plastic over model. Cool and remove model from vacuum former.

226 - Sof-Tray Sheets Regular 0.035" 5" x 5" 25pk
0.9 mm - 127 x 127 mm

0.035" thickness

227 - Sof-Tray Sheets Medium 0.060" 5" x 5" 20pk
1.5 mm - 127 x 127 mm

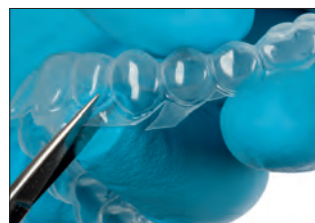
0.060" thickness

284 - Sof-Tray Sheets Heavy 0.080" 5" x 5" 20pk
2.0 mm - 127 x 127 mm

0.080" thickness

Ultradent™ Ultra-Trim Scalloping Scissors

- Use for precise trimming of border around interdental papilla
- Spring loaded to minimize finger fatigue
- Grips tray material easily
- Made of durable stainless steel



605 - Ultradent Ultra-Trim Scalloping Scissors 1pk

Custom Tray Fabrication

Whitening Trays



Periodontal Trays



Ultradent's dental lab is available to professionally fabricate trays. If you would like our lab to fabricate your trays, please follow these steps:






1. Disinfect, wrap, and pad models to prevent breakage.
2. Identify model with patient and doctor name. Make sure Rx contains office address, phone number, and description of the desired tray.
3. Allow 5 working days after models are received and 2 to 3 days for return shipping. Shipping labels and Rx pads are available upon request. Standard shipping is FedEx Third Day. Call 800.552.5512 X 4180.

941 - Opalescence™ Custom Whitening Tray

1031 - UltraEZ™ Fluoride Tray

BECOMING AN ULTRADENT ELITE IS EASY.

When you spend \$2,000 on Ultradent products within a calendar year, you are immediately a Bronze member and eligible for the Bronze level benefits. Silver level is available to those who spend \$3,000, Gold level is available to those who spend \$6,000, and Platinum level is reserved for those who spend \$12,000 in one calendar year. Once you are eligible for Ultradent Elite benefits, you will enjoy those benefits for the rest of that calendar year and the following year.

 ultradentelite Enjoy exclusive rewards and savings on the following products and services	 bronze member \$2,000 – \$2,999 level	 silver member \$3,000 – \$5,999 level	 gold member \$6,000 – \$11,999 level	 platinum member \$12,000+ level
Delivery tips	20% OFF	20% OFF	20% OFF	20% OFF
Tissue management (excludes packers)		15% OFF	20% OFF	20% OFF
Enamelast™ fluoride varnish		15% OFF	20% OFF	20% OFF
Ultra-Etch™ etchant		15% OFF	20% OFF	20% OFF
Halo™ and Triodent® matrix systems		10% OFF	15% OFF	20% OFF
VALO™ curing lights		15% OFF <small>ONE-TIME DISCOUNT</small>	20% OFF <small>ONE-TIME DISCOUNT</small>	20% OFF
Gemini EVO™ laser				20% OFF
Gemini™ laser tips			15% OFF	15% OFF
Equipment (curing lights, lasers, handpieces)				20% OFF
Trade show discounts of 20% OFF select consumables and 15% OFF VALO curing lights	✓	✓	✓	✓
Insider emails on overstocks, eligible promotions, and seminars	✓	✓	✓	✓
New product discounts in calendar year launched		10% OFF	15% OFF	20% OFF
Exclusive sale days			✓	✓
Gift during customer appreciation month			✓	✓
Three-month return policy (excluding equipment)			✓	✓
Shipping charge discounts	50% OFF standard shipping on orders under \$285, FREE shipping on standard orders over \$285	FREE standard shipping	FREE standard shipping and 50% OFF 2-day shipping	FREE standard shipping, FREE 2-day shipping upon request

Standard Ground shipping charge is \$14.95.

Ultradent Elite discounts available only on select products.

Discounts are off regular retail price and cannot be combined with any other offer. No quantity price breaks.

810 + 980 Diode Laser	52-59	ChlorCid	26	Disposable Retainer	113,114
Accessory Post System	40-41	ChlorCid Surf	26	Double-Cord Technique	152
Acid, Citric	30	ChlorCid V	26	Drills	40-41
Acid, Hydrofluoric	72	Chlorhexidine	28,74,104	Drying Agent	24,80,117
Acid, Phosphoric	66	Chromaclone Alginate	93	Dual-Cure Resin Sealer	6-7
Acid Etchant	66,72	Chromaclone Ortho	93	Ease-In-Shields	60-61
Acteon Satelec Tips	63	Chromaclone	93	EDTA Lubricant	27
Acteon Satelec Wrenches	63	Chromaclone PVS	94	EDTA Solution	27
Adjusters and Polishers, Ceramic	82-84	Citric Acid 20% Solution	30	Empty Syringes	141
Adjusters and Polishers, Composite	76-79	Classic Sheets	181	Enamel Bonding Agents	68-70
Alginate	93	ClearTemp LC	4	Enamelast	124
Alginate Alternative	91	Cleaners and Disinfectants	26-30,74	ENDODONTICS SECTION	25-42
Aluminum Chloride	149	Cleaner/Conditioner	27	Endodontic Tips	34-35,63,138-139
Anatomical Indicating Composite	32	Cleaning Brush	104,142	Endo-Eze Irrigator Tips	34,138-139
Anatomical Sectional Matrix	107,111	Coagulative Hemostatics	148-150	Endo-Eze Luer Vacuum Adapters	42,132,142
Anatomical Wedge	107,112	Collagen Bone Graft	130-132	Endo-Eze Syringe Tips	34,138
Anesthetic	105	Comfort Hub Tip	136	EndoREZ	38-39
Antibacterial Slurry	104	Composite, Mosaic	19-20	EndoREZ Obturation	38-39
Antibacterial Solution	28,74,104	Composite Restorative Material	16-23	Epinephrine Displacement Cord	151-153
Apical Surgery Tips	63	Composite Sealer	24,80	EQUIPMENT SECTION	43-64
Applicators	124,142	Composite Shade Guides	18-20	ETCH SECTION	65-74
Astringent Hemostatic	150	Composite Singles	15,18,20	Etchants	66-72
Astringent X Hemostatic	150	Composite Polishers	76-79	ExperTemp	8-9
Base and Liner	73	Composite Polishing Brushes	85	ExperTemp Mixing Tip	9,135
Bilateral Support	178	Composite Wetting Resin	15,21	Eyewear	48-50,58-62
Bioceramic Root Canal Sealer	38-39	COMPOSITES SECTION	11-24	Fabricated Bleaching Trays	181
Bite Block	178	Consepsis	28,74	Ferric Sub sulfate Hemostatic	150
Bite Registration Material	90,94	Consepsis Scrub	104	Ferric Sulfate Hemostatic	148,150
Black Light Lens	51,97	Consepsis V	28	File-Eze EDTA	27
Black Micro FX Tip	134	Cord, Displacement	151-153	File Lubricant	27
Black Micro Tip	135	Cordless LED Curing Light	48,49,96	Filling/Sealer, Canal	38-39
Black Mini Brush Tip	134	Cord Packers	154	FINISH SECTION	75-86
Black Mini Tip	134	Coronal Brush	104,142	Finishing Strips	86
Bleaching, In-Office	168-171	Coronal Seal	32	Finishing System, Ceramic	82-84
Bleaching, Take-Home	160-163,164-167	Cover, Syringe	141	Finishing System, Composite	76-81
Bleaching Trays	160-163	Crossover Action Tweezers	107,111	Fischer's Ultrapak Packers	154
Block-Out Resin	180	Crown/Bridge Material	8-9	Fissure Sealant	116-119
Blue Micro Tip	135	Cups, Finishing	76,79,83	Flowable Composite	22-23
Blue Mini Dento-Infusor Tip	135	Curing Lights	44-51,96	Fluid Control	144
BOND SECTION	65-74	Custom Tray Fabrication	181	Fluoride	10,22,116,118,122,124,126,156-171,174,178
Bonding Resins	70	Custom Tray Patient Instructions	179	Fluoride Gel	178
Bone Graft	128-132	Custom Trays	181	Fluoride Varnish	124
Bottles (480 ml), Irrigants	26-28	Dams	42,101	Foot Pedal, Gemini	58,59
Brush Tips	134,135,136,137	Delivery Syringes	32,141,148	Forceps	107,112
Brushes, Polishing	85	Dental Laboratory Services	181	Gemini Accessories	58-59
Calcium Hydroxide Paste	30	Dentin, Liner and Base	73	Gemini EVO Diode Laser	52-59
Canal Sealer	38-39	Dentin Bonding Agents	68-69	Gemini Foot Pedal	58-59
Capillary Tips	34,138	Dentin Sealant	125	Gemini PBM Adapter	58-59
Caps, Luer Lock	142	Dento-Infusor Tips	135,136	Gemini Protective Eyewear	58-59
Carbamide Peroxide	160-163	DermaDam	42,101	Gift Bags	179
Carbamide vs Hydrogen Peroxide	164-167	DermaDam Synthetic	42,101	Gishy Goo	97
Caries Indicator	103	Desensitizing Gel	178	Glasses	48-50,58-62
Caulking Material	102	Diamond Polish Mint	85	Glass Ionomer Cement	10
Cement, Temporary (Provisional)	3	Diamond Strips	86	Goat Hair Brush	85
Cement, Temporary (Veneer)	4	Difficult Bleeding	150	Gun, ExperTemp	9
Cement Resins	5-6	Diode Laser	52-59	Halo	106-109
CEMENTS SECTION	1-10	Direct Bonding	68-70	Handpiece, Ultrapro Tx Air	121
Ceramic Finishing System	82-84	Disks, Finishing	76,79,81	Handpiece, Ultrapro Tx Cordless	120-121
Cheek Retractor	100,178	Disinfectants and Cleaners	26-29,74,104	Handpiece Lubricating Oil	121
Chelating Agent	27	Displacement Cord	151-153	Hemostasis	144-150
Chelating and Filing Lubricant	27	Disposable Anatomical Wedge	107,112	Hemostatic Agents	148-150
Chemical Abrasion Slurry	176-177	Disposable Matrix Bands	113,114	HiShine	76
Chemical Cure Cement	6-7	Disposable Prophyl Angles	122-123	Hydrochloric Acid Microabrasion Slurry	176-177

Hydrofluoric Acid Etchant	72	Micro Applicators	124,142	Pocket Tray Cases	179
Hydrogen Peroxide	156-163,168-171	Micro Capillary Tips	34,136,138	PointCure Lens	51
Hydrophilic Pit and Fissure Sealant	118-119	Mixing Tips	89,140	Points, Finishing	76,79,83
Hydrophilic Polyvinyl Siloxane	94	Mold Release	62	Polish, Diamond	85
Hydrophobic Pit and Fissure Sealant	116-117	Mosaic	19-20	Polishing Brushes	85
HYGIENE SECTION	115-126	Mosaic Singles	20	Polishing, Ceramic	82-84
Hygiene Handpiece	120,121	Mounting Bracket	50,97	Polishing, Composite	76-81
Impression Materials	88-89,90,94	MTAFlow	36-37	Polycarboxylate	3
Impression Taking	92,94,146	MTAFlow White	36-37	Polysiloxane, Vinyl	88-89,94
IMPRESSIONS SECTION	87-94	N aviTip 29 ga Tips	35,139	Porcelain Etch	72
In-Office Whitening Gel	168-171	NaviTip 31 ga Tips	35,139	Porcelain Repair Kit	71
Indicator, Caries	103	NaviTip FX Tip	35,139	Post and Drill System	40-41
Indirect Bonding	67,145	NaviTip Reference Guide	33	Posts	40-41
Inspiral Brush Tip	135	NaviTip Tips	35,139	Potassium Nitrate and Fluoride	10,22,101,116,118,122,124-126,156-171,174,178
Instruments, Packing	154	Non-Stick Matrix	107,111	Power Bleach	168-171
InterGuard	114	Non-Vital Bleach	173	PQ1	70
Interproximal Cleaner	125	Nose Cones, Ultrapro Tx Air	121	Prefilled Whitening Trays	160-163
Interproximal Lens	51	O mnix-Matrix	113-114	Preparation Cleanser/Disinfectant	104
IntraOral Impression Tip	140	Omnix-Matrix Original	114	Preparation Wedge	107,112
Iron Solution	150	OpalCups	176-177	PREPARE SECTION	99-114
Irrigation Protocol	29	OpalDam Green	175	PREVENT SECTION	115-126
Irrigator Tips	34,35,138,139	OpalDam	175	PrimaDry	24,80,117
IsoBlock	178	Opalescence 10%	164-167	Primers, Bonding/Luting	66-70
J iffy Composite Polishing Systems	76-81	Opalescence	164-167	Primers, Metal	70
Jiffy Composite Polishing Brushes	85	Opalescence Custom	164-166	Primers, Zirconia	70
Jiffy Diamond Strips	86	Opalescence Endo	173	Prophylaxis Handpiece	120,121
Jiffy Extraoral Kit	82-84	Opalescence Gift Bags	179	Prophy Angles	122,123
Jiffy Goat Hair Brush	85	Opalescence Go	162-163	Prophy Angles, Disposable	122,123
Jiffy HiShine	76	Opalescence Home Advanced	160-161	Prophy Paste	122
Jiffy Intraoral Kit	76-81	Opalescence Pocket Tray Cases	179	Prophy Paste Pure	122
Jiffy Finishing Cups, Disks, Points	76,79,83	Opalescence Pro	168-170	Protective Eyewear	48-50,58-62
Jiffy One	79	Opalescence Reference Guide	158-159	Protective Loupe Inserts	60-61
Jiffy Proximal Saw	86	Opalescence Shade Guide Card	179	ProxiCure Ball Lens	51
Jiffy Spin	81	Opalescence Sensitivity Toothpaste	126,174	Proximal Saw	86
J-Temp	31	Opalescence Whitening Menu	179	Proxitector	114
K nitted Displacement Cord	151-153	Opalescence Whitening Toothpaste	126,174	Pulp Capping	73
L aboratory Materials and Services	181	Opalpix	125	Putty Material	89,94,102
Laser, Gemini EVO	52-59	Opalustre	176-177	Q uadraSpense	18
LC Block-Out Resin	180	OraSeal	102	R epair Cement	36-37
LED Curing Lights	44-50,96-97	Organic Solvent	24,80,117	Resin Barrier	180
Lenses, VALO	51	Organizers, Syringe	142	Resin-Reinforced Ionomer Cement	10
Light-Cured Bonding System	68-70	Organzas	179	Restoration Tips	63
Light-Cured Luting Resin	5	ORTHODONTICS SECTION	95-98	Restorative Material	12-23
Light-Cured Resin Barrier	175	OsteoGen	128-132	Restorative Resins	12-23
Light Curing Unit	44-50,96-97	OsteoGen Plugs	128-130	Retainer	113-114
Light Shield	49,97	OsteoGen Strips	131-132	Retraction Cords	151-153
Liner Material	73	P ackers, Fischer's	154	Ring Placement Forceps	107,112
Lip Retractor	100,178	Patient Instructions, Opalescence	179	Rings	107,110
Lubricating Oil	121	Peak-ZM	70	Root Canal Sealer	38-39
Luer Lock Cap	142	Peak SE Primer	67	Root Sensitivity	125
Luer Vacuum Adapter	42,132,142	Peak Universal Bond	68-69	Rubber Dam	42,101
Luting Cement	6-7	Periodontal Tips	63	Rubber Dam Sealer	102
Luting Resin	5-6	PermaFlo	22-23	Rubber Dam Synthetic	42,101
Machine III Accessories	62	PermaFlo DC	6-7	S able Seek	103
M atrices	106-111,113-114	PermaFlo Pink	21	Safety Glasses	48-50,58-62
Matrix Bands	107,113-114	PermaFlo Purple	32	Scaling Tips	63
Matrix System	106,110	PermaSeal	24,80	Scalloping Scissors	62,181
Mechanical Abrasion Slurry	176-177	PermaShade LC	5	Scissors	62,181
Metal Dento-Infusor Tip	136	Phosphoric Acid	66	Sectional Matrix Rings	107,110
Metal Masking	22	Photobiomodulation	54-55	Sectional Matrix System	106,110
Methacrylate	24,38-39,80,175	Pin-Tweezers	111	Sealant Material	116-119
Microcrystalline Diamonds	85	Pit and Fissure Sealant	116-119	Sealer, Composite	24,80
Micro 20 ga Tip	136	Placement Forceps	107,112		

Sealer/Filler, Canal	38–39	Tips, Micro 20 ga	136	UltraSeal XT plus	116–117
Seek	103	Tips, Micro Capillary	34,136,138	Ultrasep III.	62
Self-Etch Adhesive System	67–69	Tips, Mixing	135,140	UltraTect Protective Eyewear	62
Sensitivity Toothpaste	126,174	Tips, NaviTip 29 ga.	35,139	UltraTemp.	3
Shade Guide Card.	179	Tips, NaviTip 31 ga.	35,139	UltraTemp REZ II.	3
Sheets, Soft Vinyl	181	Tips, NaviTip	35,139	Ultra-Trim Scalloping Scissors	62,181
Sideport Irrigator Tips	139	Tips, NaviTip FX	35,139	Ultrawave Tips	63
Silane	72	Tips, Periodontal	63	Ultrawave Wrenches.	63
Single Resin Bonding	70	Tips, Scaling	63	Umbrella	100
Single-Use Polishers.	79	Tips, SoftEZ	137	UniCore	40–41
Singles, Composite.	15,18,20	Tips, SST.	132,137	Unit-Dose Composite	15,18,20
Skini Syringe	32,141	Tips, Surgical Suction.	132,137	Universal Bonding Agent	68–69
Slide Packers	154	Tips, Thermo Clone Mixing.	140	Universal Ceramic Polishing System.	84
Smear Layer Remover.	30	Tips, Ultrawave.	63	Universal Composite.	12–15,19–20
Sodium Fluoride Varnish	124	Tips, White Mac	137	Universal Dentin Sealant	125
Sodium Hypochlorite Solution	26	TIPS SECTION	133–140	Universal Lubricating Oil	121
SoftEZ Tip	137	TISSUE MANAGEMENT SECTION	143–154	Utility Resin	180
Sof-Tray Classic Sheets	181	Tongue Guard.	100	V3 Ring	110
STARbrush	104,142	Toothpaste	126,174	V3 Tab-Matrix.	111
SuperCurve.	111	Toothpicks	125	V-Wedge.	112
SURGICAL SECTION.	127–132	Tooth Whitening Reference Guide	158–159	Vacuum Adapter	42,132,142
Surgical Suction Tip	132,137	Topical Anesthetic	105	VALO Family	44–51
SST Tip	132,137	TransLume Lens	51	VALO LED Grand Corded Curing Light.	50
Synthetic Rubber Dam	42,101	Transcend.	12–15	VALO LED Grand Cordless Curing Light.	49
SYRINGES SECTION.	141	Transient Root Sensitivity.	125	VALO Lenses	51
Syringe Covers	141	Tray Cases	179	VALO Ortho LED Cordless Curing Light	96
Syringe Organizer.	142	Tray Fabrication	181	VALO X	47–48
Syringes, 1.2 ml Plastic	141	Tray Sheets.	181	VALO X Diffuser Lens	51
Syringes, 5 ml Plastic.	141	TriAway Adapter.	42,142	Varnish, Fluoride	124
Syringes, Empty	141	Triodont Forceps.	112	Veneer Cement.	4
Syringes, Skini	32,141	Triodont Pin-Tweezers	111	Veneer Luting Resin	5
Tab-Matrix	107,111	Triodont SuperCurve Matrix.	111	Veneer Try-In Paste	5
Take-Home Whitening	160–167	Triodont Tab-Matrix	111	Vinyl Polysiloxane Impression Material	88–89,94
Temporary Crown/Bridge Material.	8–9	Triodont V3 Ring.	110	ViscoStat Clear Hemostatic.	149
Temporary Resin.	31	Triodont V3 Sectional Matrix Kits	110	ViscoStat Hemostatic	148
Temporary Veneer Cement	4	Triodont V3 System.	110	Vit-I-escence.	16–18
Thermo Clone Bite Registration	90	Triodont V3 Tab-Matrix.	111	Vit-I-escence Singles	18
Thermo Clone Clear Bite Registration.	90	Triodont Wedges	112	Walking Bleach	173
Thermo Clone Mixing Tip	140	Triodont V-Wedge.	112	Wave-Wedge	112
Thermo Clone VPS Alginate Alternative	91	Triodont WedgeGuard	112	Wedge	107,112
Thermo Clone VPS Impression Material	88–89	Triodont Wave-Wedge	112	WedgeGuard	112
Thermo Clone VPS Mixing Tips	89,140	Tweezers	107,111	Wetting Resin.	15,21
Thermo Clone VPS Putty	89	Ultra-Blend plus	73	Wheels, Finishing.	78,82–84
Tips, Acteon Satelec	63	UltraCal XS	30	White Light Lens	51
Tips, Apical Surgery	63	Ultracare	105	White Mac Tip	137
Tips, Black Micro	135	UltraCem	10	WHITEN SECTION	155–181
Tips, Black Micro FX	134	Ultra-Etch Etchant	66	Whitening In-Office	168–171
Tips, Black Mini	134	UltraEZ	178	Whitening Menu, Opalescence.	179
Tips, Black Mini Brush	134	UltraFit Tray	160–163,178	Whitening, Non-Vital Teeth	173
Tips, Blue Micro	135	Ultrapak E Knitted Cord (Epinephrine)	151–153	Whitening Reference Guide	158–159
Tips, Blue Mini Dento-Infusor	135	Ultrapak Knitted Cord.	151–153	Whitening Take-Home	160–167
Tips, Capillary	34,138	Ultrapak Packers	154	Whitening Toothpaste	126,174
Tips, Dento-Infusor	135,136	Ultrapro Tx Air Handpiece	121	Whitening Trays	160–167
Tips, Endodontic.	34–35,138–139	Ultrapro Tx Cordless Handpiece	120–121	Wrenches	63
Tips, Endo-Eze	34,138	Ultrapro Tx Air Motor	121		
Tips, Endo-Eze Irrigator	34,138	Ultrapro Tx Air Nose Cones.	121		
Tips, ExperTemp Mixing	9,135	Ultrapro Tx Lubricating Oil.	121		
Tips, Gemini Laser	58,59	Ultrapro Tx Prophyl Angles	122–123		
Tips, Impression.	140	Ultrapro Tx Prophyl Brushes	123		
Tips, Inspiral Brush	135	Ultrapro Tx Prophyl Paste	122		
Tips, IntraOral Impression	140	Ultrapro Tx Prophyl Paste Pure	122		
Tips, Irrigator.	138,139	Ultrapro Tx Sweep	122–123		
Tips, Metal Dento-Infusor	136	UltraSeal XT hydro	118–119		

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