

# SEE MORE AT ULTRADENT.COM/INFO/VALO-X

See pages 48–49 for more information.



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800.552.5512 — 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.











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

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

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



#### A STRONG CODE OF FTHICS AND CORE VALUES

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

INTEGRITY · QUALITY · HARD WORK · INNOVATION · CARE

#### **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**

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, with the exception of machines under warranty. 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 Community laws (directives).

















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Ultradent is driven to improve oral health globally and prioritizing our workplace culture is vital to this mission. We cherish the success of our team members and being selected as a Fortune Top Manufacturer validates many of the progressive initiatives we utilize to create this unique environment. "We're very honored to be named among such prestigious companies as those recognized as Fortune's best," says Ultradent President and CEO, Dirk Jeffs. The selection comes after a rigorous evaluation of company culture and extensive employee feedback.



<u>BKP85</u> = Lot number 2023-<u>03</u> = Month, March 2023-03 = Year, 2023



<u>BL2DC</u> = Lot number <u>02</u>-24 = Month, February 02-<u>24</u> = Year, 2024

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



# Scan the QR code to see our newest productsso new they didn't make it into the catalog!

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# ABOUT ULTRADENT





In 1976, after graduating from Loma Linda University and beginning his own practice, Dr. Dan Fischer invented his groundbreaking Astringedent™ hemostatic solution in response to the need for a tissue management product that achieved more rapid, profound hemostasis. Astringedent hemostatic with the Metal Dento-Infusor™ tip and Ultrapak™ cord became the backbone of Ultradent's chemical tissue management system. For the first time, clinicians could quickly and predictably achieve profound hemostasis. The success of Astringedent hemostatic fueled Dr. Fischer's desire to continue developing innovative, advanced solutions—leading to the founding of Ultradent Products, Inc. Now, marking its 45th year as a family-owned, international dental supply and manufacturing company, Ultradent has continued its vision to improve oral health globally by creating better dental products that continue to set new industry standards. Dr. Fischer has numerous patents to his name.

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

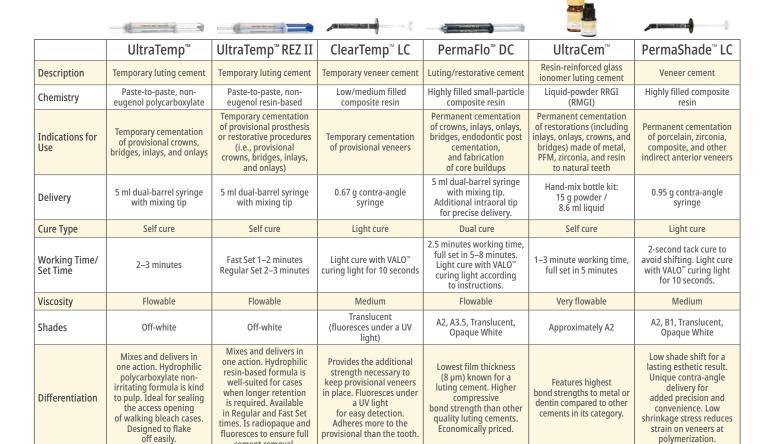
Facebook











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

cement removal.

polymerization.

PermaFlo DC resin cement with Peak UltraTemp UltraTemp REZ II Universal ClearTemp LC UltraCem PermaShade LC temporary temporary Bond temporary cement RMGI cement resin cement adhesive cement cement BOND STRENGTHS: Lowest to Highest — ——— Permanent – Temporary -

2

# UltraTemp™ & UltraTemp™ REZ II

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









Ultradent™ Mixing Tip page 135

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

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

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



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



6060 - UltraTemp REZ II Regular Set Kit (2- to 3-Minute Set Time)



6061 - UltraTemp REZ II Fast Set Kit (1- to 2-Minute Set Time)

1 x 5 ml (7.96 g) syringe

20 x Mixing tips

1. realityesthetics.com.

# TWO DIFFERENT CEMENTS

or Different Retention Options

#### TEMPORARY PROVISIONAL LUTING



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



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



3. Flake off residual cement with blunt hand instrument.



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

#### WALKING BLEACH CASE



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



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



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

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



# 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 to damage final restoration. Use the VALO™ Black Light Lens attachment or UltraSeal™ XT hydro black light keychain for high visibility.

#### **PROCEDURE**



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



2. Seat temporary veneer.



3. Remove flash.



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

#### **REMOVAL**



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



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

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



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



1. realityesthetics.com.



#### PermaShade™ LC

LIGHT-CURE VENEER LUTING RESIN







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

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



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

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

#### **BEFORE AND AFTER**







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.

#### REFRIGERATE



#### 3517 - PermaShade LC Kit

4 x 0.95 g PermaShade LC Trans syringes
3 x Each 0.95 g PermaShade LC A2, B1, and Opaque White syringes
2 x 1.2 ml (1.24 g) Peak Universal Bond syringes
1 x 1.2 ml (1.58 g) Ultra-Etch syringe
1 x 1.2 ml (1.33 g) Porcelain Etch syringe
1 x 1.2 ml (0.96 g) Silane syringe
20 x Blue Micro tips
20 x Black Mini Brush tips
60 x Inspiral Brush tips

#### REFRIGERATE



#### PermaShade LC Syringe 4pks

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

0.95 q syringes

<sup>\*</sup> Trademark of a company other than Ultradent. 1. Data on file.



# PermaFlo™ DC

DUAL-CURE COMPOSITE LUTING/RESTORATIVE RESIN







Ultradent™ Mixing Tip page 135

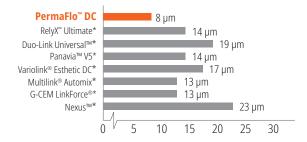
- Multiple uses including post cementation, core buildup, and luting
- Wear resistant
- Maximum strength
- Radiopaque
- Low polymerization shrinkage
- Self-mixing
- 2.5 minutes working time, 5 to 8 minute chemical set time
- Total-etch or self-etch compatible

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  $\mu$ m.

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 DATA¹ Shear Bond Strength to Enamel (Total-Etch) 53.38 MPa Shear Bond Strength to Dentin (Total-Etch) 62.07 MPa Flexural Strength 128.5 MPa Flexural Modulus 9.37 GPa Compressive Strength 355.91 MPa Compressive Modulus 4.22 GPa

#### FILM THICKNESS<sup>2</sup>



PermaFlo DC resin has the lowest film thickness known for a composite luting resin<sup>2</sup>.

# **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**







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



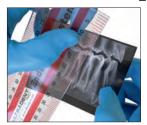
#### PermaFlo DC Syringe Kits

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

1 x PermaFlo DC syringe -A2 - 5 ml (9.63 g), A3.5 - 5 ml (9.53 g), Translucent - 5 ml (9.42 g), Opaque White - 5 ml (9.5 g) 20 x Mixing tips 20 x Intraoral tips

<sup>\*</sup> Trademark of a company other than Ultradent. 1. Data on file. 2. Data on file.

#### ENDODONTIC POST CEMENTATION GUIDE USING PERMAFLO DC



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.



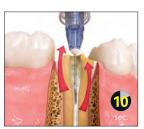
6a. Attach 30 ga NaviTip™ FX™ Brush tip to Peak™ SE primer syringe. Apply to post space and coronal preparation for 20 seconds using agitating action.



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



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



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



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



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



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



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



13. Insert post slowly and seat to predetermined depth.



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



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

Note: For more information on the UniCore System, see pages 44–45.



# **ExperTemp**™

TEMPORARY CROWN AND BRIDGE MATERIAL







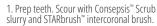


- 10:1 self-cured chemistry provides exceptional strength, flexibility, and high abrasion resistance
- Fluoresces similarly to enamel
- Low oxygen inhibition at polymerization
- Easily repaired or characterized with a packable composite, a flowable composite, or additional ExperTemp material
- Trims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

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

#### **PROCEDURE**







2. ExperTemp temporary crown and bridge with esthetic translucency.



3. Apply ClearTemp $^{\rm m}$  LC temporary veneer cement.



4. Use blade to open embrasures without altering margins.

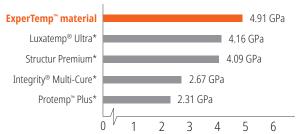


5. ExperTemp material achieves esthetic blend with natural teeth. 3 weeks post-op just prior to cementation of permanent veneers.

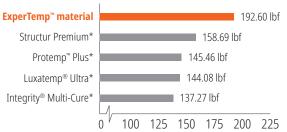
<sup>\*</sup> Trademark of a company other than Ultradent. 1. realityesthetics.com. 2. Data on file.

Workin	J	Allow to cure in mouth	Remove from mouth	Complete cure	Adjust provisional
0:00	0.40	0 1.	30 2.	30 4.(	00

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



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



#### **ExperTemp Cartridge Kits**

	_		
Shade	Kit	Shade	Kit
A1	6341	A3.5	6342
A2	6340	B1	6343
А3	6347	Bleach White	6344



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

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



6346 - ExperTemp Mixing Tips 45pk



# Peak™ Universal Bond





LIGHT-CURED ADHESIVE

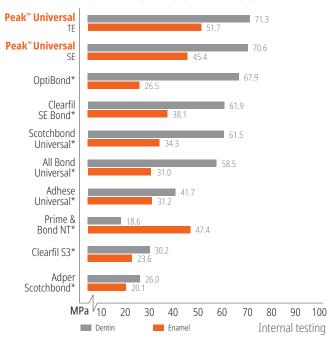




Inspiral™ Brush Tip page 133

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

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



Light-Cured Adhesive, see page 70.

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



## Strongest RRGI/RMGI tested.1

#### UltraCem™

RESIN-REINFORCED GLASS IONOMER CEMENT







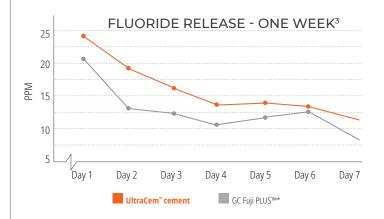
- High bond strengths
- Sustained fluoride release
- Flowable viscosity and low film thickness won't compromise fit or occlusion
- 1- to 3-minute working time, 5-minute set time
- Radiopacity >1 mm aluminum
- More retentive than other leading RMGI cements on precious alloy crowns<sup>2</sup>

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, 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 TESTING <sup>1</sup>				
	METAL SHEAR BUTTON	CROWN PULL	FILM THICKNESS		
UltraCem <sup>™</sup> cement	10.89 MPa	5.22 MPa	24.0 µm		
GC Fuji PLUS™*	4.76 MPa	3.91 MPa	17.6 μm		
3M RelyX <sup>™</sup> 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

10 800.552.5512

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



#### 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 strength

Vit-l-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-l-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-l-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**





Before.

After.





Before.

After.





Before.

After.





Before.

After.





Before.

After.





Before

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

#### VIT-L-ESCENCE 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

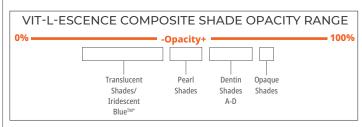
Vit-l-escence Dentin Shade



Vit-I-escence Composite

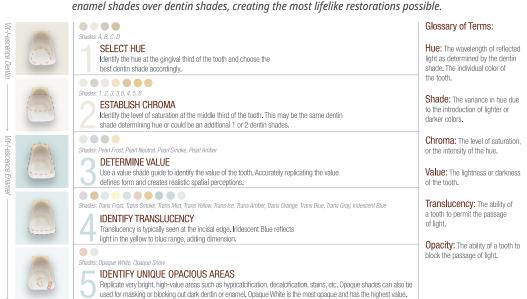
Porcelain

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



<sup>\*</sup> Trans Ice, Trans Amber, Trans Gray, Trans Mist, Trans Blue, Trans Yellow, Iridescent Blue, Trans Orange Trans Frost, and Trans Smoke

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





#### REFRIGERATE



#### 5016 - Vit-l-escence Essentials Kit—9 Shades

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

#### **REFRIGERATE**

#### Vit-l-escence Syringe 2.5 g

Dentin	1pk	Enamel	1pk
A1	358	Opaque White <sup>™</sup>	1182
A2	343	Opaque Snow <sup>™</sup>	1183
A3	344	Pearl Frost <sup>™</sup>	443
A3.5	356	Pearl Neutral™	1184
A4	360	Pearl Amber™	1185
A5	362	Pearl Smoke <sup>™</sup>	1186
A6	408	Trans Frost <sup>™</sup>	1187
B1	409	Trans Mist <sup>™</sup>	482
B2	418	Trans Smoke™	485
В3	421	Trans Blue™	1188
B4	422	Trans Orange <sup>™</sup>	1189
B5	423	Trans Gray <sup>™</sup>	478
C1	426	Trans Ice <sup>™</sup>	479
C2	435	Trans Yellow™	486
С3	439	Trans Amber™	499
C4	440	Iridescent Blue™	1317
C5	441		
D3	442		



x 1



3080 - Composite Quad Key 1pk

#### **REFRIGERATE**



#### 1195 - Vit-l-escence Single Capsules Kit—10 Shades

10 x Each 0.3 q Vit-l-escence dentin shade -A1, A2, A3, A3.5, and B1 capsules 10 x Each 0.3 g Vit-l-escence enamel shade - Pearl Frost, Pearl Neutral, Pearl Amber, Pearl Smoke, and Opaque Snow capsules 1 x Shade guide

#### **REFRIGERATE**

#### Vit-l-escence Single Capsules 0.3 q

The restaure single carps and single				
Dentin	10pk	Enamel	10pk	
A1	1219	Opaque White <sup>™</sup>	2238	
A2	1202	Opaque Snow <sup>™</sup>	1212	
A3	1203	Pearl Frost <sup>™</sup>	1196	
A3.5	1204	Pearl Neutral <sup>™</sup>	1197	
A4	1220	Pearl Amber™	1210	
A5	2230	Pearl Smoke <sup>™</sup>	1198	
A6	2231	Trans Frost <sup>™</sup>	2239	
B1	1205	Trans Mist <sup>™</sup>	2240	
B2	1223	Trans Smoke <sup>™</sup>	2241	
В3	2232	Trans Blue <sup>™</sup>	2242	
B4	2233	Trans Orange <sup>™</sup>	2243	
B5	2234	Trans Gray <sup>™</sup>	2244	
<b>C1</b>	1227	Trans Ice <sup>™</sup>	2245	
C2	1228	Trans Yellow™	2246	
C3	1229	Trans Amber <sup>™</sup>	2247	
C4	2235	Iridescent Blue™	2248	
C5	2236			
D3	2237			





#### 822 - Master's Shade Guide—24 Shades

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

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

# Optional KleenSleeve™ QuadraSpense™



QUAD KEY

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



Shades are identified on both the barrel and the stem.



#### Mosaic™

UNIVERSAL COMPOSITE









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

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

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

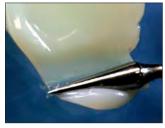
# TWENTY INTUITIVE SHADE OPTIONS PRODUCE PREDICTABLE, NATURAL RESULTS







#### HIGHLY SCULPTABLE





Highly sculptable handling properties provide total control during manipulation.

#### **BEFORE AND AFTER**





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**







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.

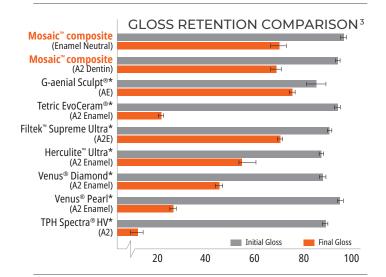
Class II restoration using Peak™ Universal Bond adhesive system with Mosaic composite shades A5 and Enamel Neutral.

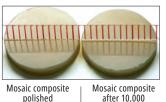


# **COMPOSITES**

TECHNICAL OVERVIEW <sup>2</sup>					
	DENTIN SHADES	ENAMEL SHADES			
Shrinkage Volume	2.6%	3.7%			
Shrinkage Stress	3.9 MPa	6.1 MPa			
Compressive Strength	486.4 MPa	447.6 MPa			
Hardness	66.9 HK	65.4 HK			
Flexural Strength	166.1 MPa	176.7 MPa			
Flexural Modulus	17.3 GPa	11.7 GPa			
Water Sorption	≤40 µg/mm³	≤40 µg/mm³			
Water Solubility	≤7.5 µg/mm³	≤7.5 µg/mm³			
Radiopacity	≥2 mm Al (200%)	≥2 mm Al (200%)			
Working Time (Ambient Light)	4:00 min	4:00 min			
Depth of Cure	2 mm	2 mm			
% Fill by Volume	68%	56%			

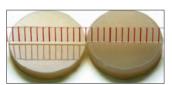
Balanced performance ensures both functional durability as well as esthetic longevity.





brush cycles





Competitor composite polished before brushing

Competitor composite after 10,000 brush cycles



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



#### 4801 - Mosaic Syringe Intro Kit 1 x Each 4 g Mosaic A1, A2, A3, EN, and ET syringe 1 x Mosaic Shade Guide



4802 - Mosaic Single Capsule Intro Kit 10 x Each 0.2 g Mosaic A1, A2, A3, EN, and ET capsules 1 x Mosaic Shade Guide

#### Mosaic<sup>™</sup> Syringe 4 g

		, ,	
Dentin	1pk	Enamel	1pk
A0.5	4760	<b>Enamel Yellow</b>	4773
A1	4761	Enamel Blush	4774
A2	4762	Enamel Gray	4775
A3	4763	<b>Enamel Neutral</b>	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		
С3	4771		
D2	4772		



#### Mosaic<sup>™</sup> Single Capsules 0.2 g

Dentin	10pk	Enamel	10pk
A0.5	4799	<b>Enamel Yellow</b>	4792
A1	4780	Enamel Blush	4793
A2	4781	Enamel Gray	4794
A3	4782	<b>Enamel Neutral</b>	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

<sup>\*</sup> Trademark of a company other than Ultradent. 1. realityesthetics.com. 2. Data on file. 3. Data on file. Final gloss measured after 10,000 brush cycles in gloss units (GU).



# Amelogen<sup>™</sup> Plus

COMPOSITE RESTORATIVE MATERIAL











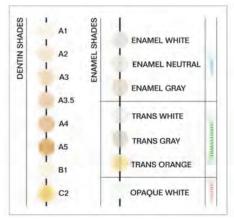
- Simple, affordable system
- Excellent, nonslumping consistency
- Brilliant polishing capability

Amelogen Plus composite restorative material is a state-of-the-art, radiopaque, Bis-GMA material that is 76% filled by weight with a 0.7  $\mu$ m average particle size. It displays exceptional handling, optical, and polishing characteristics. Amelogen Plus composite will not slump or stick to instruments, providing extra control in handling.

Amelogen Plus composite is an excellent choice for designing Class I, II, III, IV, V, and VI restorations, as well as direct veneers. It is perfect for both posterior and anterior restorations because of its wear resistance, strength, simplicity, and polishability.

The simple and intuitive shade system of Amelogen Plus composite allows dentists to achieve beautiful and natural-looking restorations without the complication of most esthetic composite systems.

#### SHADE AND TRANSLUCENCY



"I am pleased with Amelogen composite's ease of placement, its adaptability to tooth color, and its predictability to last as a posterior restoration."

—DR. MARK H. WEBB – BRISTOL, TN

1. realityesthetics.com.

#### **BEFORE AND AFTER**





Before.

After.





Before.

After.





Before.

After.

#### ESTHETIC RESTORATION PROCEDURE





1. Fracture on maxillary left central incisor.

2. Beveled preparation along surface margin.





3. Palatal enamel layer Trans Orange.

4. Recreation of dentin mamelons A3.5.



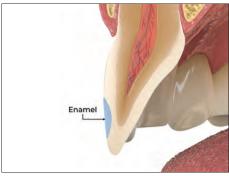


5. Incisal characterization and facial enamel layer Enamel Neutral.

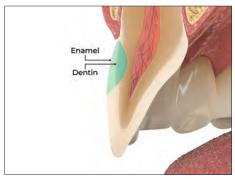
6. Final result.



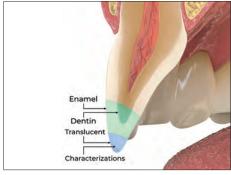
#### DIRECT COMPOSITE LAYERING TECHNIQUE



For enamel-only restorations use a single shade of Amelogen™ Plus composite, usually enamel.



For the most common cases of both dentin and enamel restorations in intermediate-size cavities, use both a dentin and an enamel shade. Make sure that composite enamel layer is thinner than natural enamel layer.



For major enamel and dentin replacements or esthetically challenging restorations, use multiple dentin shades (darkest at the lowest point) and characterize with translucent shades if needed.



**4424 - Complete Shade Guide—15 shades** *A1, A2, A3, A3.5, A4, A5, B1, C2, OW, EW, EN, EG, TW, TG, TO* 



#### 3098 - Amelogen Plus Basic Kit—7 Shades

1 x Each 2.5 g Amelogen Plus dentin shade -A1, A2, A3, A4, A5, B1, and C2 syringe 1 x 1.2 ml (1.3 g) PermaSeal syringe 1 x Each shade guide, half-size syringe organizer, and quad key 10 x Black Micro FX tips



#### 315 - Amelogen Plus Cosmetic Kit—7 Shades

1 x Each 2.5 g Amelogen Plus dentin shade - A1, A2, and A3 syringe 1 x Each 2.5 g Amelogen enamel shade - Opaque White, Enamel White, Enamel Neutral, and Translucent White syringe 1 x 1.2 ml (1.3 g) PermaSeal syringe 1 x Each shade guide, half-size syringe organizer, and quad key 10 x Black Micro FX tips

#### Amelogen™ Plus Syringe 2.5 g

Dentin	1pk	Enamel	1pk
A1	9030	Opaque White <sup>™</sup>	9037
A2	9031	Enamel White <sup>™</sup>	9038
A3	9032	Enamel Neutral™	9039
A3.5	9028	Enamel Gray <sup>™</sup>	9040
A4	9033	Trans White <sup>™</sup>	9041
A5	9034	Trans Gray <sup>™</sup>	9042
B1	9035	Trans Orange <sup>™</sup>	9043
C2	9036		



#### Amelogen™ Plus Single Capsules 0.3 g

	-		_
Dentin	10pk	Enamel	10pk
A1	8010	Opaque White™	8021
A2	8011	Enamel White™	8022
A3	8013	Enamel Neutral™	8023
A3.5	8024	Enamel Gray <sup>™</sup>	8012
A4	8014	Trans White <sup>™</sup>	8016
A5	8015	Trans Gray <sup>™</sup>	8018
B1	8017	Trans Orange <sup>™</sup>	8019
C2	8020	Super Light <sup>™</sup>	8026



x 10

18 800.552.5512



# **Composite Wetting Resin**





Inspiral™ Brush Tip page 133

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

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

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



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

# **Ultradent™ Composite Gun**

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



7800 - Ultradent Composite Gun 1pk

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

—DR. JAIMEÉ MORGAN – SALT LAKE CITY, UT

1. realityesthetics.com.

#### PermaFlo™ Pink

COMPOSITE





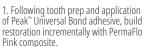
· Acts as an attractive solution for esthetic gingival substitute

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

Also use to mask gingival recession.

#### **BEFORE AND AFTER**







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



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

#### PermaFlo™

FLOWABLE COMPOSITE





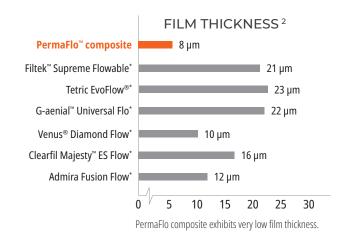




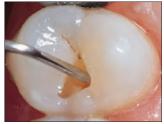
- High-fill, high-flow formula
- Highly radiopaque
- Fluoride-releasing formulation
- Superior polishability
- Strong and wear resistant
- Available in 8 shades

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

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



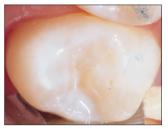
#### MICRO RESTORATIVE



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.

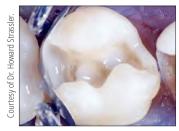
#### METAL MASKING



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.

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

#### SUPERADAPTIVE INITIAL LAYER



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

#### 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.

Brand	PermaFlo™ A2	SureFil™ SDR™*	Grandio™ Flow*	Vertise™ Flow*	Tetric EvoFlow™	Filtek™ * Supreme*
% Filled by weight	68	68	80	70	58	65
FLOW DISTANCE						5.7
	HIGH FILL! HIGH FLOW!1					

"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. ÎAN E. MODESTOW – FLORENCE, MA

#### REFRIGERATE

#### 1273 - PermaFlo Universal Kit

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

#### REFRIGERATE



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

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

<sup>\*</sup> Trademark of a company other than Ultradent. 1. As provided by original manufacturer.

#### Uveneer™ & Uveneer™ Extra

DIRECT COMPOSITE TEMPLATE SYSTEMS













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

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

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

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





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





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





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





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

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

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

—DR. GARY M. RADZ, DDS

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

—DR. GEORGE FREEDMAN, DDS

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

—DR. IOHN C. COMISI, DDS, MAGD

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

—DR. CHAD WAGENER, DDS

1. realityesthetics.com.

# **COMPOSITES**





L - Large Upper















DIRECT COMPOSITE TECHNIQUE GUIDE



1. Select the template that corresponds with the 2. Remove all caries if needed and minimally tooth being restored. See handle of template for corresponding tooth position, size, and arch. Choose preferred composite shade(s).



prepare the tooth.



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



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



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



on Standard Power. If using other curing light, cure according to manufacturer instructions





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



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



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



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



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



11. Remove the Uveneer<sup>™</sup> template by gently lifting the handle.



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



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



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

Do not autoclave the black base.



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

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



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

Uveneer Extra kits include canine to canine templates.

#### UVKEXLSQV1 - Uveneer Extra XL & SQ Kit

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

#### UVKELMV1 - Uveneer Extra L & M Kit

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

# COMPOSITES

# PermaSeal™

PENETRATING COMPOSITE SEALER







Black Micro<sup>™</sup> FX<sup>™</sup> Tip page 132

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

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

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

#### **NEW RESTORATIONS**



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



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

#### **EXISTING RESTORATIONS**



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



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



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

"Hands down, your composite sealer makes the composite look finished, gives it a glossy look, and 'fills' the microscopic pits. It makes or breaks my composites! I can't live without it!"

—DR. RICHARD I. HAULEY – SALT LAKE CITY, UT



1 - 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.

 realityesthetics.com.
 Dunn JR, Dole P, Fullerton B, Hennesy C. Microleakage of Class V composite restorations using a composite surface sealant. Biomaterials Research Center, Loma Linda University School of Dentistry. May 1996. Data on file.

# PrimaDry<sup>™</sup> DRYING AGENT

CERTIFIED C



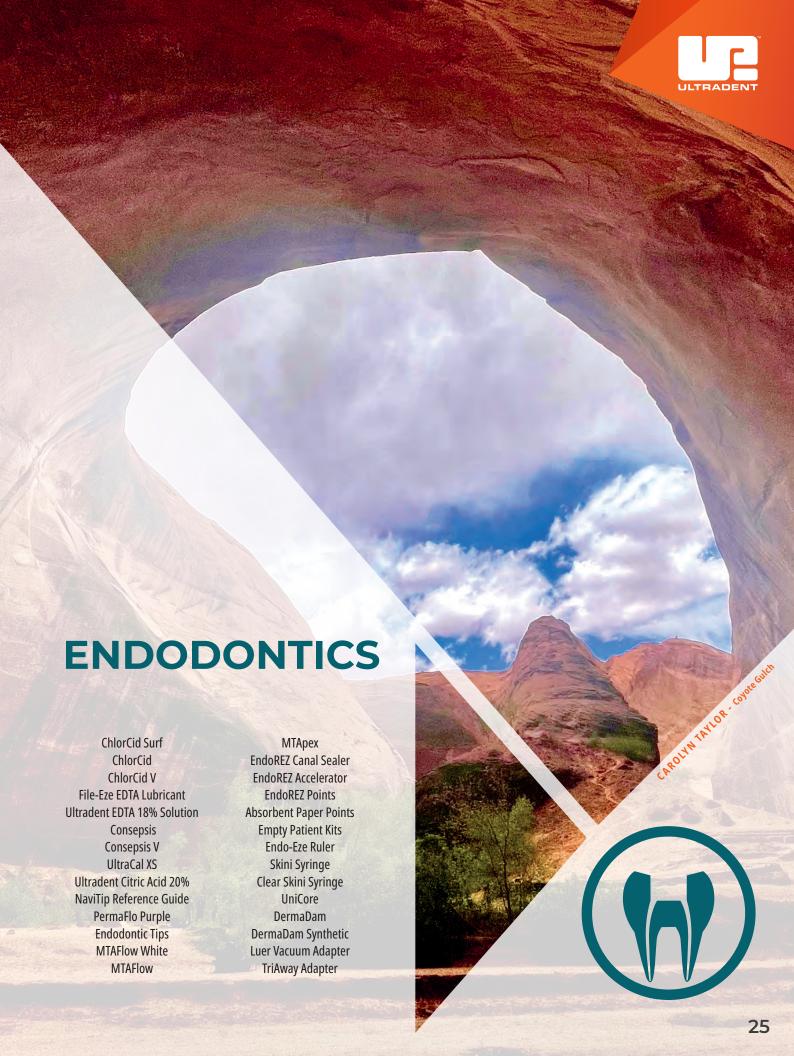
Black Micro FX™ Tip page 132

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





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









WE HAVE YOUR SOLUTIONS.



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



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

# ChlorCid™ Surf

3% SODIUM HYPOCHLORITE SOLUTION WITH SURFACTANT



NaviTip™ Tip 31 ga - Double Sideport Irrigator page 137

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



Check with local dealer for availabilty.



97 - ChlorCid Surf IndiSpense™ Syringe 1pk 30 ml (31.2 g) syringe



1. Estevez R, Conde AJ, de Pablo OV, de la Torre F, Rossi-Fedele G, MclinDent, Cisneros R. Effect of passive ultrasonic activation on organic tissue dissolution from simulated grooves in root canals using sodium hypochlorite with or without surfactants and EDTA. *J Endod.* 2017;43(7):1161-1165.

#### ChlorCid™ and ChlorCid™ V

3% SODIUM HYPOCHLORITE SOLUTIONS





NaviTip™ Tip 31 ga - Double Sideport Irrigator page 137

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

**4612 - ChlorCid Bottle 1pk** 480 ml (499.2 q) bottle



Check with local dealer for availabilty.



1467 - ChlorCid V IndiSpense Syringe 1pk 30 ml (31.2 g) syringe



# **ENDODONTICS**

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

#### File-Eze™ EDTA Lubricant

FILE LUBRICANT





NaviTip<sup>™</sup> Tip 30 ga/25 mm page 137

NaviTip™ Tip 29 ga/25 mm page 137

• 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<sup>™</sup> canal sealer: EndoGel,\* EndoSequence,\* Glyde,\* ProLube,\* RC-Prep,\* and SlickGel ES.\*



1075 - File-Eze Syringe Kit 4 x 1.2 ml (1.43 g) syringes 5 x Each 30 ga NaviTip tips 17 mm, 21 mm, 25 mm, and 27 mm



**297 - File-Eze Syringe** *4pk 1.2 ml (1.43 g) syringes* 



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

\*Trademark of a company other than Ultradent

## **Ultradent™ EDTA 18% Solution**

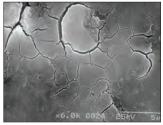




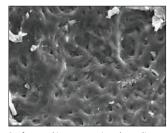
NaviTip™ FX™ Tip 30 ga/25 mm page 137

NaviTip<sup>™</sup> FX<sup>™</sup> Tip 30 ga/17 mm page 137

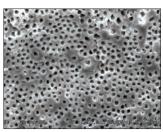
A root canal chelating agent that conditions/cleans through a chelation process, Ultradent EDTA 18% Solution is the irrigant of choice for smear layer removal and can be used as a final irrigant prior to obturation.



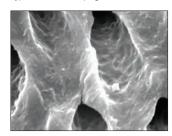
1. After canal instrumentation (no irrigants or lubricants). Smear layer intact.



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 EDTA 18\

Check with local dealer for availabilty. Ground shipping only.



162 - EDTA IndiSpense Syringe 1pk 30 ml (33.27 q) syringe All of Ultradent's irrigants, lubricants, and medicaments are compatible with methacrylate resin sealers.

## Consepsis™

2% CHLORHEXIDINE ANTIBACTERIAL SOLUTION







NaviTip™ Tip 30 ga/25 mm page 137

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

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

#### **4614 - Consepsis Bottle 1pk** 480 ml (446.4 g) bottle



Check with local dealer for availabilty.



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



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

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

#### Consepsis™ V

2% CHLORHEXIDINE ANTIBACTERIAL VISCOUS SOLUTION





NaviTip™ Tip 31 ga - Double Sideport Irrigator page 137

- 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



# **ENDODONTICS**

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

#### **UltraCal™ XS**

30%-35% CALCIUM HYDROXIDE PASTE





- Radiopaque
- High pH
- Superior delivery control

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

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



5144 - UltraCal XS Syringe Kit 4 x 1.2 ml (1.76 g) syringes 5 x Each 29 ga NaviTip Single Sideport tips 17 mm, 21 mm, 25 m, and 27 mm



5145 - UltraCal XS Syringe 4pk 5149 - UltraCal XS Syringe 20pk 1.2 ml (1.76 g) syringes

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

## Ultradent™ Citric Acid 20% Solution









Empty 1.2 ml syringe page 139

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

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



329 - Citric Acid IndiSpense™ Syringe 1pk
30 ml (31.26 g) syringe

# **NaviTip™ Tip Reference Guide**

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

	Product	Recommended Tip	Compatible Tips
	97 - ChlorCid™ Surf IndiSpense™ Syringe	NaviTip™31 ga Double Sideport Irrigator	_
Dascol W	1467 - ChlorCid™ V IndiSpense Syringe	NaviTip™31 ga Double Sideport Irrigator	_
	682 - File-Eze <sup>™</sup> IndiSpense Syringe	NaviTip™ 29 ga or 30 ga	_
	162 - EDTA 18% IndiSpense Syringe	NaviTip <sup>™</sup> 31 ga Double Sideport Irrigator	NaviTip™ 30 ga and NaviTip™ FX™
	687 - Consepsis™ IndiSpense Syringe	NaviTip™31 ga Double Sideport Irrigator	NaviTip™ 29 ga, 30 ga, and NaviTip™ FX™
(Consequent)	2210 - Consepsis™ V IndiSpense Syringe	NaviTip™31 ga Double Sideport Irrigator	NaviTip <sup>™</sup> 29 ga
Lutraca'XS A	5144 - UltraCal™ XS Kit	NaviTip <sup>™</sup> 29 ga Single Sideport	For direct pulp capping and pulp floor perforation application, use Micro 20 ga tip
	329 - Citric Acid	NaviTip™ FX™	NaviTip <sup>™</sup> 31 ga Double Sideport Irrigator
	5900 - EndoREZ™ Kit	NaviTip™ 29 ga	_
Warran B	3980-1 - MTAFlow™ Kit	NaviTip™ 29 ga	_
	4980 - MTAFlow™ White Kit	NaviTip™ 29 ga	_
MIZA.	4900 - MTApex™ Bioceramic Sealer	NaviTip™ 29 ga Single Sideport	_



# **ENDODONTICS**

# **PermaFlo™ Purple**

ANATOMICAL INDICATING COMPOSITE



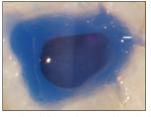


Micro 20 ga Tip page 134

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

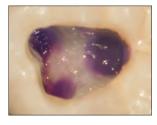


1. Root canal has just been completed and cleaned of excess EndoREZ canal sealer in the pulp chamber. (If significant unset EndoREZ canal sealer is exposed at canal orifice, coat with thin layer of Ultra-Blend" plus liner and light cure.) Blot or air dry. Note: If eugenol or similar-based sealers have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





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



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

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



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





#### Ultrawave™ XS LED Piezo Ultrasonic

- Ultrawave XS device comes with LED handpiece for better visibility and working comfort
- Large-capacity, detachable 300 ml tank for irrigation solution
- Lightweight and ergonomic handpiece reduces physical stress caused by repetitive movements
- The unique Color-Coding System matches tips to the ideal power setting
- Wide range of amplitudes (power) for multiple clinical procedures
- Less water needed than other devices, increasing patient comfort
- Can be used with Ultradent irrigants directly from the bottles using the bottle connector kit

# Ultrawave™ XS NiTiSonic Tip, Bottle Connector Kit, and Bottle Caps









4307 - Ultrawave XS NiTiSonic Tip & Bottle Connector Kit

1 x Each bottle cap with valve, connector base,

empty bottle and Ultrawave Metal Flat Wrench
4 x Ultrawave NiTiSonic tips

4308 - Ultrawave XS Bottle Cap 1pk



Piezoelectric Devices & Endodontic Tips, page 62–64.

32

# **ENDODONTICS**



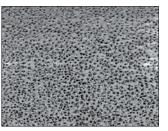


# Ultrawave™ XS Nitisonic Tip and Bottle Connector Kit

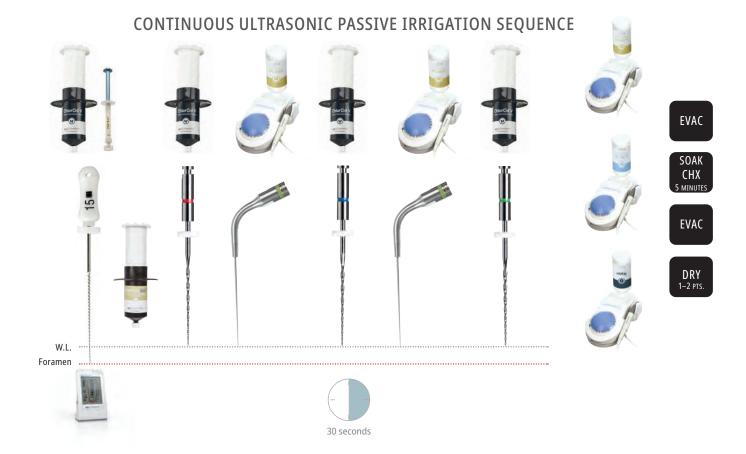
The common method of irrigation is syringe-based, which generates low fluid velocity with little interaction between the irrigant and canal walls. 1-4 The unique Ultrawave NiTiSonic tip is designed for continuous or intermittent passive ultrasonic irrigation, making the most important procedure in endodontics more efficient. The ultrasonic vibration of the tip allows the irrigation liquid to disrupt surface-adherent biofilms and reach anatomic complexities within root canal systems. 5 The NiTiSonic tip is smooth and flexible, designed to navigate the curvatures of the root without removing dentin.



SEM of the apical third after syringe/cannula delivered irrigation. Note that the majority of dentin tubules are blocked by smear layer.



SEM of the apical third after Continuous Ultrasonic Passive Irrigation with Ultrawave XS and NitiSonic tip. Note that the dentin tubules are open and free of smear layer.



Note: NiTiSonic tips are designed for use with Ultradent's Ultrawave XS device only. 1. Munoz HR, Camacho-Cuadra K. In vivo efficacy of three different endodontic irrigation systems for irrigant delivery to working length of mesial canals of mandibular molars. J Endod. 2012: 38: 445–448. 2. Van der Sluis LW, Versluis M, Wu MK, Wesselink PR. Passive ultrasonic irrigation of the root canal: a review of the literature. Int Endod J. 2007;40:415–26. 3. Ahmad M, Pitt Ford TR, Crum LA. Ultrasonic debridement of root canals: an insight into the mechanism involved. J Endod. 1987: 13: 93–101. 4. Susin L, Liu Y, Voon JC, Parente JM, Loushine RJ, Ricucci D, Bryan T, Weller RN, Pashley DH, Tay FR. Canal and isthmus debridement efficacies of two irrigant agitation techniques in a closed system. Int Endod J. 2010: 43: 1077–1090. 5. Robinson J P, Macedo R G, Verhaagen B, Versluis M, Cooper P R, van der Sluis L W M, Walmsley A D. Cleaning lateral morphological features of the root canal: the role of streaming and cavitation. Int Endod J. 2018: 51: e55. 6. Bueno CRE, Cury MTS, Vasques AMV et al. Cleaning effectiveness of a nickel-titanium ultrasonically activated irrigation: A SEM study. Braz Oral Res. 2019;33(17):1-9.



**WARNING:** 

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



# **Capillary Tips**

Never use to deliver irrigating materials or endodontic chemistries.

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

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

LOK-TITE <sup>*</sup>	Internal diameter	20pk	50pk
0.014" Capillary	0.36 mm	341	3099
0.019" Capillary	0.48 mm	186	1425



# Micro Capillary™ Tips

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

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

LOK-TITE <sup>*</sup>	Tip length	20pk	100pk
0.008" Micro Capillary	5 mm	1120	1802
0.008" Micro Capillary	10 mm	1121	_



# **Endo-Eze™ Irrigator Tip**

- Provides ideal reach reducing risk of expressing chemicals past the apex
- Comes with a flexible, blunt cannula with a unique, anti-obturating end
- Non-sterile

Designed for: Ultradent™ 5 ml syringe.

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



22 ga 20 ga 19 ga 18 ga

# Endo-Eze<sup>™</sup> Tips

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

Designed for: Luting materials and air/water delivery. Use with: TriAway<sup>™</sup> Adapter, PermaFlo<sup>™</sup> DC (20 ga), and other Ultradent syringes.

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

Tip length

27 mm

25 mm

21 mm

17 mm

27-17 mm

20pk

4989

4990

4991

4992

5143



#### **WARNING:**

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



# NaviTip™ 29 ga Tips

with Single Sideport

- Designed to direct the flow of chemistry through the sideport of the tip before flowing down into the area of the apex, thus reducing the risk of product extrusion
- Flexible, stainless steel cannula easily navigates curved canals
- Bendable tip 0.33 mm

29 ga delivers paste materials: MTAFlow™, MTApex™, EndoREZ™, and UltraCal™ XS.



# NaviTip™ 29 ga Tips

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

29 ga delivers paste materials: MTAFlow<sup>™</sup> and EndoREZ<sup>™</sup>.



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

LOK-TITE

29 ga - 0.0129" NaviTip

29 ga-29 ga NaviTips

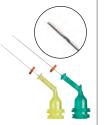


# NaviTip<sup>™</sup> 30 ga Tips

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

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

LOK-TITE <sup>®</sup>	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<sup>™</sup> 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: ChlorCid™, ChlorCid™ V, ChlorCid™ Surf, Ultradent™ EDTA 18% Solution, and Ultradent™ Citric Acid 20%.

LOK-TITE <sup>®</sup>	Tip length	20pk	50pk
31 ga - 0.0098" NaviTip	21 mm	5121	5122
31 ga - 0.0098" NaviTip	27 mm	5123	5124



# NaviTip<sup>™</sup> FX<sup>™</sup> 30 ga Tips

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

Designed for: Ultradent™ Citric Acid 20% Solution.

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

LOK-TITE <sup>®</sup>	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<sup>™</sup> MTAFlow<sup>™</sup> White and MTAFlow<sup>™</sup>

MINERAL TRIOXIDE AGGREGATE REPAIR CEMENT







- Has bioactive apatite-forming properties<sup>2</sup>
- Mixes into a smooth consistency
- Resists washout
- Can be delivered with 29 ga NaviTip<sup>™</sup> tip depending on consistency
- Predictable guick setting
- Has an adaptable mixing ratio based on procedure
- Available in white nonstaining formula

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

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

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

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

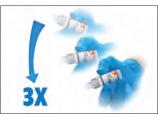
# THE DIFFERENCE YOU CAN FEEL

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





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



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



3. After mixing, load the mixed MTAFlow cement into back of clear Skini syringe.



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



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

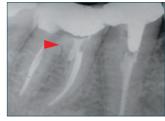


6. Use thin consistency and a NaviTip<sup>™</sup> 29 ga tip to deliver MTAFlow cement inside canal.

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



Perforation located in cervical third of mesial



MTA cement in place showing repair.

# THE RIGHT CONSISTENCY FOR THE RIGHT PROCEDURE

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

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

#### MIXING PROPORTION SUGGESTIONS (POWDER AND GEL)\*

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

<sup>\*</sup> More powder or gel can be added to achieve 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



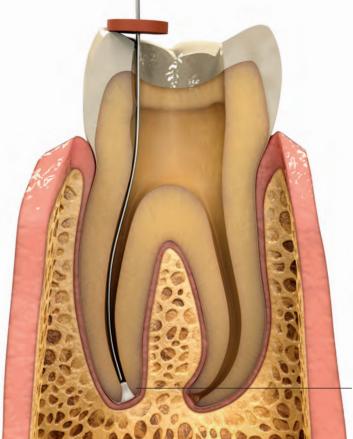
# 3980-US - MTAFlow Repair Cement Kit

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 qel and measuring spoon





PULP CAPPING



RESORPTION



PULP CHAMBER FLOOR PERFORATION



APICAL PLUG



PRIMARY DENTITION VITAL PULPOTOMY



ROOT END FILLING

APEXIFICATION

<sup>\*\*</sup> Depends on the desired consistency.



# A BIOCERAMIC ROOT CANAL SEALER WITH A PREDICTABLE SET!



# MTApex™

BIOCERAMIC ROOT CANAL SEALER



- Does not cause discoloration<sup>1</sup>
- Retreatment generated less residual root filling material with less dentin removal in comparison to epoxy resin sealers<sup>2</sup>
- MTApex sealer is bioactive. It forms HA on its surface to support healing of the pulp or the root canal apices<sup>3</sup>
- Calcium silicate-based cements show potential antimicrobial activity due to high alkalinity<sup>4</sup>

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



#### 4900 - MTApex Sealer Kit

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

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

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





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



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



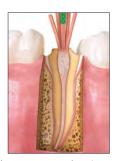
3. Verify flow of sealer prior to applying intraorally.



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



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



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



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

# DELIVERING MTAPEX™ BIOCERAMIC SEALER USING GUTTA PERCHA



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



2. Slowly insert into the canal.



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



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

# MTAPEX™ BIOCERAMIC ROOT CANAL SEALER TECHNIQUE GUIDE





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



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



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



MTA:S MTA:S

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

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

# **EndoREZ™**

CANAL SEALER





Ultradent™ Mixing Tip page 135

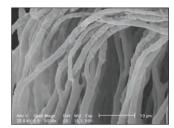
# 20–30 minute regular set 5–12 minute set when used with accelerator

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

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

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





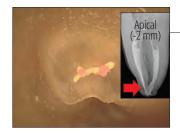
EndoREZ canal sealer penetrates into tubules and adapts to the walls like no other sealer on the market.

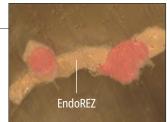




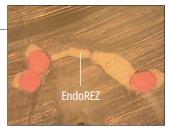
EndoREZ canal sealer results in predictable fills that are radiopaque, easily diagnosed, and suitable for retreatment and post-and-core procedures.

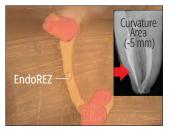
The improved flowability of EndoREZ canal sealer allows the sealer to reach the isthmus and intracanal areas during the obturation procedure without using any special device.

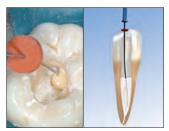








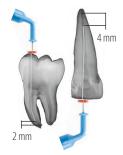




Ultradent's patented NaviTip™ tip delivers EndoREZ canal sealer into entire anatomy of canal in one step.

# **CANAL SEALING**

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





percha Point







Final obturation

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

\* Trademark of a company other than Ultradent. 1. realityesthetics.com. 2. Zmener O, Pameijer CH. Clinical and radiographic evaluation of a resin-based root canal sealer: an eight-year update. *J Endod.* 2010;36(8):1311-4.

3. Zmener O, Banegas G, Pameijer C. Efficacy of an automated instrumentation technique in removing resin-based, zinc oxide and eugenol endodontic sealers when retreating root canal: an in vitro study. *Endod Pract.* 2005;8:29-33.

4. Zmener O, Pameijer CH, Serrano SA, Vidueira M, Macchi RL. Significance of moist root canal dentin with the use of methacrylate-based endodontic sealers: an in vitro coronal dye leakage study. *J Endod.* 2008;34(1):76-9.



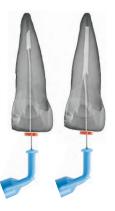
# ENDOREZ CANAL SEALER SEQUENCE OF CLINICAL USE



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



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



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



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



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







5901 - EndoREZ Obturation .02 Taper Kit 5902 - EndoREZ Obturation .04 Taper Kit 5903 - EndoREZ Obturation .06 Taper Kit 1 x 5 ml (8.15 q) syringe

1 x 5 ml (8.15 g) syringe 20 x Skini syringes 20 x Mixing tips 20 x 29 ga Variety NaviTip tips 120 x EndoREZ Points



5900 - EndoREZ Syringe Kit 1 x 5 ml (8.15 g) syringe 20 x Mixing tips

# **EndoREZ™** Accelerator

## EndoREZ canal sealer sets in 5–12 minutes!

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

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

399 - EndoREZ Single Use Accelerator 20pk





# **EndoREZ™** Points

**RESIN-COATED GUTTA PERCHA POINTS** 



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

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

# **GUTTA PERCHA SEM**



Coated

Uncoated



### **EndoREZ Gutta Percha Points**

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



3358 - Medium Medium Fine/Medium Fine Variety 100pk

# **Absorbent Paper Points**



- Sterile
- Color coded
- Highly absorbent
- 28 mm length

Ultradent's paper points quickly and efficiently absorb liquid from the canal and are sold in packs of 200 for a cost-effective solution. For a more efficient way to dry canals, use Ultradent's Luer Vacuum Adapter with Capillary tips before using paper points.

# **Absorbent Paper Points**

Size	200pk
20	1560
25	1554
30	1555
35	1556
40	1557
45	1558
50	1559
15-40	3360



# **Empty Patient Kits**



Autoclavable

1590 - Empty Patient Variety Kit 12pk
3 x Each white, yellow, blue,
and green with sponges

# Endo-Eze™ Ruler



1295 - Endo-Eze Ruler 25pk

42

# Skini and Clear Skini Delivery Syringes



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



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



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



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



1880

Clear Skini Delivery Syringe



# GEMINE VO

THE NEXT EVOLUTION IN LASER DENTISTRY





Scan QR code to learn more or visit:
ultradent.com/flyer/gemini-evo. Try out our
Gemini EVO laser simulator, see how adding PBM
treatments can help your practice, and learn
more about the features and functionalities here.

ultradent.com 4



# **ENDODONTICS**

# UniCore™

POST, DRILL, AND ACCESSORY POST SYSTEM

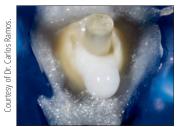




- Superior strength
- Esthetic and radiopaque
- Color-matched drills and posts
- Ultradent's UniCore "Kit of Kits" provides all items needed for post requirements
- Accessory Posts allow for better adaptation in flared or oval canals

UniCore Posts are composed of glass fibers. Unidirectional UniCore glass fiber posts have a flexural strength similar to dentin.<sup>2</sup> 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	1.15 mm	1.35 mm	1.55 mm	1.75 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 pro	perties		UniCore quartz fiber post		
Flexura	Flexural modulus of elasticity (GPa)		(GPa)	43–44		
Flexural strength (MPa)						
FI	exural stren	gth (MPa)		,	1500–1600	)
	exural streng			•	1500–1600 1200	)
Т	<b>.</b>	th (MPa)				





UniCore master post in place.

Additional accessory posts.



Final.

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





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 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	4093
4	1.5 mm	7124	



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	4093
4	1.5 mm	7124	_



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	



# UNICORE™ POST Prestressed fibers and bondable

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



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

# DermaDam™

RUBBER DAM



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

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



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



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

# **DermaDam™ Synthetic**

DENTAL DAM



# Zero 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)

20PK

1.realityesthetics.com

# 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.

# Ultradent™ Luer Vacuum Adapter



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

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



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

# DRIES CANALS FASTER THAN EVER



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



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



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



4. Insert paper points to verify level of dryness.

"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









# NEW!



BROADBAND LED CURING LIGHT

# HE CURING LIGHT REIMAGINED

# COMPLETELY REDESIGNED

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

# **INCREASED LENS SIZE**

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

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

# ACCELEROMETER FUNCTION

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

#### HIGH-GRADE AEROSPACE ALUMINUM

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

### SIMPLIFIED INTERFACE

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

#### **5-YEAR WARRANTY**

 Includes a 5-year manufacturer warranty

### 12 LED CHIPSET

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

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

## **CYCLING BETWEEN MODES**

# and cycle through

**CURING MODES:** Move the VALO X light forward in a drum tap motion to access 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.

# TWO CURING LENSES



Lens

LAKO ST

ProxiCure<sup>™</sup> Ball Lens

# **INCLUDED LENS ACCESSORIES**



TransLume<sup>1</sup> Lens



THREE DIAGNOSTIC AID LENSES

Interproximal Lens



# new

# VALO™ X

BROADBAND LED CURING LIGHT



- 12 ultra-high-energy broadband LEDs cure all dental materials
- Optimally collimated beam delivers consistent, uniform power
- Two curing modes—Standard Power and Xtra Power accommodate your preferences
- Extremely durable build, crafted with high-grade aerospace aluminum, allows for excellent thermal management
- Simplified interface with curing and diagnostic aid modes included
- Slim, unibody design and ergonomic shape allows unprecedented access to all restoration sites
- New Accelerometer Feature allows you to quickly change between modes with a drum-tap motion
- Second activation button on the underside allows for intuitive operation
- Five accessory lenses included with the kit for curing and diagnostic aid purposes
- Power adapter included for clinicians to use the light as cordless or corded
- International power supply is suitable for power outlets from 100 to 240 volts: no batteries needed

The VALO X light is the curing light reimagined. Its simplified design allows for one button activation and its Accelerometer Function allows the clinician to cycle between power and diagnostic 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-cured dental materials while providing excellent breadth of cure and consistent performance. This intensity will also penetrate porcelain and is capable of curing underlying resin cements. The handpiece is designed to rest in a standard dental unit bracket or can be custom-mounted using the bracket included in the kit.

# **EQUIPMENT**





#### 5973 - VALO X Corded Kit

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



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



5189 - VALO X Assembled Cord 1pk



4951 - VALO X Battery Charger 1pk







5437 - VALO X Batteries 2pk



4665 - VALO X Barrier Sleeves 100pk

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

—DR. FRED RUEGGEBERG, DDS

# VALO™ & VALO™ Grand

LED CURING LIGHTS

















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

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

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







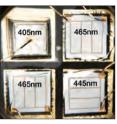


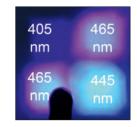
True unibody construction via machining ensures durability and superior heat dissipation and facilitates the elegant, ergonomic, and streamlined design that enables the VALO light to access areas other curing lights simply cannot reach.

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

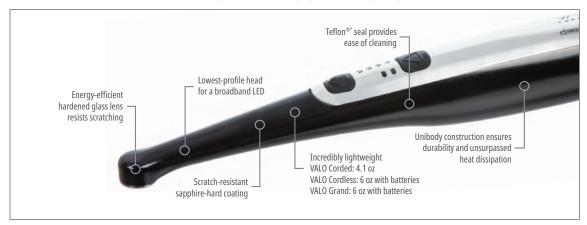


Unique glass lens system forms the light's collimated blended beam





## IMPORTANT DESIGN FEATURES



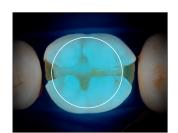
Available on ALL VALO curing lights.



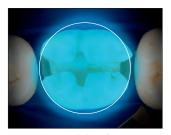
Available on VALO Grand and VALO Grand corded curing lights.



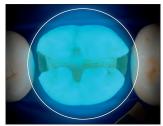
Available on VALO corded and VALO Grand corded curing lights.



Average competitor surface area 46 mm²



VALO curing light surface area 78 mm²



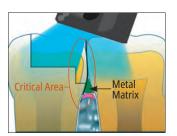
VALO Grand curing light surface area 107 mm<sup>2</sup>



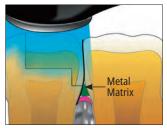
The angle of competitor's 60° light guide causes overextension of jaw and often makes it impossible for light to reach all aspects of preparation.



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



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



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

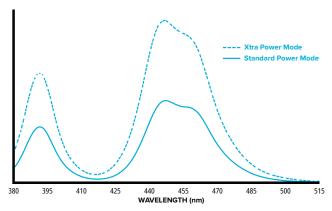
<sup>\*</sup> Trademark of a company other than Ultradent. 1. realityesthetics.com.

#### **VALO TECHNICAL INFORMATION**

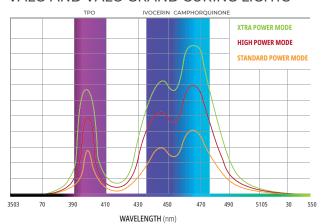
VALOTE	HNICAL INF	ORMATION
Range of Light Output (nm)	VALO X: 385 nm–515 nm VALO and VALO Grand: 385 nm–515 nm	
Wand Weight	VALO X: 136 g (4.8 oz) VALO X without batteries: 108 g (3.8 oz) VALO X corded: 158 g (5.6 oz) VALO Grand: 190 g (6.7 oz) VALO Grand without batteries: 150 g (5.3 oz) VALO Cordless: 190 g (6.7 oz) VALO Cordless without batteries: 150 g (5.3 oz) VALO Cordless without batteries: 150 g (5.3 oz) VALO Corded: 115 g (4.1 oz)	
Dimensions	VALO X: 8.9" L x 0.83" W x 0.83" H VALO and VALO Grand Cordless: 8" L x 1.1" W x 1.3" H VALO and VALO Grand Corded: 9.25" L x 0.8" W x 0.75" H	
VALO X Power Supply	Protected, Rechargeable, Li-Ion battery 1IMR14/65, Smart battery charger 4.2 VDC Li-Ion, Medical grade power adapter (CE, WEEE) 100VAC 240VAC	
VALO Cordless and VALO Grand Power Supply	· · · · · · · · · · · · · · · · · · ·	
VALO Power Supply	9V DC at 2A, medical grade (UL CE) with surge protection of 100VAC to 240VAC	
	Total Power (mW)	IRRADIANCE (mW/cm2) Gigahert Spectrum Analyzer
VALO X Xtra Power VALO X Standard	2700 1350	2200 1100
VALO Grand Xtra Power VALO Grand High Power Plus VALO Grand Standard	2260 1615 970	2100 1500 900
VALO Xtra Power VALO High Power VALO Standard Power	1550 960 655	2100 1300 900
Lens Diameter	VALO X: 12.5 mm VALO Grand: 11.7 mm VALO and VALO Cordless: 9.8 mm	
Light Timing Programs	Adjustable time options	

## **EFFECTIVE COMPOSITE-CURING WAVELENGTH BANDS**

VALO X CURING LIGHT



# VALO AND VALO GRAND CURING LIGHTS







# VALO™, VALO™ Ortho, and VALO™ Grand Lenses

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

# **PointCure**<sup>™</sup> Lens



The PointCure lens is a clear, 2.5 mm diameter lens used for pinpoint curing of small composites, to aid in positioning, and tack curing.

VALO/VALO Ortho	2pk
PointCure Lens	5934



VALO Grand	2pk
PointCure Lens	4082



# ProxiCure™ Ball Lens





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

VALO/VALO Ortho **2pk**ProxiCure Ball Lens 5936



VALO Grand	2pk
ProxiCure Ball Lens	4081



# TransLume<sup>™</sup> Lens



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

VALO/VALO Ortho	2pk
TransLume Lens	5937



VALO Grand	2pk
TransLume Lens	4084



# **Interproximal Lens**



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

# VALO/VALO Ortho **2pk**Interproximal Lens 4629



VALO Grand	2pk
Interproximal Lens	4658



# **Black Light Lens**



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

VALO/VALO Ortho	1pk
Black Light Lens	5939



VALO Grand	1pk
Black Light Lens	4319



# **White Light Lens**



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

VALO Grand	2pk
White Light Lens	4628

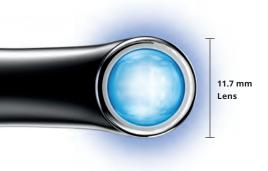




# **EQUIPMENT**

# VALO™ Grand Cordless

LED CURING LIGHT













Best LED Curing Light



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

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

1. realityesthetics.com.



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

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

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

5963 - VALO Grand Rechargeable Batteries 2pk



5962 - VALO Grand Battery Charging Unit 1pk





5961 - VALO Charging Unit Power Supply 1pk

1667 - VALO Surface Mounting Bracket 1pk



3604 - VALO Grand Light Shield 1pk





4666 - VALO Grand Cordless Barrier Sleeves 100pk



# **EQUIPMENT**



# **VALO™** Cordless

LED CURING LIGHT













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

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

1. realityesthetics.com.



#### 5941 - VALO Cordless Kit

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

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

5963 - VALO Cordless Rechargeable Batteries 2pk



5962 - VALO Cordless Battery Charging Unit 1pk





5961 - VALO Charging Unit Power Supply 1pk

1667 - VALO Surface Mounting Bracket 1pk



5929 - VALO Cordless Light Shield 1pk





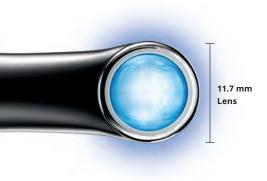
4667 - VALO Cordless Barrier Sleeves 100pk





# **VALO™** Grand Corded

LED CURING LIGHT













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

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

1. realityesthetics.com.



#### 5971 - VALO Grand Corded Kit

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



5930 - VALO Power Supply - 6' cord

5933 - VALO Power Supply - 16' cord

1667 - VALO Surface Mounting Bracket 1pk



3604 - VALO Grand Light Shield 1pk





4669 - VALO Grand Barrier Sleeves 100pk







# **VALO™** Corded

LED CURING LIGHT













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

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

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

—DR. JOHN KANCA, DDS – MIDDLEBURY, CT

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

—DR. MARK COLONNA, DDS – WHITEFISH, MT

1. realityesthetics.com

#### 5919 - VALO Corded Kit

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



5930 - VALO Power Supply - 6' cord

5933 - VALO Power Supply - 16' cord

1667 - VALO Surface Mounting Bracket 1pk



5935 - VALO Light Shield 1pk





4668 - VALO Barrier Sleeves 100pk





# Gemini™

810 + 980 DIODE LASER

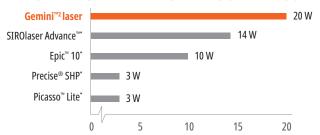


- 20 watts of peak super-pulsed power for faster, smoother cutting
- Dual wavelength technology combines the optimal pigment absorption of the 810 nm wavelength and the optimal water absorption of the 980 nm wavelength in diode lasers
- Sleek, innovative design features a stunning transparent electroluminescent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



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# DIODE LASER PEAK POWER COMPARISON<sup>1</sup>





# 8980 - Gemini Laser Kit

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



# 8998 - Gemini PBM Adapter Kit

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



8999 - Gemini PBM Spacer Tip Kit 5pk

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







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





# Gemini EVO™

810 + 980 DIODE LASER



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



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

60





#### 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 DC Power supply 3 x PBM Adapters (25 mm, 7 mm, 3 mm)



9125 - Gemini EVO Power Supply 1pk



9127 - Gemini EVO Handpiece Shell 1pk



8985 - Gemini EVO Safety Glasses 1pk



8983 - Gemini EVO 5 mm Pre-Initiated Tip *25pk* 8984 - Gemini EVO 7 mm Uninitiated Tip *25pk*  Note: If you would like to order the PBM adapters or Gemini EVO foot pedal, please contact Equipment Repair at 801.553.4574.



# 9123 - Gemini EVO Intraoral PBM Adapter Kit

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



# 9124 - Gemini EVO Extraoral PBM Adapter Kit

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



8999 - Gemini EVO PBM Spacer Tip Kit 5pk



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

# Ultrawave™ Piezo Ultrasonic



- Connects directly with your in-office water supply for constant flow
- Compact design of unit makes it portable and easy to fit on a counter or treatment tray
- Reflex<sup>™\*</sup> technology allows automatic frequency adjustments creating a high precision application
- Lightweight and ergonomic handpiece reduces physical stress caused by repetitive movements
- The unique Color-Coding System matches tips to the ideal power setting
- Wide range of amplitudes (power) for multiple clinical procedures
- Less water needed than other devices, increasing patient comfort



F58340 - Ultrawave Kit

1 x Ultrawave unit 1 x Handpiece 1 x Each tip (scaling 1, scaling 10Z, and H3) 2 x Blue wrenches



\* Trademark of a company other than Ultradent.

# Ultrawave™ XS LED Piezo Ultrasonic



- Ultrawave XS device comes with LED handpiece for better visibility and working comfort
- Large-capacity, detachable 300 ml tank for irrigation solution
- Reflex<sup>™\*</sup> technology allows automatic frequency adjustments creating a high precision application
- Lightweight and ergonomic handpiece reduces physical stress caused by repetitive movements
- The unique Color-Coding System matches tips to the ideal power setting
- Wide range of amplitudes (power) for multiple clinical procedures
- Less water needed than other devices, increasing patient comfort
- Can be used with Ultradent irrigants directly from bottles via bottle connector

Ultrawave and Ultrawave XS piezoelectric devices utilize advanced ultrasonic technology. Unlike sonic or magnetostrictive scalers, these piezoelectric devices offer improved performance and better control of the various tips. As the tips move in a linear motion at an ultrasonic frequency of up to 36 kHz, a microstreaming effect creates a cavitation that helps eliminate biofilm in the periodontal pocket and inside the root canals.



## F58100 - Ultrawave XS LED Kit

1 x Ultrawave XS LED unit 1 x LED handpiece 1 x Each tip (scaling 1, scaling 10Z, and H3) 2 x Blue wrenches



F12617 - Ultrawave XS LED Handpiece 1pk



# Ultrawave™ XS NiTiSonic Tip, Bottle Connector Kit, and Bottle Caps









4307 - Ultrawave XS NiTiSonic Tip & Bottle Connector Kit

1 x Each bottle cap with valve, connector base, empty bottle and Ultrawave Metal Flat Wrench 4 x Ultrawave NiTiSonic tips

4308 - Ultrawave XS Bottle Cap 1pk



# Ultrawave<sup>™</sup> 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 procedure
- Sterilization: tips are autoclavable and suitable for sterilization
- Ring color correlates with Ultrawave Power

**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.

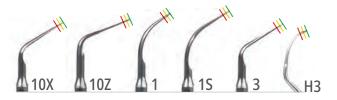
F00245 - Ultrawave 1 Slim Scaling Tip 1pk













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

Ultrawave<sup>™</sup> Acteon®\* Satelec®\* Wrenches





For removing discolorations and stains.

F00248 - Ultrawave 3 Scaling 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 unequalled by any other ultrasonic tip for more comfortable treatment.		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.
Most popular tip for treatment of anterior teeth. The guiding edge is used parallel to the pocket.  F00369 - Ultrawave H3 Tip 1pk	STEEN TRANSPORT	Specially designed for irrigation. <b>F43760 - Ultrawave NiTiSonic Tips</b> <i>4pk</i>
For treating implants, veneers, and porcelain crowns.  F00702 - Ultrawave PH1 Tip 4pk	e i	Tapered smooth tip for retreatment and instrument fragment removal. <b>F88018 - Ultrawave ET25 Tip</b> <i>1pk</i>
Left-angled micro tip recommended for maintenance of moderate to deep pockets and furcations.  F02161 - Ultrawave TK2-1R Tip 1pk	e l	Diamond-coated tip locates and opens calcified canals. <b>F88020 - Ultrawave ETBD Tip </b> 1pk
Right-angled micro tip recommended for maintenance of moderate to deep pockets or furcations.  F02162 - Ultrawave TK2-1L Tip 1pk		Apical surgery tip. <b>F00065 - Ultrawave AS3 Tip <i>1pk</i></b>
Recommended for examining and maintenance of moderate to deep pockets or furcations. <b>F01001 - Ultrawave TK1-1S Tip </b> 1pk		Removes the cement interface between post and canal wall.  F88011 - Ultrawave ET20 Tip 1pk

<sup>\*</sup> Acteon® and Satelec® are trademarks of Satelec, a company of Acteon Group.





# Try ChlorCid<sup>™</sup>, ChlorCid<sup>™</sup> Surf, EDTA, and the Award-Winning Consepsis<sup>™</sup> Irrigants

# **ChlorCid™**

3% SODIUM HYPOCHLORITE SOLUTIONS



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

**4612 - ChlorCid Bottle 1pk** 480 ml (499.2 g) bottle



Check with local dealer for availabilty.

# 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 q) bottle



Check with local dealer for availabilty.

# Ultradent™ EDTA 18% Solution



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

**4616 - EDTA Bottle 1pk** 480 ml (532.32 g) bottle



Check with local dealer for availabilty. Ground shipping only.

# Consepsis™

2% CHLORHEXIDINE ANTIBACTERIAL SOLUTION





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

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

**4614 - Consepsis Bottle 1pk** 480 ml (446.4 q) bottle



Check with local dealer for availabilty.

1. realityesthetics.com. 2. Leonardo MR, Filho MT, Silva LA, Bonifácio KC, Ito IY. In vivo antimicrobial activity of 2% chlorhexidine used as 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.

# UltraTect™

PROTECTIVE EYEWEAR



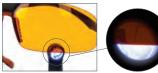
UltraTect protective eyewear is made for the modern dental environment. The high-quality, lightweight frames and polycarbonate lenses are both comfortable and durable, and they meet ANSI and CE safety standards for protection against impact injuries and chemical exposure. Clinicians, assistants, and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

Note: Do not use for laser protection.









Glasses are flexible and impact resistant for ultimate durability.

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

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

# Machine III™

VACUUM FORMER

Machine III vacuum former uses a single, 3-position toggle switch that activates the unit's heating element, vacuum pump, and power. An indicator light in the base alerts the operator when the heating element is activated and ready for operation.



7000330 - Machine III Vacuum Former 110 v

# Ultrasep™ III

**MOLD RELEASE** 

- Quickly and easily removes vacuum-formed parts
- Minimizes distortion and reduces defects
- Contains no CFC propellants or solvents
- Provides outstanding surface coverage
- Colorless and nonstaining

176 - Ultrasep III 1pk



# **Ultradent™ Utility Vinyl Cutters**

• Use for gross trimming of tray





604 - Ultradent Utility Vinyl Cutters 1pk

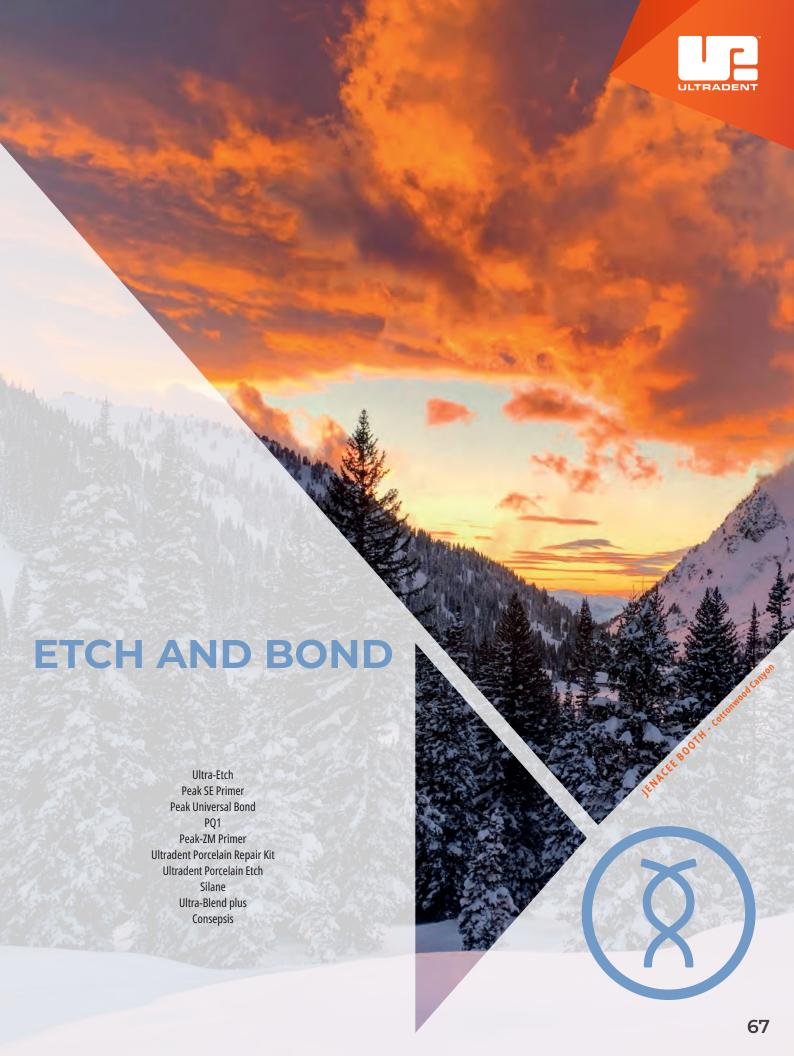
# Ultradent™ Ultra-Trim Scalloping Scissors

- 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





# **ETCH AND BOND**

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

Listed as a "TRIED & TRUE" product.5

# The industry leader for more than <u>35 years</u>

# Ultra-Etch™

ETCH AND RINSE ETCHANT







Inspiral<sup>™</sup> Brush Tip page 133

• Self-limiting<sup>2</sup> on dentin

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

Ultra-Etch etchant 35% phosphoric acid solution features ideal viscosity, which facilitates precise placement and superior control. It is self-limiting in its depth of etch (average depth of 1.9 µm with 15-second etch),<sup>2</sup> creating an etch pattern that adhesives can penetrate for increased bond strength. Studies demonstrate Ultra-Etch etchant's unique self-limiting chemistry on dentin creates an optimal surface to receive resin.<sup>3</sup> Though Ultra-Etch etchant is viscous, it can penetrate into the occlusal fissures or vertical surfaces due to physical and chemical properties that promote capillary action. Its ideal viscosity maintains a layer that is thick enough to prevent premature drying.

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

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







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

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

—DR. C. BRADFORD THOMÁS – GALVESTON, TX

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

—DR. DAVID D. MAY – HEMET, CA

163 - Ultra-Etch Syringe Kit Ank

**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

x 30 mi (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 q) syringe



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

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

# Peak™ SE Primer

NO-RINSE SELF-ETCHING PRIMER











Black Mini™ Brush Tip page 132

- Top-rated bond strengths by an independent non-profit dental education and product testing institute<sup>2</sup>
- Delivers fresh, stable chemistry
- Easy, one-coat technique
- Precise and convenient application
- · No rinse needed

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

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

#### FOR INDIRECT BONDING



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



2. Thin/dry for 3 seconds.



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



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

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

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



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



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



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

#### REFRIGERATE



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



# 4554 - Peak™ Universal Bond Self-Etch Syringe Intro Kit

1 x 1.2 ml (1.24 g) Peak Universal Bond syringe 1 x 1.0 ml (0.993 g) Peak SE Primer syringe 20 x Black Mini Brush tips 20 x Inspiral Brush tips



# 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

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

# **ETCH AND BOND**

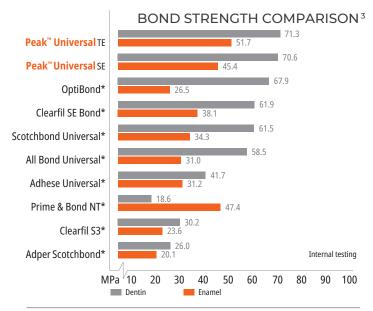
# Peak™ Universal Bond

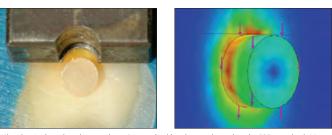
LIGHT-CURED ADHESIVE



- Features Ultradent's Dymetech™ phosphate monomer blend for enhanced strength and greater versatility
- Contains 0.2% chlorhexidine to help ensure long-term bond strength<sup>2</sup>
- Bonds to all dental substrates
- Ideal for direct and indirect bonding, as well as post and core procedures
- Works with self-etch and total-etch techniques
- Available in syringe or bottle delivery

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





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



# 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 Inspiral Brush tips



# 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



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

#### REFRIGERATE

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



4545 - Mixing Wells 100pk



4548 - Micro Applicator Brush 400pk 200 x Each color



<sup>\*</sup> Trademark of a company other than Ultradent. 1. realityratings.com 2. Breschi L, Maravic T, Comba A, et al. Chlorhexidine preserves the hybrid layer in vitro after 10-years aging. *Dent Mater.* 2020;36(5):672-680. doi:10.1016/j. dental.2020.03.009 3. Data on file.

# PQ1™

SINGLE-RESIN BONDING







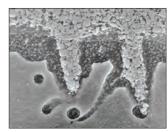
Inspiral™ Brush Tip page 133

- High bond strengths<sup>2</sup> to dentin creating long lasting bonds
- Ideal for direct bonding procedures
- Highly filled for convenient placement and ease of use
- Chemistry is radiopaque
- Cures with all dental curing lights

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

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





Note: Exceptional filler penetration for high-strength bonding.



615 - PQ1 Syringe Kit 2 x 1.2 ml (1.67 g) PQ1 syringes 2 x 1.2 ml (1.584 g) Ultra-Etch syringes 20 x Blue Micro tips 40 x Inspiral Brush tips



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

# 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
- Convenient syringe and bottle delivery options
- Significantly enhances bond strengths to resin cements
- Strong bond strengths to zirconia, alumina, and metal restorations

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

Note: Not for use with RMGI or GI.



#### 2464 - Peak-ZM Zirconia Primer Syringe Kit

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

# REFRIGERATE



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

1. Data on file.



# PEAK-ZM ZIRCONIA/METAL PRIMER TECHNIQUE GUIDE



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



2. Air abrade internal surface with 50µ AI02, at 50–80 psi. Look for uniform dull surface. Air clean and set aside.

NOTE: Contamination to the internal surface of the prosthesis will cause a decrease in bond strength. Keep area clean and free of phosphoric acid etch and saliva.

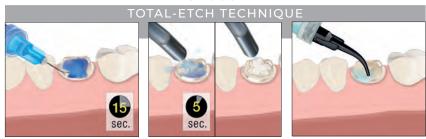


3. Clean tooth surface by applying an abrasive that is both oil and fluoride free such as Consepsis™ Scrub slurry.



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

#### **CHOOSE**

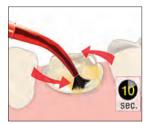


5. Apply Ultra-Etch™ etchant for 15 seconds. Rinse for 5 seconds, lightly dry, leave slightly damp. Recommended: Apply Consepsis™ solution to preparation, suction off excess.

# OR



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



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



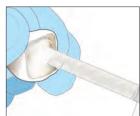
7. Thin aggressively with air and vacuum.



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



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



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

# Ultradent™ Porcelain Repair Kit

ETCH, SILANE, BOND RESIN, AND FLOWABLE COMPOSITE





- Includes all necessary pre-composite placement materials
- Yields the highest porcelain-to-resin bond strengths<sup>2</sup>
- Provides quick, easy repairs without mixing

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

# Rated excellent by a prominent independent research institute.<sup>2</sup>

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

—DR. FRED WALDSCHMIDT - BOURBONNAIS, IL

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

—DR. LLOYD B. SCHWARTZ - TROY, NY

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

—DR. FELICIA CHU – ELGIN, IL



#### 1108 - Ultradent Porcelain Repair Syringe Kit

1 x 1.2 ml (2.3 q) 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 q) Peak Universal Bond syringe 1 x 1.2 ml (1.33 q) 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

1. realityesthetics.com. 2. Pameijer CH, Fischer D. Repairing fractured porcelain: how surface preparation affects shear force resistance. J Amer Dent Assoc. 1996; 127(2):203-9. 3. Clinical Research Associates Newsletter, Volume 24, Issue 11, November 2000.

#### STEP-BY-STEP GUIDE FOR PORCELAIN REPAIR

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

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

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

# Ultradent™ Porcelain Etch and Silane

# 90-Second Etch—60-Second Silane



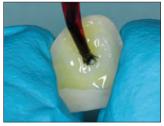


Black Mini™ Brush Tip page 132

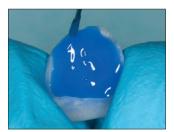
- Etch is easy to control and place
- Yields highest porcelain-to-resin bond strengths<sup>2</sup>
- Silane is a single component
- Use on feldspathic and lithium disilicate (IPS e.max<sup>®3</sup>) restorations

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

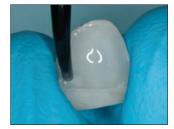
Porcelain Etch is designed for intraoral or extraoral porcelain etching. Use it for in-office etching of indirect restorations, such as veneers, inlays, etc. After porcelain etching, clean residual debris with Ultra-Etch™ etchant for 5 seconds and rinse thoroughly; follow with Silane application. Studies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



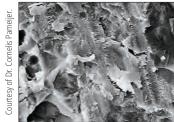
1. Etch ceramic bonding surface with Porcelain Etch for 90 seconds, rinse, and dry.



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



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





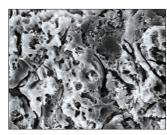
hydrofluoric acid etching for 90 seconds



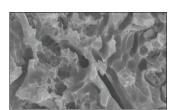
with Ultradent Porcelain Etch.



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



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



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



2. After removing porcelain salts with Ultra-Etch, 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 1.2 ml (1.332 g) syringes



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

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

# Ultra-Blend™ plus

DENTIN LINER AND PROTECTIVE BASE







Black Micro™ Tip page 133



Black Mini™ Tip page 132

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

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



Ultra-Blend plus liner used for pulp capping.

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

—DR. TERRY BRAUN – OCALA, FL

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

—DR. SHELDON BORUCHOW – AUDUBON, PA

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

—DR. SUZETTE NIKAS – CARMEL, IN

"Ultra-Blend plus liner application is easy!"
—DR. MIMI V. JOHNSON – BELLWOOD, IL

#### LIGHT-CURED MATERIAL FOR PULP CAPPING



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



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



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



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



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



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



# 415 - Ultra-Blend plus Syringe Kit

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



416 - Ultra-Blend plus Dentin Syringe 4pk
417 - Ultra-Blend plus Opaque White Syringe 4pk
1.2 ml syringes -

1.2 ml (1.6 g) Dentin syringes, 1.2 ml (1.68 g) Opaque White

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



# **ETCH AND BOND**

# Consepsis™

2% CHLORHEXIDINE ANTIBACTERIAL SOLUTION







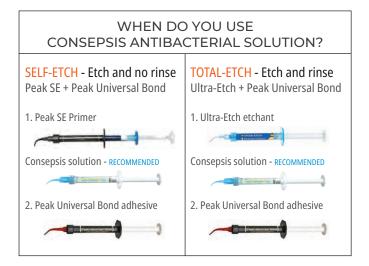
- Reduces potential for postoperative sensitivity
- No bond strength compromise<sup>2,3</sup>
- Syringe delivery makes placement easy

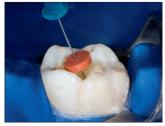
Consepsis antibacterial solution is a 2.0% chlorhexidine gluconate solution free of emollients that interfere with bond strength, unlike chlorhexidine mouth rinses.

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

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

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





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

0 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 q) syringes



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

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

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# JIFFY ONE, NOW YOU'RE DONE:

SINGLE-USE POLISHERS

DISPOSABLE POLISHERS FOR COMPOSITE MATERIAL







# 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





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.





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

# Jiffy™

ORIGINAL COMPOSITE SYSTEM





- Ultradent diamond grit gives a beautiful finish on any composite material
- Polishing cups feature a flared, flexible thin-wall design ideal for polishing near the gingiva
   Available with or without autoclavable aluminum blocks\*
- Not made with natural rubber latex
- Autoclavable



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



# High Shine Polish

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



# **Final Finish Option**

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

#### INTRAORAL SHAPING

# Recommended speed: 3,000-8,000 RPM



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



Jiffy Coarse Green disk shapes labial/buccal



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

# INTRAORAL POLISHING

#### Recommended speed: 3,000-8,000 RPM



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



Jiffy Medium Yellow disk polishes labial/ buccal surfaces.



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

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



# INTRAORAL POLISHING CONT.

# Recommended speed: 3,000-8,000 RPM







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



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





# 7010 - Jiffy Composite Polishing Variety Pack

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)

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)

#### 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.



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

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

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

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

# **Jiffy™** *Natural*

**COMPOSITE POLISHING SYSTEM** 





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

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

# Recommended speed: 5,000-8,000 RPM





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

# Recommended speed: 5,000-8,000 RPM





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



# 6304-1 - Jiffy Natural Composite Polishing Kit

1 x Jiffy Medium spiral polisher 1 x Jiffy Fine spiral polisher 1 x Jiffy Medium twirl polisher 1 x Jiffy Fine twirl 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.

# new







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

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



# **Jiffy**™ *Natural*

UNIVERSAL CERAMIC POLISHING SYSTEM



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

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

#### **EXTRAORAL POLISHING**

#### Recommended speed: 7,000-10,000 RPM



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



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

#### INTRAORAL POLISHING

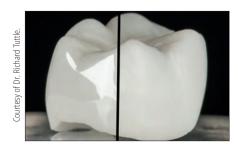
# Recommended speed: 5,000-8,000 RPM



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



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



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

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



# 6081-1 - Jiffy Natural Universal Extraoral Polishing Kit

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



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

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



# 6080-1 - Jiffy Natural Universal Intraoral Polishing Kit

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



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



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

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

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



# Jiffv"

**UNIVERSAL CERAMIC** ADJUSTING AND POLISHING SYSTEM





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

#### **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.

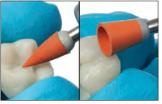


2. Use Jiffy HP Fine Universal wheel to create final polish.

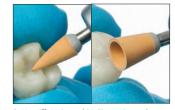
#### INTRAORAL POLISHING

- 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 pré-polish.

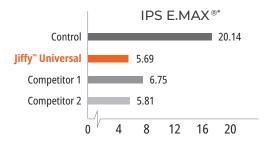


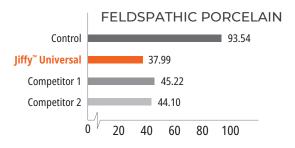
2. Use Jiffy Universal RA Fine point and cup to create final polish.



# SURFACE ROUGHNESS (UIN)2







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

—DR. ERIC HOLLANDER DDS - AUSTIN, TX

"These polishing kits give a very nice sheen and are better than any others I've used."
—DR. WILLIAM J. DUNBAR DDS - GLENCLOE, 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* 

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

# Ultradent™ Diamond Polish Mint







Black Mini™ Tip page 132

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



Use Ultradent Diamond Polish Mint with Jiffy Goat Hair Brushes.



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







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



1. realityesthetics.com.

# **Jiffy™ Composite Polishing Brushes**

REGULAR AND POINTED



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



Easily recognizable by their golden shafts.

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

#### Recommended speed: 1,000-3,000 RPM





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

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



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

1. realityesthetics.com.



# Jiffy™ Diamond Strips

# neu

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



4670 - Jiffy Diamond Strips Perforated Narrow Assorted 15pk 4674 - Jiffy Diamond Strips Perforated Wide Assorted 15pk

5 x Each Stainless Steel electroplated diamond strips (5 Medium, 5 Fine, and 5 Xfine)

4671 - Jiffy Diamond Strips Perforated Narrow Medium 10pk 4683 - Jiffy Diamond Strips Perforated Wide Medium 10pk 10 x Stainless Steel electroplated diamond strips

4672 - Jiffy Diamond Strips Perforated Narrow Fine 10pk 4676 - Jiffy Diamond Strips Perforated Wide Fine 10pk 10 x Stainless Steel electroplated diamond strips

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

# Jiffy™ Proximal Saw

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

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

# DeOx™

VISCOUS OXYGEN BARRIER SOLUTION







Black Mini™ Tip page 132

- Prevents oxygen-inhibited layer formation
- Provides easy delivery

DeOx barrier solution is a viscous, glycerine-based gel designed to prevent formation of an oxygen-inhibited layer on the surface of resin materials when they are polymerized.



Veneer containing luting resin is placed. Before curing, excess resin is removed from margin. DeOx barrier solution is coated over margins as shown here. Result: No oxygen inhibition on margin of luting resin surface upon polymerization; no ditching at margin.



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

1. realityesthetics.com.

# PermaSeal™

PENETRATING COMPOSITE SEALER







Black Micro™ FX™ Tip page 132

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

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

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

#### **NEW RESTORATIONS**



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



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

#### **EXISTING RESTORATIONS**



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



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



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

"Hands down, your composite sealer makes the composite look finished, gives it a glossy look, and fills' the microscopic pits. It makes or breaks my composites! I can't live without it!"

—DR. RICHARD J. HAULEY – SALT LAKE CITY, UT



631 - PermaSeal Syringe Kit 4 x 1.2 ml (1.3 g) syringes 10 x Black Micro FX tips

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

 realityesthetics.com.
 Dunn JR, Dole P, Fullerton B, Hennesy C. Microleakage of Class V composite restorations using a composite surface sealant. Biomaterials Research Center, Loma Linda University School of Dentistry. May 1996. Data on file

# PrimaDry™

**DRYING AGENT** 



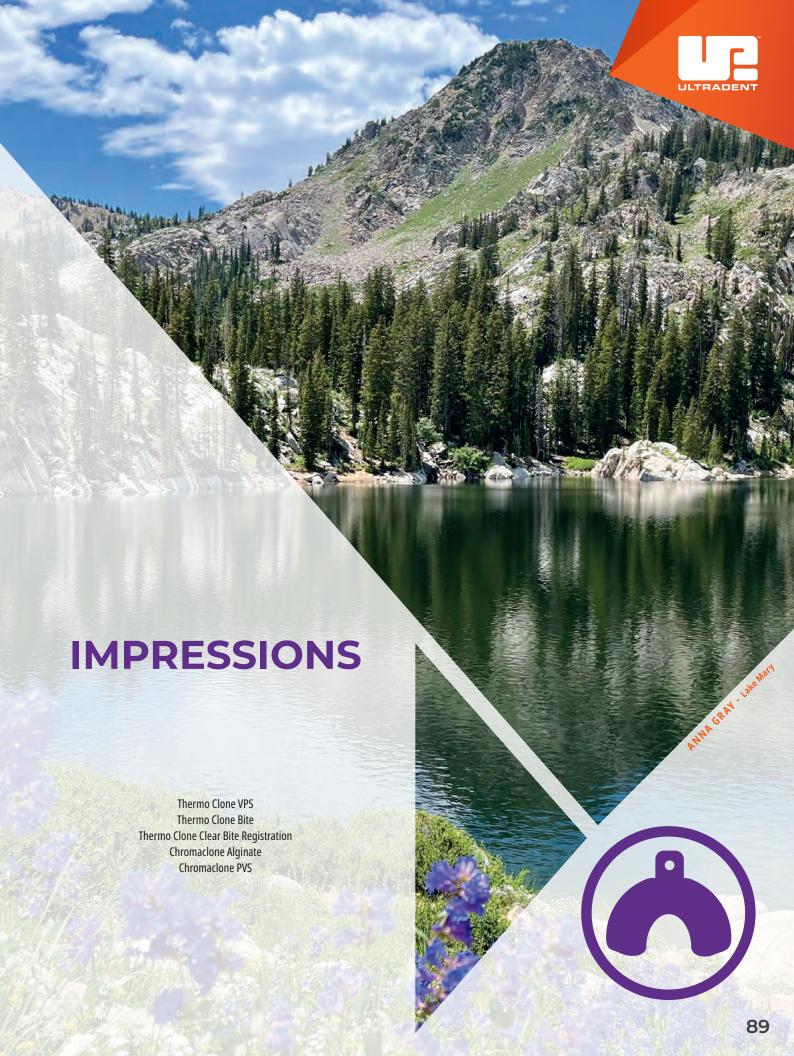


Black Micro FX™ Tip page 132

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



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





# Thermo Clone™ VPS

VINYL POLYSILOXANE IMPRESSION MATERIAL

# TAKE A GREAT IMPRESSION THE FIRST TIME







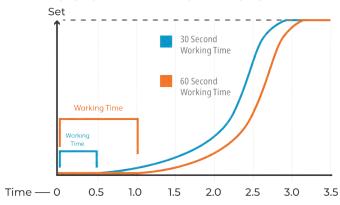


- Thermal-Accelerated Set ensures a long working time and short intraoral setting time
- Increased hydrophilicity reliably captures margins
- Highly thixotropic material flows into all gaps for maximum detail
- High tear strength with superb elastic recovery
- Bubble Gum scent

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

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

# THERMO CLONE HEAVY BODY FAST SET MATERIAL



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

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

Note: The Critical Zone denotes the time between when the material starts to set intraorally and when it is completely set.

This is when distortions most often occur, resulting in extra lab work, poorly fitting restorations, and costly retakes.

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

1. realityesthetics.com.

90 800.552.5512





# Thermo Clone™ VPS 50 ml Cartridges

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

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



50 ml	Regular <i>2pk</i>	Fast 2pk
Medium	4058	4066
Heavy	4059	4067

2 x 50 ml cartridges 6 x Mixing tips



50 ml	Fast 10pk
Light	4076

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



50 ml	Fast 10pk
Heavy	4077

10 x 50 ml cartridges 30 x Mixing tips



# Thermo Clone™ Bite Registration

BITE REGISTRATION MATERIAL

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



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

50 ml	2pk
Bite Registration	4072

2 x 50 ml cartridges 12 x Mixing tips



# Thermo Clone™ Clear Bite Registration

BITE REGISTRATION MATERIAL

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



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

50 ml	2pk
Clear Bite Registration	4079

2 x 50 ml cartridges 6 x Mixing tips



# Thermo Clone™ VPS 380 ml Jumbo Cartridges



Remove cap.



Attach Dynamic Mixing tip.

Load mixing machine.

380 ml Regular 1pk Fast 1pk 4068 4070



1 x 380 ml cartridges 10 x Dynamic Mixing tips



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



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

# (A) 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



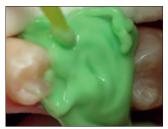
4. Soak Ultrapak™ knitted cord in ViscoStat™ hemostatic, pack, and leave for 5 minutes.

# **DRYING/TESTING**



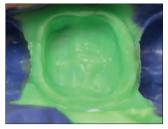
5. Remove Ultrapak knitted cord, follow with a firm air/water spray and dry.

#### TAKE IMPRESSION



6. Express Thermo Clone VPS impression material.

#### RESULT



7. Predictable quality impressions.

#### **HYDROPHILIC**

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

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



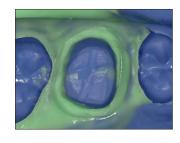
Initial water contact.

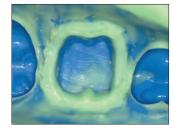


After 30 seconds.

#### **THIXOTROPIC**

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





# Thermo Clone™ VPS Accessories

5100 - Dispensing Gun 1pk



4074 - Tray Adhesive 10 ml Bottle 1pk



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# **Chromaclone**™

ALGINATE





# 5-DAY STABILITY FOR IMPRESSIONS

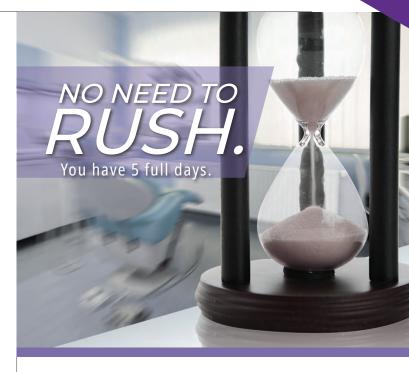


- Dimensionally stable up to five days
- Great Bubble Gum flavor
- Dust-free mixing
- Silicone-like consistency
- Highly accurate
- Fast Set changes color
- Extra Fast Set is ideal for sensitive patients
- Great for gaggers

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.





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

4033 - Chromaclone 5-day FAST SET Kit 5502 - Chromaclone Ortho 5-day EXTRA FAST SET Kit

1 x 1 lb bag of Chromacione 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

1. realityesthetics.com.



# Chromaclone™ PVS

HYDROPHILIC POLYVINYL SILOXANE IMPRESSION MATERIAL













SUPER LIGHT

WASH/LIGHT

MEDIUM/ MONOPHASE

HEAVY BODY

CLONE BIT

- 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**



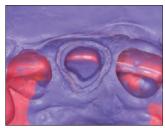
1. Apply light body impression material around outer edges of preparation.



3. Insert tray and make impression.



2. Cover preparation in light body impression material.



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

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

50 ml	Regular <i>2pk</i>	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

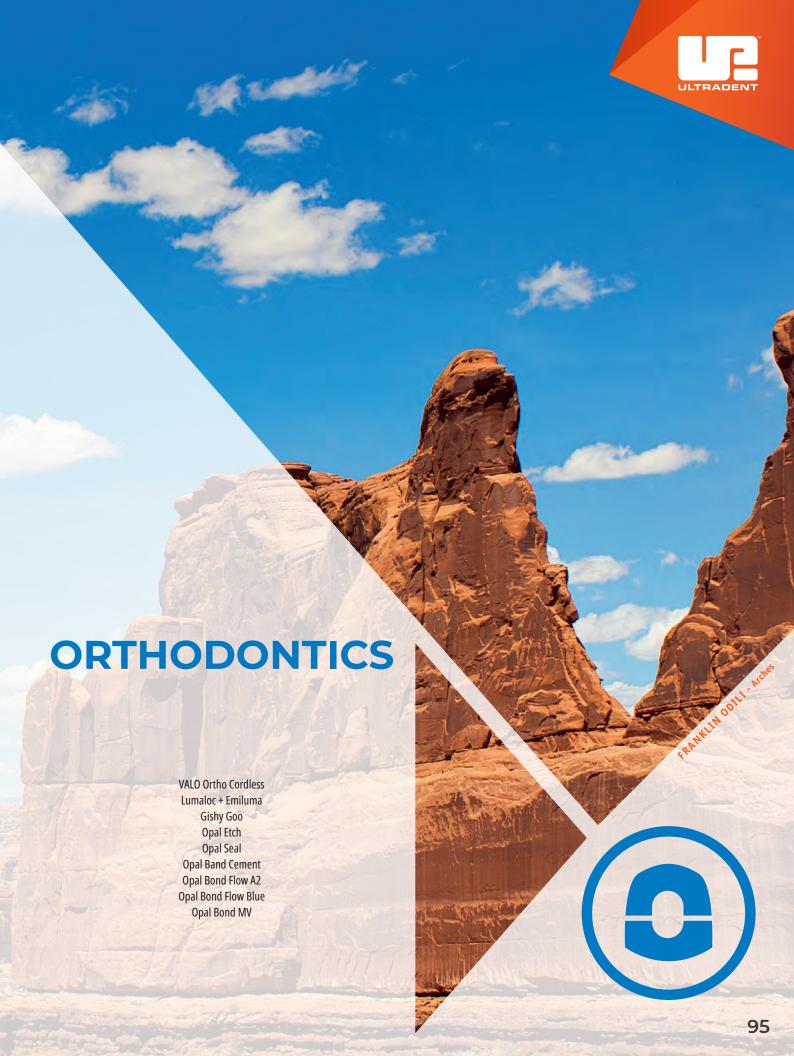
2 x 50 ml cartridges 12 x Mixing tips



# Chromaclone™ PVS Accessories



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





# **ORTHODONTICS**

# **VALO™** Ortho Cordless

LED CURING LIGHT

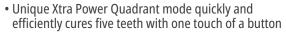












- Powerful, optimally collimated beam delivers consistent, even cures directly over the labial face of the bracket
- Slim, low-profile design allows unprecedented access anywhere in the mouth
- Highly efficient LEDs keep the wand body cool to the touch
- Intuitive timer controls are easy to operate and user-friendly
- Battery-operated, cordless wand provides optimal convenience and flexibility
- Rechargeable batteries are environmentally responsible, safe, and inexpensive

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 above 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, 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

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



#### 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

96 800.552.5512

# Lumaloc™

# + Emiluma<sup>™</sup>

VINYL POLYSILOXANE

TRANSPARENT SILICONE FOR IDB

- Materials chemically cure together to create a single tray with a soft interior
- Made of transparent material that allows brackets to be light cured through indirect bonding trays
- Unique formulations allow both products to remove cleanly without crumbling
- Easy-to-use cartridges fit in a standard impression material dispensing gun

Essential tools for indirect orthodontic bonding, Emiluma and Lumaloc indirect bonding materials are made of transparent silicone that allows quick and precise delivery to the arch.

Emiluma material is soft enough to remove indirect trays without debonding brackets yet firm enough to maintain accurate bracket positioning. Lumaloc material cures stiff to ensure proper tray fit and precise bracket placement, yet it's still easy to shape, mold, and trim.

Supported by Dr. Richard P. McLaughlin and the developer of the Quick IDBS™
—DRS. MASATADA KOGA, KAZUYA WATANABE, AND TAKAKO KOGA

50 ml	Kit
Lumaloc	500-088
Emiluma	500-081

2 x 50 ml cartridges Emiluma - 20 x Mixing tips Lumaloc - 12 x Mixing tips





500-080 - Emiluma Essentials Kit

1 x Dispensing gun 3 x 50 ml cartridges 30 x mixing tips



5100 - Dispensing Gun 1pk

# Emiluma Material

# Lumaloc Material





1. Take impression and bond brackets on stone model.



2. Express Emiluma material onto model in a continuous stream, with a bead-sized amount over each bracket. Immediately follow with placement of Lumaloc material.





3. Wrap the model in plastic film (recommended width: 25 mm, length: 250 mm) while Lumaloc material sets up. Surround the facial wall of the tray and cover the occlusal surface.



5. When Lumaloc material is set, remove plastic film from model. Trim excess material around tray.



6. Place model in water for 30 minutes.



7. Starting with the posterior, remove the tray from model, ensuring that brackets remain in the tray.



8. Clean bracket base, removing all debris but leaving adhesive.



9. Mark the center of the tray to ease placement. Proceed with bracket placement.

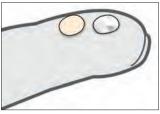
# **ORTHODONTICS**

# Gishy Goo™

POLYVINYL SILOXANE ELASTOMER

- Reduces costly emergency appointments
- Remains in place better than wax
- Provides lasting comfort for patients' lips, cheeks, and tongue

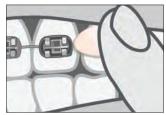
Gishy Goo material is a specially formulated polyvinyl siloxane elastomer that helps patients get comfortable with orthodontic appliances such as brackets, lingual braces, molar tubes, fixed and functional appliances, mouthguards, and other applications where soft tissues can be protected.



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.





# 500-006 - Gishy Goo Syringe One-Patient Kit

1 x 5 ml syringe of Gishy Goo 1 x Opalpix (32 pix) 1 x Set of instructions

# 500-011 - Gishy Goo Syringe One-Patient Kit 10pk

Each one-patient kit contains: 1 x 5 ml syringe of Gishy Goo 1 x Opalpix (32 pix) 1 x Set of instructions



500-059 - Gishy Goo Syringe 10pk 2749 - Gishy Goo Syringe 50pk 5 ml syringe

# Opal<sup>™</sup> Etch

35% PHOSPHORIC ACID

# Where Strong Bonds Begin



- Penetrates smallest fissures but won't migrate on a vertical surface
- Precise placement
- Rinses cleanly—leaves no residue



**500-012 - Opal Etch Syringe Kit**4 x 1.2 ml Opal Etch syringes
20 x Blue Micro tips



500-013 - Opal Etch Syringe 20pk 500-091 - Opal Etch Syringe 50pk 1.2 ml syringe



500-090 - Opal Etch IndiSpense™ Syringe 1pk 30 ml syringe



124 - 1.2 ml Empty Delivery Syringe 20pk
1.2 ml syringe

# UltraSeal XT™ hydro Black Light Keychain

• Use to assist in placement or removal of Opal Seal sealant



500069 - UltraSeal XT hydro Black Light Keychain 1pk

# **Revolutionizing Orthodontic Bonding**

# Opal<sup>™</sup> Seal

FLUORIDE RELEASING AND RECHARGING PRIMER



Metal Opal<sup>™</sup> Seal Tip page 138

- Releases and recharges fluoride<sup>1</sup>
- 38% filled with glass ionomer fillers plus nanofillers for long-lasting strength
- Nonyellowing and stain resistant
- Drying agent seeks out moisture and draws resin in, ensuring superior bonding and fluoride uptake
- Fluorescent properties make reapplication and removal easy and convenient

Opal Seal 38%-filled primer is used to prepare etched enamel for orthodontic bonding. Apply a thin layer of Opal Seal primer to etched enamel prior to bracket placement to enhance bonding and recharge fluoride uptake.1



Healthy enamel after orthodontic treatment with Opal Seal primer.



500-061 - Opal Seal Syringe Kit 4 x 1.7 g Opal Seal syringes 60 x Metal Opal Seal tips



500-062 - Opal Seal Syringe 20pk 1.7 q syringes



500-063 - Opal Seal Sample Syringe Kit 1 x 0.6 g Opal Seal syringe 3 x Metal Opal Seal tips

1. Data on file

# Opal™ Band Cement

TRIPLE CURE ORTHODONTIC BAND CEMENT



Opal Band Cement's bright blue chemistry is easy to see whether you're applying or removing it.

- Triple cure formula provides optimum bond strength for both regular banding and high-force appliance banding
- Convenient syringe delivery system offers superior control and no mixing of liquid and powders
- Glass ionomer fillers release fluoride for additional protection
- Bright blue chemistry facilitates easy placement, cleanup, and removal

Opal Band Cement eliminates the need to have one cement for regular banding and a different cement for high-force appliance banding. Its unique triple-cure formula creates optimal bond strengths for both. Opal Band Cement also contains glass ionomer fillers that react with moisture to strengthen the cure and release fluoride for additional health benefits.

Opal Band Cement comes in a convenient dual-barrel syringe that mixes the chemistry for you. It creates the ideal viscosity for easy placement and removal, and it makes application simple and mess free. No more mixing powders and liquids.



500-000 - Opal Band Cement Syringe Kit 4 x 8.5 g Opal Band syringes 50 x Mixing tips

500-086 - Opal Band Mixing Tips 20pk





500-087 - Opal Band Cement Sample Syringe Kit 1 x 3.4 g Opal Band syringes

4 x Mixing tips



# **ORTHODONTICS**

# Opal™ Bond Flow A2 Opal™ Bond Flow Blue

 Ideal for permanent retainers, bite ramps, occlusal buildups, and indirect bonding

Opal™ Bond Flow Tip page 138

- Optimal flow characteristics ease delivery and placement and help prevent slumping
- Contains a micro-nano hybrid filler for durable strength and wear
- Available in two shades: A2 and Blue
- Compatible with any light-cured bonding system
- Smooth finish and kind to opposing enamel



**500-041 - Opal Bond Flow A2 Syringe Kit**2 x 2.3 g Opal Bond Flow A2 syringes
20 x Opal Bond Flow tips



500-082 - Opal Bond Flow Blue Syringe Kit 2 x 2.3 g Opal Bond Flow Blue syringes 20 x Opal Bond Flow tips



**500-096 - Opal Bond Flow A2 Sample Syringe Kit**1 x 0.8 g Opal Bond Flow A2 syringe
3 x Opal Bond Flow tips

# Opal<sup>™</sup> Bond MV

MEDIUM-VISCOSITY LIGHT-CURED BONDING ADHESIVE



- Medium viscosity
- Butters easily into bracket mesh and minimizes drift upon placement
- Proprietary loading process nearly eliminates "run-on"
- Ergonomic contra-angle syringe delivers adhesive with precision and economy



Visibility under UV black light facilitates easy removal.

#### REFRIGERATE



500-065 - Opal Bond MV Capsule Kit 20 x 0.3 q capsules

20 x 0.3 g capsules 1 x Dispensing gun

#### **REFRIGERATE**

500-066 - Opal Bond MV Capsule 20pk 0.3 q capsules



#### REFRIGERATE



**500-067 - Opal Bond MV Syringe** *8pk 0.9 g syringes* 

#### REFRIGERATE

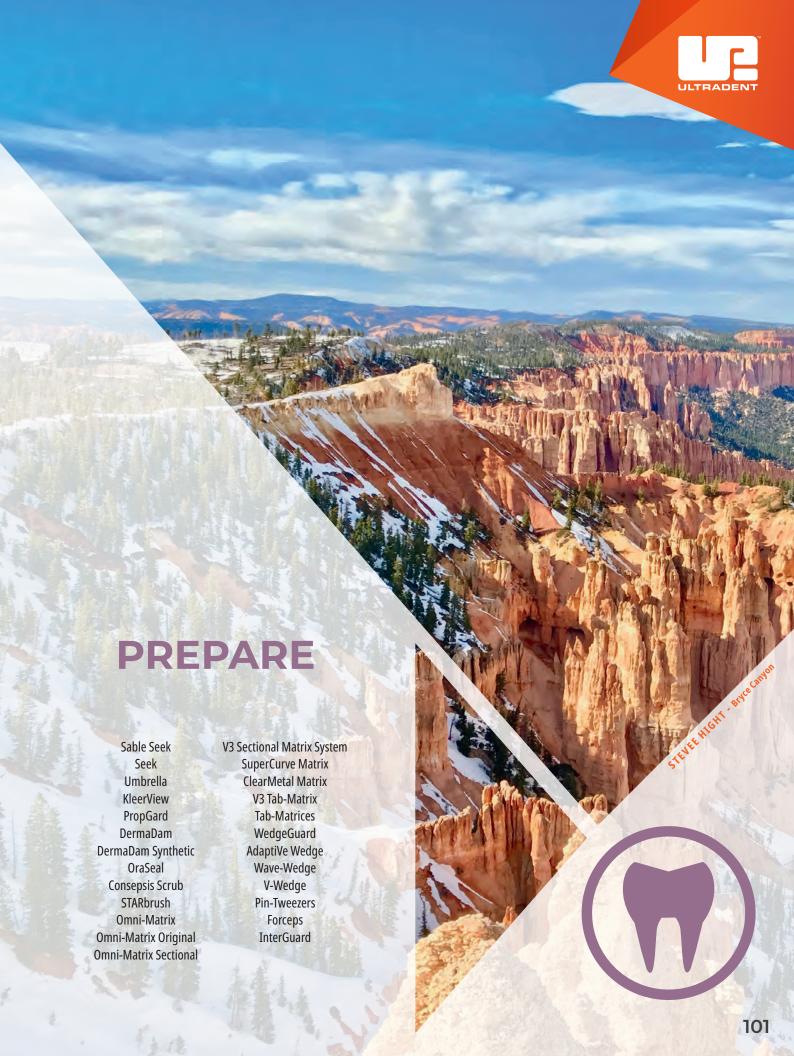


500-084 - Opal Bond MV Sample Syringe 1pk 0.3 g syringe

7800 - Dispensing Gun 1pk



100 800.552.5512





# Sable<sup>™</sup> Seek<sup>™</sup> and Seek<sup>™</sup>

CARIES INDICATORS







Black Mini™ Brush Tip page 132

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

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

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

#### **PROCEDURE**



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



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



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



4. Reapply. Rinse and verify appropriate caries removal.



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



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



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



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

1. realityesthetics.com.

# Umbrella™

TONGUE, LIP, AND CHEEK RETRACTOR



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

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

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

# **PROCEDURE**



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



DO NOT place the retractor upside down.



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



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



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



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



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

# **KleerView™**CHEEK AND LIP RETRACTOR

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



	3	5

Size	1pk	
Child	1820	
Adult	1821	

# **PropGard™**

MOUTH PROP



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

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



PropGard mouth prop protects adjacent teeth and tongue.



# 4100 - PropGard Kit

5 x Each PropGards large yellow and regular purple 10 x Each Tongue guards left and right



PropGard	Regular <i>5pk</i>	Large <i>5pk</i>
Soft	4105	4103
Firm	4101	4104



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

# DermaDam™

RUBBER DAM



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

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



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



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

# **DermaDam**<sup>™</sup> Synthetic

DENTAL DAM



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

# Zero sensitizing proteins



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

1. realityesthetics.com.



#### OraSeal™

CAULKING AND PUTTY







White Mac™ Tip page 135

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

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



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

#### **PROCEDURE**







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

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

#### **USES**



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



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



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



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



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



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



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



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



#### Consepsis<sup>™</sup> Scrub

CHLORHEXIDINE ANTIBACTERIAL SLURRY







White Mac™ Tip page 135

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

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

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

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

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

Use PermaFlo™DC luting resin.

See page 70 for Consepsis™ chlorhexidine antibacterial solution.

#### **PROCEDURE**





Use Consepsis Scrub antibacterial slurry with a rubber cup or STARbrush  $\!\!\!^\sim$  coronal brush to remove residual cement.

#### **BEFORE AND AFTER**





Refore

After.



#### 730 - Consepsis Scrub Syringe Kit 4 x 1.2 ml (1.89 g) syringes 2 x STARbrush brushes 20 x White Mac tips



546 - Consepsis Scrub IndiSpense Syringe Kit

1 x 30 ml (47.31 g) IndiSpense syringe

2 x STARbrush brushes

20 x White Mac tips

20 x 1.2 ml empty syringes



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



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

<sup>\*</sup> Trademark of a company other than Ultradent. 1. realityesthetics.com.



#### PROBLEM:

Staining under provisional crowns.

#### **SOLUTION:**

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

#### CHEMISTRIES (THE "WHYS"):

- 1. Hemostatic agents as well as the blood from cut tissues are both sources of iron, which reacts with the hydrogen sulfide gas (rotten egg gas, H<sub>2</sub>S) produced by anaerobic bacteria in this septic environment. The reaction yields ferric sulfide, the harmless yet annoying dark surface stain that is seen below. This stain can occur to a lesser degree solely from the natural iron in blood.
  - 2. Non-sealing cements allow saliva and bacteria to move between the temporary and preparation. Additionally, non-sealing provisionals are problematic as saliva and/or bacteria removes the smear layer, opening tubules to bacteria.

#### HOW TO PREVENT/TREAT:

- 1. If there is no bleeding you can use a hemostatic agent that is not ferric sulfate-based (e.g., ViscoStat™ Clear hemostatic). If a ferric sulfate-based agent is required, be sure to clean the preparation well as instructed below.
- Clean the preparation well. This can be done with Consepsis Scrub slurry and a STARbrush coronal brush or by etching with Ultra-Etch etchant for a couple of seconds and rinsing well.
  - 3. Use a quality hydrophilic provisional cement like Ultradent's non-eugenol, polycarboxylate, paste-to-paste UltraTemp temporary luting material.

Note: Similar staining can occur even under definitive direct and indirect restorations if contamination is on the preparation prior to bonding. It is recommended to etch with Ultra-Etch etchant prior to application of the dentin bonding agent.

#### CASE 1



Two weeks earlier Viscostat hemostatic agent was used to arrest bleeding. Provisional crowns were cemented with a popular NON-sealing, hydrophilic, resinbased temporary cement.

#### CASE 2



Provisionals have been removed.
Characteristic dark stain is observed on preparations. This can be removed by ultrasonic scaling and scouring with Consepsis "Scrub slurry. It's preferable to prevent it by using a hydrophilic provisional cements such as UltraTemp" temporary luting material.

#### **STARbrush**<sup>™</sup>

CORONAL BRUSH



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



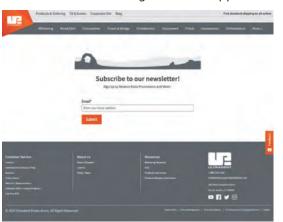
# Actual size

	30pk	50pk	100pk
STARbrush	1091	1092	1093

1. realityesthetics.com.

# Ultradent's e-newsletters

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





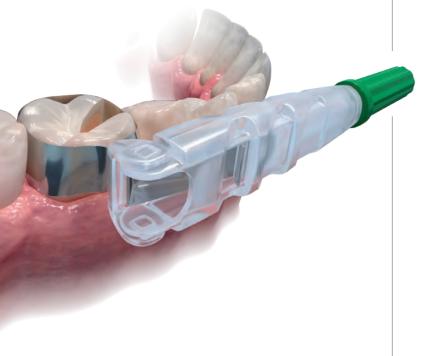
Visit ultradent.com/newsletter to sign up today!



#### Omni-Matrix™

DISPOSABLE RETAINER AND MATRIX







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

The Omni-Matrix disposable retainer and matrix is a superior circumferential matrix band solution. It's a simple restorative tool designed to perfectly 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.



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

Stainless Steel	Wingless 48pk	Winged 48pk
6.5 mm — .001" (.025 mm)	7701	8801
6.5 mm — .0015" (.038 mm)	7702	8802
5.2 mm — .0015" (.038 mm)	7704	8804

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

1. realityesthetics.com.

108 800.552.5512

# Omni-Matrix<sup>™</sup> Original DISPOSABLE RETAINER AND MATRIX



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

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





2. Tighten.





4. Dispose.



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

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

## Omni-Matrix<sup>™</sup> Sectional

MATRICES AND SECTIONAL MATRIX RINGS



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

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

#### **INSTRUCTIONS**



1. Place matrices then wedge.



2. Place retainer clamp.

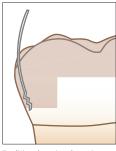


3. Begin restoration.

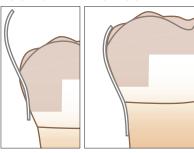


Optional: Stack multiple clamps.

#### CONSTANT RADIUS VS. REVERSE CURVE



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



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



318 - Omni-Matrix Sectional Kit

4 x Matrix clamps 40 x Each Regular, Regular Extended, Large, and Large Extended



317 - Omni-Matrix Sectional Clamps 4pk



Band Size	40pk
Regular	304
Regular Extended	305



Band Size	40pk
Large	309
Large Extended	316

# Triodent® V3 System™

SECTIONAL MATRIX SYSTEM







- Has wide applications for sectional matrix use
- Consistently achieves 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
- New 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







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 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 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

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



#### 403402 - SuperCurve Non-Stick Matrix Intro Kit

10 x SuperCurve Matrices 3.5 mm 25 x Each SuperCurve Matrices 4.5 mm, 5.5 mm, and 6.5 mm

Size	50pk	90pk
3.5 mm	403417	403403
4.5 mm	403418	403404
5.5 mm	403419	403405
6.5 mm	403420	403406
7.5 mm	403412	_



## 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	403387
4.5 mm	403372	403375
5.5 mm	403373	403376
6.5 mm	403374	403377
7.5 mm	403398	403397



#### **Triodent® ClearMetal™ Matrix**

- Transparent matrix band has the advantages of metal malleability
- Matrix can be used with the V3 Ring and AdaptiVe Wedge for precise anatomy and a "clear" advantage
- Anatomical design produces precise contours, saving finishing time
- Greater matrix curvature hugs tooth for stability during placement
- Matrix wings won't get in the way during ring placement
- Non-stick finish makes matrix removal easy

Size	50pk
4.5 mm	403328
5.5 mm	403329
6.5 mm	403330



# Triodent® Tab-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 quard leaves wedge in place after tooth prep





#### 403386 - WedgeGuard Intro Kit

25 x Each WedgeGuards Small, Medium, and Large

Size	50pk
Small	403383
Medium	403384
Large	403385



# Triodent® AdaptiVe Wedge™



- Transparent material allows curing light to pass through
- Wedge is suitable for all Class II cases, whether or not the cure-through option is used
- Notches enhance flexibility for precise matrix adaptation and retention

Size	100pk
Small	403324
Medium	403325
Large	403326
Extra-Large	403327



## Triodent® Wave-Wedge™

DISPOSABLE ANATOMICAL WEDGE



- Self-quiding for ease of placement and a true fit and seal
- Design accommodates gingival tissue and is stackable from opposite side
- Strong, anatomical design



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



#### **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® 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

#### InterGuard™

INTERPROXIMAL TOOTH GUARD





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





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

"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

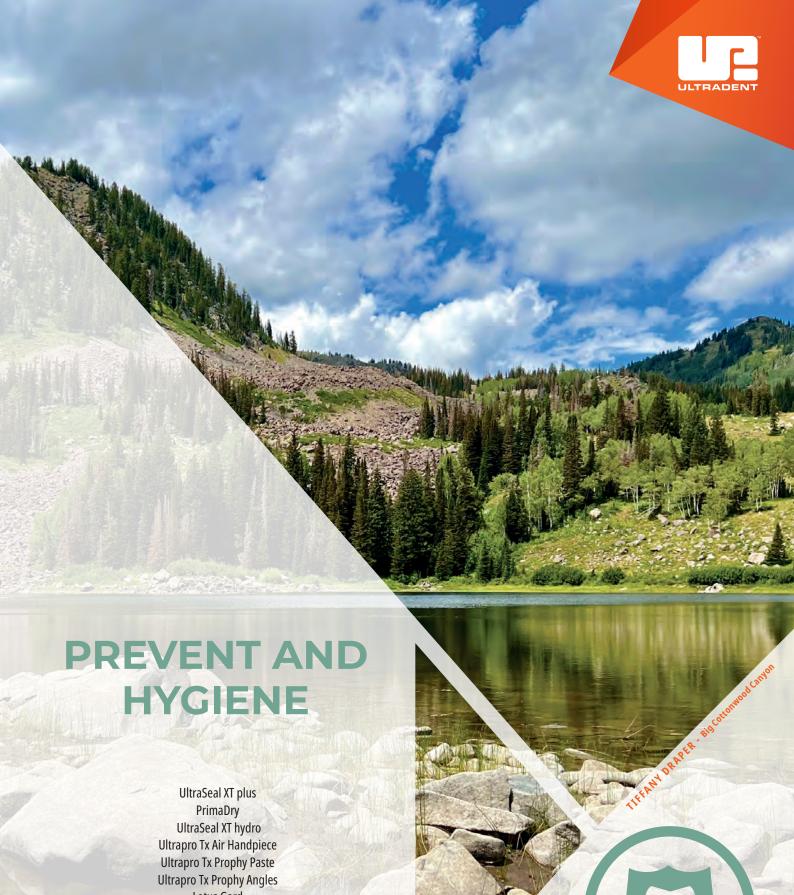


**3097 - InterGuard Kit** 5 x Each 4.0 mm and 5.5 mm

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.



Lotus Gard **Enamelast Fluoride Varnish Universal Dentin Sealant** Opalpix **Opalescence Whitening Toothpaste** 





#### THE LEADER IN SEALANTS since 1998!\*

## **UltraSeal XT™ plus**

HYDROPHOBIC PIT AND FISSURE SEALANT









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

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

#### **BEFORE AND AFTER**





Before.

After UltraSeal XT plus sealant.





Before. After UltraSeal XT plus sealant.

\*Reality Ratings. Reality. Reality Publishing Company 1998–2017. 1. realityesthetics.com. 2. 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, tested to internal procedures.

#### **FIVE SIMPLE STEPS**



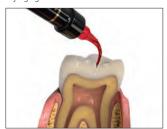
1. Etch for 30 seconds on uncut enamel, 15 seconds on cut enamel. Rinse.



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



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

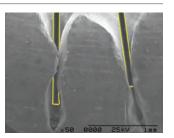


4. Place UltraSeal XT plus sealant.



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





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

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

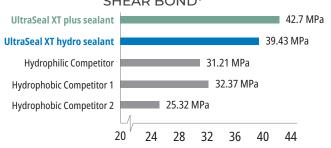
"We use this wonderful product on at least 30 patients a day. As a pediatric dentist for 38 years, prevention of cavities is the cornerstone of our practice. We have tried all the sealant products, and UltraSeal XT plus sealant has been the absolute best for ease of application and long-term retention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

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

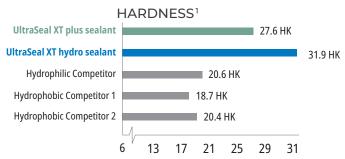
"I love the UltraSeal XT plus sealant. I have used many different sealant products in my office as well as the dental school in which I am faculty. Actually, all the pediatric dental instructors had tried eight different sealants to compare, and UltraSeal XT plus was unanimously the sealant of choice.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

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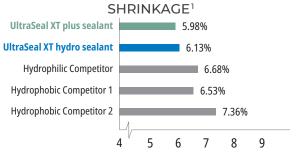
# PHYSICAL PROPERTY COMPARISON SHEAR BOND<sup>1</sup>



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



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



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

1. Data on file, tested to internal procedures.



#### **UltraSeal XT plus Syringe Kits**

Shade	Kit
Opaque White	725
Clear	563
A1	1286
A2	733

1 x 1.2 ml (2.04 g) UltraSeal XT plus syringe 1 x 1.2 ml (1.584 g) Ultra-Etch syringe 2 x 1.2 ml (03.53 g) PrimaDry syringes 10 x Blue Micro tips 10 x Black Micro FX tips 20 x Inspiral Brush tips



#### UltraSeal XT plus Syringe 4pks and 20pk

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

1.2 ml (2.04 g) syringes



**DRYING AGENT** 



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

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



Black Micro™ FX™ Tip page 132



1.2 ml (03.53 g) syringes



# UltraSeal XT™ hydro

HYDROPHILIC PIT AND FISSURE SEALANT











Inspiral™ Brush Tip page 133

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

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

#### **BEFORE AND AFTER**





Before. After.



After placing a sealant, it is often difficult to check margins and retention. UltraSeal X™ 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.

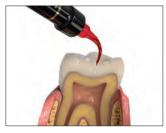
#### FOUR SIMPLE STEPS







2. Remove visible moisture.



3. Place UltraSeal XT hydro sealant.



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

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

—STEPHANIE VIEAU. DENTAL ASSISTANT — CENTREVILLE, VA

#### MARGINAL RETENTION AND MICROLEAKAGE

#### UltraSeal XT hydro Sealant





No microleakage.

Sealed margins.

# Competitor Hydrophilic Sealant





Microleakage

Peeling from margins.

<sup>1.</sup> realityesthetics.com 2. Data on file, tested to internal procedures.

# WATER ABSORPTION 1 56.7 μg/mm³ 100.3 μg/mm³ 40 50 60 70 80 90 10

Balanced water absorption allows forgiveness in moist environments without degradation.



No degradation as a result of balanced water absorption.

1. Data on file, tested to internal procedures.



#### **UltraSeal XT hydro Syringe Kits**

Shade	Kit
Opaque White	3532
Natural	3533

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



#### UltraSeal XT hydro Syringe 4pks and 20pk

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

1.2 ml (2.01 g) syringes



35551 - Black Light Keychain 1pk



# 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 and redeem extracted teeth 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.



#### **Ultrapro™ Tx Air**

HYGIENE HANDPIECE



- Lightweight—2.2 oz to reduce hand and arm fatigue
- Ergonomically shaped and low vibration for maximum comfort
- Swivels 360° for easy rotation
- Soft-start motor to minimize splatter
- Maximum speed of 4,000 RPMs
- Universal E-type motor for multifunctionality
- · Compatible with nearly all disposable prophy angles

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







#### 8316 - Universal Lubricating Oil - 0.5 oz Bottle 1pk



# **Ultrapro™ Tx**

PROPHY PASTE











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 q 200pk

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

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

#### Ultrapro<sup>™</sup> Tx

DISPOSABLE PROPHY ANGLES

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

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

SWEEP DPA SPLATTER COMPARISON TESTING



Ultrapro Tx Sweep prophy angle

1. Data on file.

Traditional prophy angle



#### 8356 - Ultrapro Tx Tapered Brush 100pk



original	144pk	500pk	
Soft	8308	8318	
Firm	8307	8317	



extra	144pk	500pk
Soft	8340	8342
Firm	8341	8343



<i>extra</i> CONTRA	144pk	500pk
Soft	8344	8346
Firm	8345	8347



	skini	144pk	500pk
STERILE R	Soft	8348	8350
STER	Firm	8349	8351



	skini CONTRA	144pk	500pk
STERILE R	Soft	8352	8354
STERI	Firm	8353	8355



sweep	144pk	500pk
Soft	8357	8359
Firm	8358	8360



#### **DPA HEAD COMPARISON**







Skini/Sweep Original 20% shorter head





















sweep







**Lotus™ Gard** 

DISPOSABLE PROPHY ANGLE







Sweep Lotus Gard **Body Comparison** 

- Transparent cup is not made with natural latex rubber
- Advanced gear design reduces vibration and noise

Designed with your safety in mind, the Lotus disposable prophy angle can significantly reduce splatter, allowing for cleaner, more hygienic polishing.

original	100pk	500pk
Soft	8371	8373
Firm	8372	8374

















#### Enamelast™

FLUORIDE VARNISH

#### MORE THAN JUST **GREAT TASTE!**



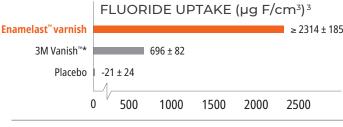


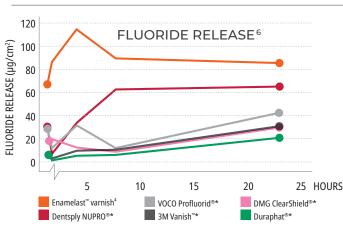


- Patented adhesion-promoting agent for enhanced retention
- Superior fluoride release and uptake
- · Smooth, nongritty texture
- Nearly invisible appearance
- Nut free and gluten free

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

Enamelast fluoride varnish produces a mechanical occlusion of the dentinal tubules in the treatment of tooth hypersensitivity. The AAPD recommends fluoride varnish for use as a preventative adjunct to reduce the risk of caries. <sup>2</sup>The use of fluoride varnish for caries prevention has also been endorsed by the ADA.5





#### **BEFORE AND AFTER**





Before Enamelast fluoride varnish.

Immediately after applying Enamelast fluoride varnish.





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



4521 - Enamelast Walterberry Syringe Kit 2 x 1.2 ml (1.23 g) syringes 4 x SoftEZ tips



4523 - Enamelast Walterberry Syringe 20pk 1.2 ml (1.23 g) syringes

#### **Enamelast Unit-Dose 0.4 ml**

Flavor	50pk	200pk
Walterberry	4518	4528
Orange Cream	4344	4343
Cool Mint	4353	4352
<b>Bubble Gum</b>	4363	4362
Caramel	4819	4822
Flavor-Free	5188	5187
50 ea - W, OC, CM, BG		4368
50 ea - W,CM, BG, C		4821



#### 4529 - Enamelast Application Brushes 200pk

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

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#### Ultradent™ Universal Dentin Sealant

FOR TRANSIENT ROOT SENSITIVITY

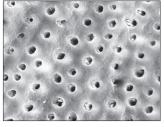


Black Mini™ Brush Tip page 132

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

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

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





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



265 - Universal Dentin Sealant Syringe Kit 4 x 1.2 (1.08 g) ml syringes 20 x Black Mini Brush tips



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  $67-\overline{7}6$ . If base or liner is needed, use Ultra-Blend™ plus liner, page 75.

# **Opalpix**<sup>™</sup>

INTERPROXIMAL CLEANER



Toothpicks vs. Opalpix cleaners.

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

#### **USES**





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



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



#### **BEFORE AND AFTER**



Results in as little as one week1

# Opalescence™ Whitening Toothpaste

ORIGINAL AND SENSITIVITY RELIEF

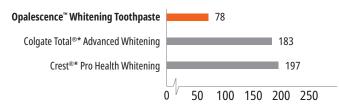


- Results in as little as one week1
- Proven to whiten teeth in four weeks1
- Contains hydrated silica which is proven to remove staining<sup>1</sup>
- Gentle on gums1
- Safe for long-term daily use
- Contains sodium fluoride to help prevent cavities and strengthen enamel<sup>2</sup>
- Exceptional fluoride uptake<sup>3</sup>
- 78 RDA4
- Triclosan and TiO<sub>2</sub> free
- Vegan no animal products are used

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

- · Two kinds of exotic mint are blended into a fresh, clean, cool 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
- \* Trademark of a company other than Ultradent. 1. Çakmakçioğlu O, Yilmaz P, Topbaşi BF. Clinical evaluation of whitening effect of whitening toothpastes: A pilot study, OHDMBMC. 2009: 8(4);613. 2. Sivapriya E, Sridevi K, Periasamy R, Lakshminarayanan L, Pradeepkumar AR. Remineralization ability of sodium fluoride on the microhardness of enamel, dentin, and dentinoenamel junction: An in vitro study, J. Conserv Dent. 2017;20(2):100–104. doi:10.4103/JCD.JCD\_353\_16 3. Schemehorn, BR. Enamel Fluoride Uptake 09-107. Data on File. 4. Attin, T. Assessment of relative dentin abrasion (RDA) of two toothpastes from Ultradent Products, Inc., Universitat Zurich: Zurich, Switzerland. 2021. Data on file. 5. Schemehorn BR. Relative Dentin Abrasion Test on Dentifrices 12-111 & 14-335. Data on file.

#### RELATIVE DENTIN ABRASION4,5



Has lower abrasiveness than other leading whitening toothpastes.5

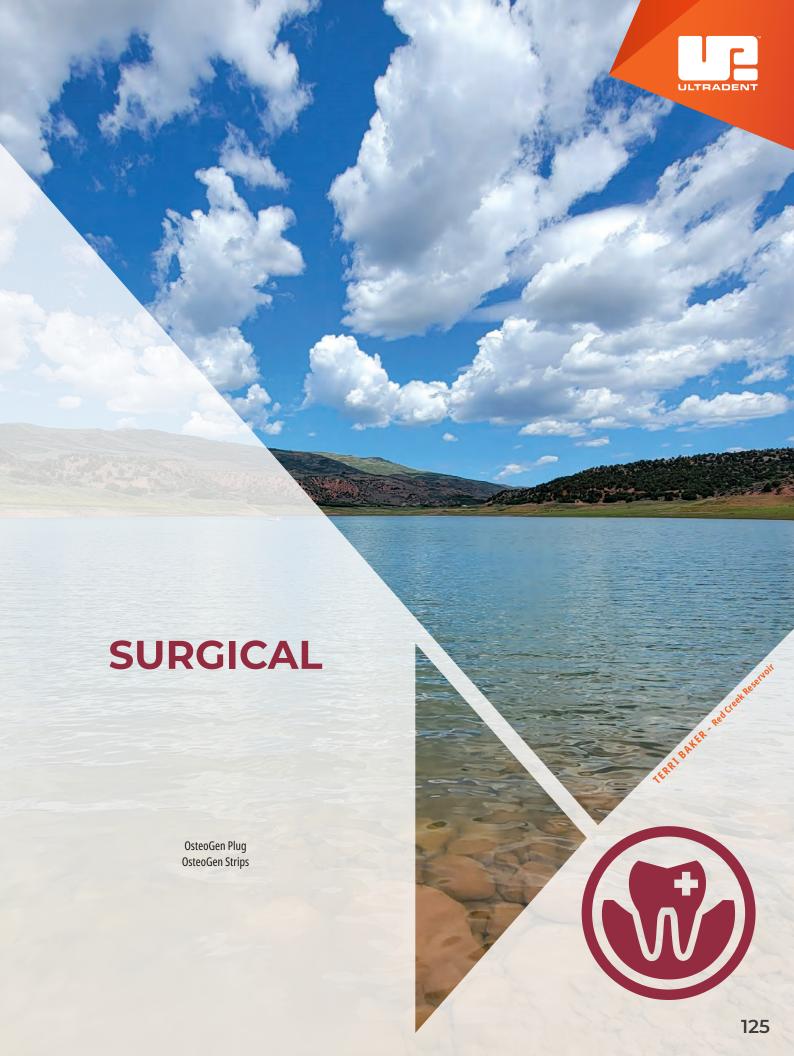


1.0 oz	24pk
Original	402
Sensitivity	3472



4.7 oz	12pk
Original	401
Sensitivity	3470

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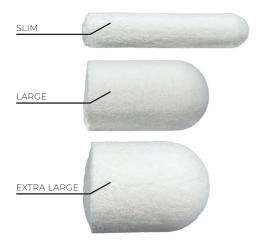
# OSTEOGEN® PLUG

**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 ß-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 3–5 months when it has been replaced with host bone. Implant placement can then be achieved.

<sup>\*</sup> Manufactured by Impladent 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. Frost, HM. The regional acceleratory phenomenon: a review. Henry Ford Hosp Med J. 1983;31(1):3–9. 3. 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. 1990;24:1121–1149. 4. Ricci JL, Blumenthal NC, Spivac 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;50:969–978.



#### STEPS TO SUCCESS



1. Extract tooth and thoroughly debride site in order to increase the healing capacity of the affected tissues.<sup>2</sup>



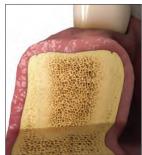
2. Insert OsteoGen® Plug to deliver bone graft and absorb blood flow. This will stabilize the clot and initiate early bone formation and angiogenesis.



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 3–5 months (patient specific) and will turn from radiolucent to radiopaque—which indicates sufficient bone formation.

#### **CLINICAL APPLICATION**



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.



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 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.



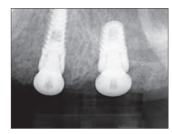
3. The collagen promotes keratinized soft tissue coverage over the graft.



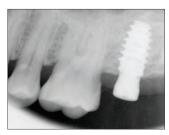
4. Solid bone is seen upon reentry prior to implant placement. In this image, a core sample was retrieved.



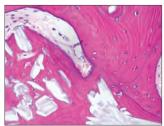
5. After insertion of OsteoGen® Plugs, the socket was sutured over top. No membrane was required.



6. Two implants placed four months later with a sinus bump on the distal implant.



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.<sup>3-4</sup>



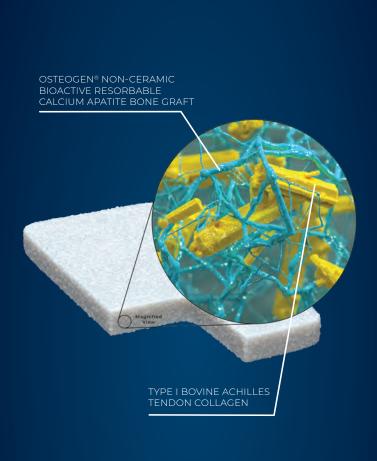


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## OsteoGen® Strips\*

ONE-STEP BONE GRAFTING SOLUTION





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.

# OSTEO GEN® STRIP

RESORBABLE MINERALIZED COLLAGEN BONE GRAFTING STRIP

- 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

ultradent.com 129

<sup>\*</sup> Manufactured by Impladent Ltd. Jamaica, NY.

#### **CLINICAL APPLICATION**



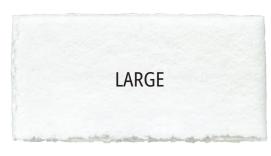


1. Implant is placed lingually following extraction. OsteoGen® Strip will be used to fill gaps and reinforce the buccal wall.



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.

#### 40 mm



20 mm



OSL20403-2 - OsteoGen Strip Large 2pk



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.

20 mm



12 mm



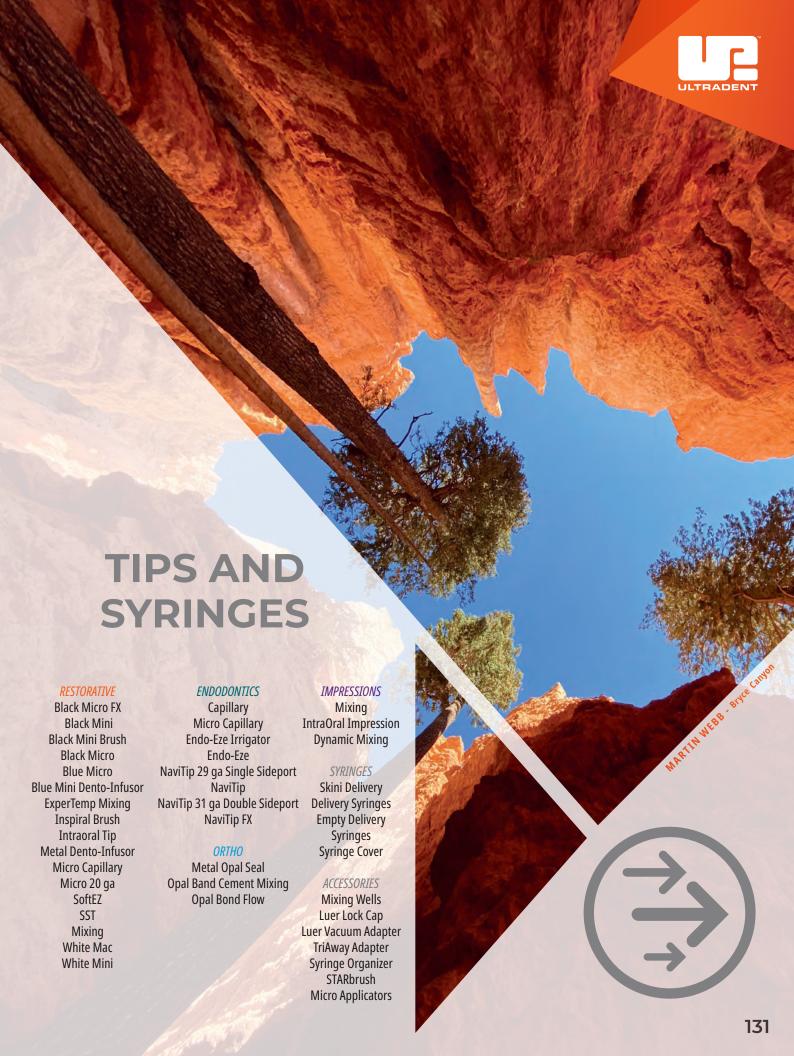
5. The OsteoGen® Strip can be folded after hydration and prior to or during placement with a blunt instrument for additional bone width and stability.



6. After placement, the OsteoGen® Strip reinforces the buccal wall while grafting the gaps between the buccal plate and the implant.



OSS12203-2 - OsteoGen Strip Small 2pk



# ULTRADENT™ TIPS DESIGNED TO DELIVER

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

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

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

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

Ultradent makes tips designed to deliver each chemistry we create. Whether you're delivering a solution, a flowable composite, a viscous gel, or thick impression material, we make the perfect tip for the job. And since our tips are engineered on-site, we test each design to ensure it works perfectly with the chemistry it's intended for.

**Restorative** 



# Black Micro™ FX™ Tip

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

Designed for: Composite Wetting Resin, PQ1™, PrimaDry™, and PermaSeal™.

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



# Black Mini™ Tip

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

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

LOK-TITE <sup>®</sup>	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<sup>™</sup>, Peak<sup>™</sup> SE, Peak<sup>™</sup>-ZM, Seek<sup>™</sup>/Sable<sup>™</sup> Seek<sup>™</sup>, Ultradent<sup>™</sup> Silane, and Ultradent<sup>™</sup> Universal Dentin Sealant.

LOK-TITE <sup>*</sup>	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™ and Opal™ 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: Hemostatics, Consepsis $^{\text{\tiny{M}}}$ , and Opal $^{\text{\tiny{M}}}$  Seal.

	LOK-TITE <sup>*</sup>	mm	100pk	500pk
Blu	e 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 <sup>*</sup>	100pk	500pk
Inspiral Brush	123	1033-I





# **Intraoral Tip**

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

Designed for: PermaFlo™ DC.

	20pk
Intraoral	5922

#### new



# Metal Dento-Infusor™ Tip with Comfort Hub™

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

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

#### **COMFORT HUB**

LOK-TITE <sup>*</sup>	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

Designed for: Periodontal materials, Endodontics, and the Ultradent<sup>™</sup> Luer Vacuum Adapter.

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: Opalescence™ Boost™, MTAFlow™, PermaFlo™, PermaFlo™ Purple, PermaFlo™ Pink, 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 <sup>*</sup>	50pk	100pk
SoftEZ	4712	4711



# **SST™ - Surgical Suction Tip**

- Ideal for delicate surgeries
- Large-diameter tip opening

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

LOK-TITE*	20pk
SST	1248



# **Ultradent™ Mixing Tip**

• Mixes and delivers in one action

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

	20pk
<b>Ultradent Mixing</b>	5920



## White Mac™ Tip

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

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

	100pk	500pk
White Mac	1361	1480



# White Mini™ Tip

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

Designed for: Consepsis<sup>™</sup> Scrub and Opalustre<sup>™</sup>.

	20pk
White Mini	1247



#### WARNING:

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



## **Capillary Tips**

Never use to deliver irrigating materials or endodontic chemistries.

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

Attach to the Ultradent<sup>™</sup> Luer Vacuum Adapter for moisture removal from endodontic canals.

LOK-TITE <sup>*</sup>	Internal diameter	20pk	50pk
0.014" Capillary	0.36 mm	341	3099
0.019" Capillary	0.48 mm	186	1425



# Micro Capillary™ Tips

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

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

LOK-TITE <sup>*</sup>	Tip length	20pk	100pk
0.008" Micro Capillary	5 mm	1120	1802
0.008" Micro Capillary	10 mm	1121	_



# **Endo-Eze™ Irrigator Tip**

- Provides ideal reach reducing risk of expressing chemicals past the apex
- Comes with a flexible, blunt cannula with a unique, anti-obturating end
- Non-sterile

Designed for: Ultradent™ 5 ml syringe.

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



22 ga 20 ga 19 ga 18 ga

# **Endo-Eze™ Tips**

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

Designed for: Luting materials and air/water delivery. Use with: TriAway<sup>™</sup> Adapter, PermaFlo™ DC (20 ga), and other Ultradent syringes.

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

#### WARNING:

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

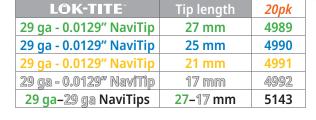


## NaviTip™ 29 ga Tips

with Single Sideport

- Designed to direct the flow of chemistry through the sideport of the tip before flowing down into the area of the apex, thus reducing the risk of product extrusion
- Flexible, stainless steel cannula easily navigates curved canals
- Bendable tip 0.33 mm

29 ga delivers paste materials: MTAFlow™, MTApex™, EndoREZ™, and UltraCal™ XS.



NOTE: UltraCal™ XS calcium hydroxide paste should

only be used with NaviTip 29 ga Single Sideport tips.

	1	1	1
29 ga - 27 mm	29 ga - 25 mm	29 ga - 21 mm	29 ga - 17 mm

#### NaviTip™ 29 ga Tips

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

29 ga delivers paste materials: MTAFlow<sup>™</sup> and EndoREZ<sup>™</sup>.

LOK-TITE <sup>*</sup>	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<sup>™</sup> 30 ga Tips

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

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

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



# NaviTip<sup>™</sup> 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: ChlorCid™, ChlorCid™ V, ChlorCid™ Surf, Ultradent™ EDTA 18% Solution, and Ultradent™ Citric Acid 20%.

LOK-TITE <sup>®</sup>	Tip length	20pk	50pk
31 ga - 0.0098" NaviTip	21 mm	5121	5122
31 ga - 0.0098" NaviTip	27 mm	5123	5124



# NaviTip™ FX™ 30 ga Tips

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

Designed for: Ultradent™ Citric Acid 20% Solution.

Listed as an "	EXCELLENT"	product by a
prominent inde	pendent rese	earch institute.1

LOK-TITE <sup>®</sup>	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

# **ORTHODONTIC AND IMPRESSION TIPS**





# Metal Opal™ Seal Tip

- Soft fibers are ideal for applying a consistent, even, thin layer to etched enamel
- Metal cannula provides ideal flow and ease of expression

Designed for: Opal™ Seal.

LOK-TITE <sup>*</sup>	20pk	100pk	500pk
Metal Opal Seal 19 ga	500-094	500-095	500-097



# **Opal™ Band Cement Mixing Tip**

• Mixes and delivers in one action

Designed for: Opal<sup>™</sup> Band Cement.

LOK-TITE <sup>*</sup>	20pk
Opal Band Cement	500-086



# Opal™ Bond Flow Tip

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

Designed for: Opal™ Bond Flow.

LOK-TITE <sup>*</sup>	20pk
Opal Bond Flow 20 ga	500-079



**Impressions** 

# **Impression Mixing Tips**

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

Designed for: Thermo Clone<sup>™</sup> VPS and Chromaclone<sup>™</sup> 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



# **Dynamic Mixing Tip**

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

Designed for: Thermo Clone™ VPS 380 ml cartridges.

	50pk
Dynamic Mixing	4075



# Skini Delivery and Clear Skini Delivery Syringes

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

Designed for: EndoREZ<sup>™</sup>, MTAFlow<sup>™</sup>, and PermaFlo<sup>™</sup> DC.

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

# 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<sup>™</sup> syringes of ViscoStat<sup>™</sup>, ViscoStat<sup>™</sup> Clear, Astringedent<sup>™</sup>, and Astringedent<sup>™</sup> X.

Ultradent		
	20pk	100pk
1.2 ml Hemostatic Delivery Syringe	1278	3096

# **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™.

Witra-Etch	
	20pk
1.2 ml Ultra-Etch Delivery Syringe	129

# 1.2 ml Delivery Syringe

• Snug Luer Lock threads prevent tips from popping off

Designed for: All 30 ml IndiSpense™ syringes.

Utradert Products, Inc.		
V	20pk	100pk
1.2 ml Delivery Syringe	124	157

# 5 ml Delivery Syringe

• Syringe barrel flanges positioned for optimum control/leverage

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



# **Ultradent™ Syringe Cover**

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

Designed for: All 1.2 ml syringes.



## **Ultradent™ Mixing Wells**

• Use with bottled chemistries

Designed for: Peak<sup>™</sup> and Peak<sup>™</sup>-ZM.



	100pk
Mixing Wells	4545

#### **Luer Lock Cap**

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

Designed for: All Ultradent™ plastic syringes.



	20pk
Luer Lock Cap	205
-	

# **Ultradent™ Luer Vacuum Adapter**

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

	10pk
Luer Vacuum Adapter	230

# **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.



# **Syringe Organizer**

- Holds 14 syringes
- Made of clear acrylic



	1pk
Syringe Organizer	382

#### **STARbrush**<sup>™</sup>

- 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

 $\textbf{1.}\ reality est hetics.com.$ 

Actual size	30pk	50pk	100pk
STARbrush	1091	1092	1093

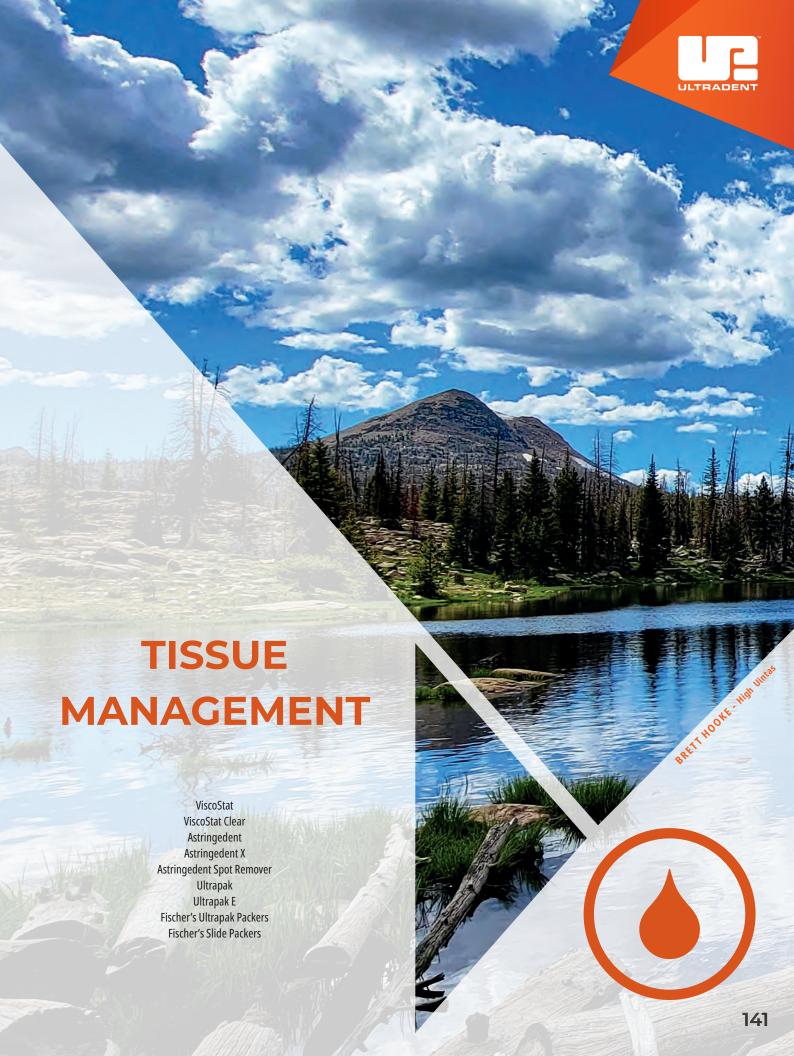
# **Ultradent™ Micro Applicators**

- · Bend easily
- Apply small amounts accurately
- Standard size

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



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## 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<sup>™</sup>, Astringedent<sup>™</sup>, or Astringedent<sup>™</sup> X hemostatic against the cut bleeding tissue to obtain hemostasis.

#### FERRIC SULFATE - ACTIVE HEMOSTASIS





1. With the Dento-Infusor  $\ ^{"}$  tip, scrub hemostatic firmly against cut bleeding tissues until bleeding stops.



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



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

FOR DIRECT BONDING

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



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



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

## **MICROLEAKAGE**



1. Leakage under recently bonded composite.

## **STAINING**



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

#### 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.

#### **ISOLATION**



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

#### **RESTORATION**



4. Repaired restoration.

#### **SEAT RESTORATION**



5. Bond/lute definitive crown.

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

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.

#### CONTROL



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

#### **BOND**



2. Successful bonded restoration.

#### INDIRECT VENEER RETRACTION



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

#### FOR IMPRESSION TAKING

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

#### **BLEEDING**



1. Subgingival preparation with bleeding.

#### **HEMOSTASIS**



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

#### **CLEANING/TESTING**



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

#### DISPLACEMENT



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

#### **DRYING/TESTING**



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

#### TAKE IMPRESSION



6. Express Thermo Clone™ VPS impression material.

#### RESULT



7. Predictable quality impressions.

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

—DR. DAN FISCHER, DDS

### FOR VITAL PULPOTOMY IN PRIMARY TEETH - EXPANDED APPLICATION

#### **HEMOSTASIS**



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

#### **PROTECTION**



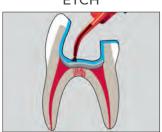
2. Place a thin layer of MTAFlow™ White repair cement over the root canal orifice.

#### **BARRIER**



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

#### **ETCH**



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

#### **BOND**



5. Apply Peak™ Universal Bond bonding agent.

#### **RESTORE**



6. Use your preferred restorative material for definitive restoration.

144

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

#### FOR CHALLENGING CASES



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



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



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



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



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



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



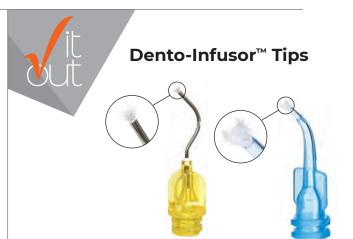
7. First, place matrix band to create a gingival barrier, etch and bond after placing matrix band, then place first layer of composite.



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







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.



Bleeding must be controlled before starting any direct bonding procedure.



Profound hemostasis achieved, preparation is ready to restore.

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

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



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



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

Dento-Infusor Tips, see pages 133–134.



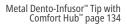
#### ViscoStat™

20% FERRIC SULFATE











- 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 q) syringes



645 - ViscoStat IndiSpense Syringe 1pk 30 ml (36.69 g) syringe



1278 - Hemostatic Delivery Syringe 20pk 3096 - Hemostatic Delivery Syringe 100pk 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.

146 800.552.5512

#### ViscoStat™ Clear

25% ALUMINUM CHLORIDE







Metal Dento-Infusor™ Tip with Comfort Hub™ page 134



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

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

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

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



6409 - ViscoStat Clear Dento-Infusor Syringe Kit

4 x 1.2 ml (1.54 g) syringes 20 x Metal Dento-Infusor tips



6407 - ViscoStat Clear Dento-Infusor IndiSpense™ Syringe Kit

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



6410 - ViscoStat Clear Syringe 20pk
1.2 ml (1.54 q) syringes



6408 - ViscoStat Clear IndiSpense Syringe 1pk 30 ml (38.52 g) syringe

1. Subgingival preparation and bleeding sulcus.



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

#### **PROCEDURE**



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



5. Finished restoration 2 weeks post-op.



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





#### Astringedent™

15.5% FERRIC SULFATE









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

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

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

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

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



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

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

#### Astringedent™ X

12.7% IRON SOLUTION







- Clinicians "qo-to" hemostatic for all case situations
- Stops minor to severe bleeding

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

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





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



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

#### **Astringedent™ Spot Remover**

CLEANING SOLUTION

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

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



148 800.552.5512



#### Ultrapak™ and Ultrapak™ E

KNITTED AND EPINEPHRINE KNITTED CORD







- The original knitted cord
- Provides optimal tissue displacement and detailed margins for quality impressions
- Facilitates easy packing and stays in place better than twisted or braided cord
- Compresses upon packing then expands for optimal retraction
- Available with or without epinephrine<sup>2</sup>

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.

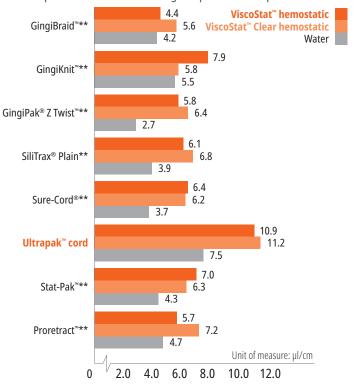
Note: Do not use Ultrapak E knitted cord or other epinephrine preparations with ferric sulfate solutions, including ViscoStat, Astringedent, and Astringedent X hemostatics, as blue/black precipitate will occur.



## Listed as a "CAN'T LIVE WITHOUT" product by a prominent independent research institute.<sup>3</sup>

#### ULTRAPAK CORD COMPETITOR ABSORPTION COMPARISON

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



<sup>\*</sup> Data on file. \*\* Trademark of a company other than Ultradent. 1. realityesthetics.com. 2. Note: Do not use Ultrapak E knitted cord or other epinephrine preparations with ferric sulfate solutions, including ViscoStat, Astringedent, and Astringedent X hemostatics, as a blue/black precipitate will occur. Ultrapak knitted cord with epinephrine is not available in all countries. 3. "Can't Live Without" Clinical Research Associates Newsletter, Volume 21, Issue 7, July 1997.

#### PRE-PREPARATION PACKING TECHNIQUE

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

#### **PREPACK**



1. Place Ultrapak<sup>™</sup> knitted cord soaked in hemostatic solution using a cord size that appears slightly too large to ensure cord retention. The thin Ultrapak<sup>™</sup> 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 presented to record in monercies. is preserved to record in impression. If additional retraction is required, repack with appropriately sized cord. Rinse, air dry, and make impression.

#### FOR DIGITAL IMPRESSIONS -**COMPLETE HEMOSTASIS**

#### **HEMOSTASIS**



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

#### **CLEAR FIELD**



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

"Ultrapak cord is excellent at displacing the gingival tissue and allowing proper hemostasis, and is easy to place and remove. It works very well for all retraction purposes. The different sizes are good for all situations."

#### —DR. Y CLEMENT SHEK – SAN FRANCISCO, CA

"In dentistry, time is money. Ultrapak cord's woven design makes packing the cord quick and easy, plus the tooth can be prepped or touched up without snagging the cord. This increases patient comfort in shortening the appointment with far less repeat impressions." —DR. THOMAS J. FRANKFURTH – TAMPA, FL

"Ultrapak cord has taken the stress out of cord packing. This was the most frustrating part of my day when I was using other products. Add the amazing Astringedent hemostatic and... LIFE IS GOOD!"

—DR. LISA MARSHALL – XENIA, OH

#### **DOUBLE-CORD TECHNIQUE**

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

#### FIRST CORD



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

#### SECOND CORD

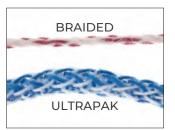


2. Place a second, thicker cord soaked in a hemostatic agent to expand the tissue laterally.

#### RINSE/DRY



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



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

150

## Each bottle contains 8 ft/244 cm of cord.

#### TISSUE MANAGEMENT



#### CORD COMPARISON CHART



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

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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

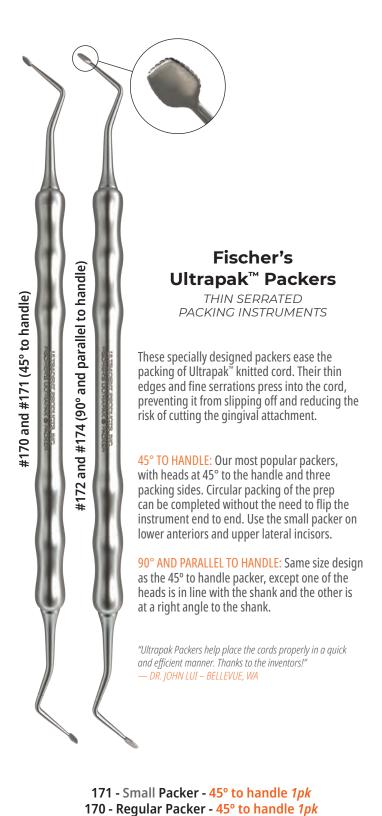
#3 - .063" (1,6 mm)

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



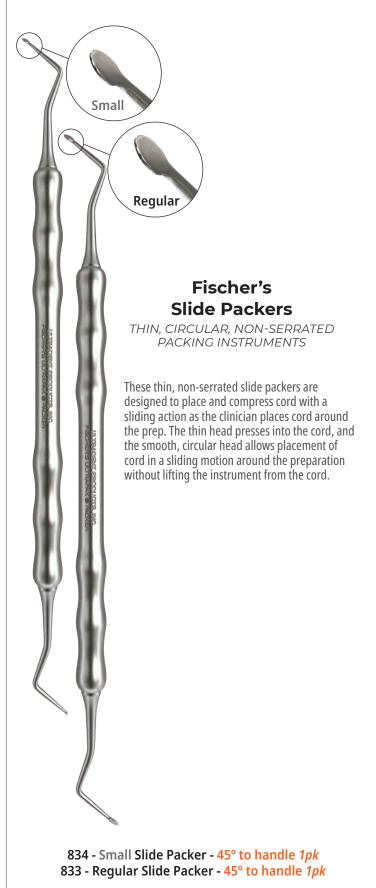
134 - Ultrapak Cord #3 Regular *1pk* 

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

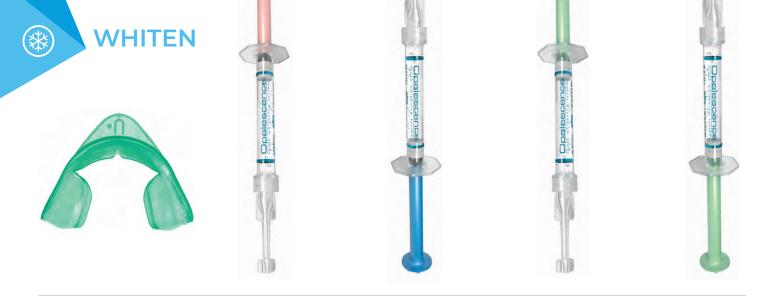


174 - Small Packer - 90° to handle 1pk

172 - Regular Packer - 90° to handle 1pk







#### **WHITEN YOUR SMILE - Questions Behind Tooth Whitening**

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

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

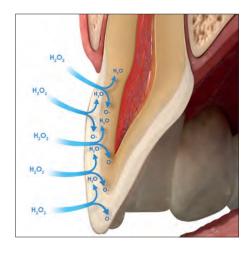
Professional whitening is the best option to safely lighten discolored teeth.

#### **HOW DOES WHITENING WORK?**

Opalescence whitening gels contain an active whitening ingredient, either carbamide peroxide or hydrogen peroxide. Peroxide gels break down into water, oxygen, and reactive oxygen molecules. These reactive oxygen molecules treat both the enamel and the dentin, oxidizing the bonds of discolored stain molecules. By changing the stained molecules, the tooth becomes lighter.<sup>1</sup>

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

Because the reactive oxygen molecules need to dissipate from the tooth before bonding, it is necessary to wait 7–10 days before any bonding procedure.<sup>2–4</sup>



#### WILL WHITENING AFFECT BOND STRENGTH?

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

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

#### **HOW LONG DO WHITENING RESULTS LAST?**

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

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

#### WILL WHITENING CAUSE TOOTH SENSITIVITY?

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

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

No. Opalescence whitening has not been shown to weaken tooth enamel.<sup>5-6</sup>

## IMPORTANT: DENTIST SUPERVISION IS THE BEST WAY TO WHITEN!

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

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

154 800.552.5512



#### **Whitening Treatment Protocol**

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

#### 1. TAKE PATIENT'S MEDICAL HISTORY

Pregnant or breastfeeding women should not whiten.

Patients with serious health concerns should consult their primary care provider prior to treatment.

#### 2. PERFORM DENTAL EXAM

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

#### 3. MANAGE PATIENT'S EXPECTATIONS

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

#### 4. PERFORM HYGIENE TREATMENT

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

#### 5. DETERMINE THE INITIAL TOOTH COLOR

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

#### 6. EDUCATE PATIENT

Tooth whitening results can last a year or more. Depending on the patient's nutrition and lifestyle habits, whitening may need to be repeated periodically to maintain the look they desire.

Instruct patient how to use the chosen whitening products and answer any questions or concerns.

#### 7. CREATE WHITENING TREATMENT PLAN

Multiple Opalescence™ whitening products may be used as part of the whitening treatment plan to help the patient achieve their desired results. If patient has a history of tooth sensitivity, add a desensitizing protocol prior to the whitening treatment and consider using a lower concentration of gel and/or reduced wear time. Patients can also use Opalescence Whitening Toothpaste Sensitivity Relief before and throughout their whitening treatment. Additionally, if patient tolerates whitening treatments without sensitivity, consider providing a higher concentration gel for more rapid results.

#### 8. OBTAIN PATIENT'S CONSENT

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

#### 9. DETERMINE THE FINAL TOOTH COLOR

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

## 10. PROVIDE SENSITIVITY MANAGEMENT IF NECESSARY

Some patients may experience lingering sensitivity.

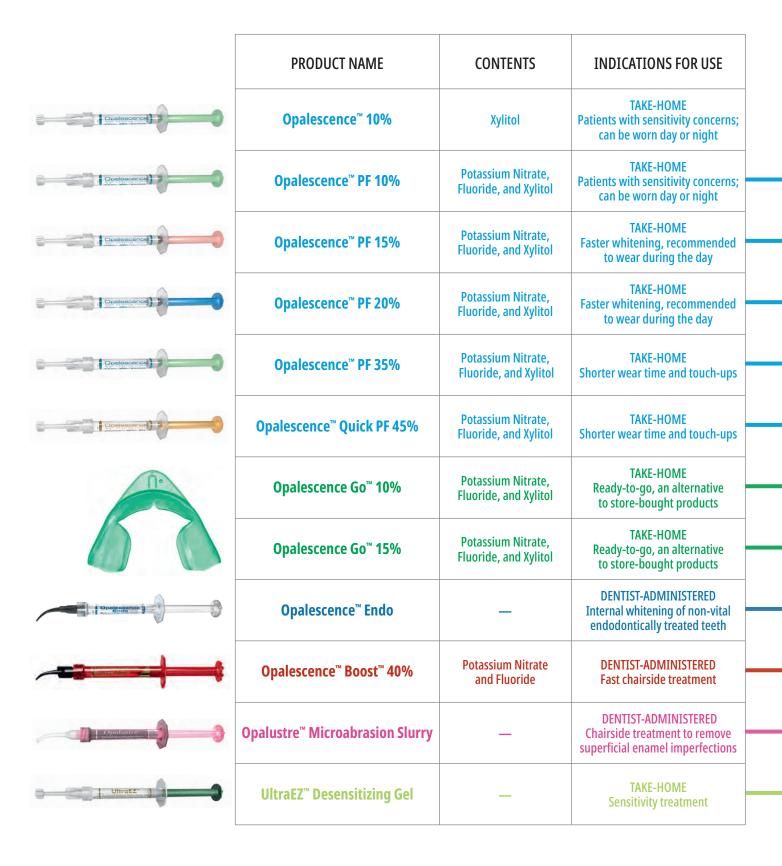
We recommend using UltraEZ™ desensitizing gel or Enamelast™ fluoride varnish. Opalescence™ Whitening Toothpaste Sensitivity Relief can also be used to help minimize sensitivity.



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



#### **Opalescence™ Tooth Whitening Reference Guide**



156 800.552.5512

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



#### **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:

- 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 a picture of their smile and tag your office.
- 9) Attend a local bridal show or host a bridal event at your practice. Every bride is looking for ideas for the big day and what's a better idea than a bright white smile for her and her bridal party?
- 10) Set a goal of providing one whitening treatment a day. "Things that are measured are improved."

Contact your local Ultradent Sales Representative for even more tips!





#### Opalescence™ 10%

CARBAMIDE PEROXIDE

## Opalescence<sup>™</sup> PF 10%, 15%, 20%, 35%, and 45%

CARBAMIDE PEROXIDE WITH POTASSIUM NITRATE AND FLUORIDE

- Opalescence PF tooth whitening gels contain PF (potassium nitrate and fluoride)
- Opalescence PF whitening gel is designed to maximize patient comfort
- Sticky, viscous gel won't migrate to soft tissues and ensures tray stays securely in place
- Formulated to prevent dehydration and shade relapse
- Five concentrations for treatment flexibility
- Opalescence PF whitening available in Mint, Melon, and Regular flavors
- Opalescence 10% 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,<sup>2</sup> and the sticky gel holds the comfortable tray securely in place. Opalescence PF gel contains potassium nitrate and fluoride. Opalescence gel is effective in helping reduce shade relapse as compared to competitor tooth whitening products.<sup>3</sup> Opalescence whitening gel is made up of at least 20% water which helps prevent dehydration. A university study proves that the gel stays active for 8–10 hours during overnight whitening,<sup>4</sup> 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 mild fluorosis and even tetracycline staining.<sup>2</sup>

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

#### **BEFORE AND AFTER**

# Courtesy of Dr. Robert Nixon.

Before whitening.



Before whitening.



Before whitening.



A 12-year-old before whitening.



Before whitening.



Moderate to advanced tetracycline stains.



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



After seven Opalescence™ Boost™ whitening treatments over six months. Patient also whitened at home with Opalescence™ PF 10%, 15%, 20%, and 35% whitening.



After one month of whitening.



After 5 nights of whitening.



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



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

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

#### **INSTRUCTIONS**



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



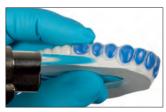
3. Use the vacuum former to heat Sof-Tray<sup>™</sup> Classic tray material until it sags approximately 1/4 to 1/2 inch for the 0.035" sheets, and 1" for the 0.060" and 0.080" sheets. Adapt plastic over model. Cool and remove model from vacuum former.



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.



4. With tactile scissors (Ultra-Trim Scalloping Scissors), carefully and precisely trim tray to clear line which is at gingival height. Scallop edges to avoid contact with gingival tissue.



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



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



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



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



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



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

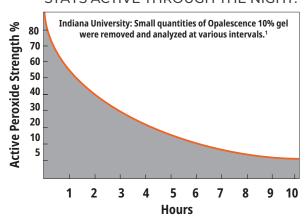
—DR. FRANK SPEAR – SEATTLE INSTITUTE FOR ADVANCED DENTAL EDUCATION

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

—DR. HEDY ATASHBAR – SILVER SPRING, MD

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

#### STAYS ACTIVE THROUGH THE NIGHT!



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

#### **Opalescence Patient Kits**



Flavor	10%	10% PF	15% PF	20% PF	35% PF	45% PF
Mint	5361-US	5364-US	5367-US	5370-US	5373-US	5357-US
Melon	_	5365-US	5368-US	5371-US	5374-US	_
Regular	5363-US	5366-US	5369-US	5372-US	5375-US	_

8 x 1.2 ml (1.5 g) Opalescence syringes 1 x 1 oz Whitening Toothpaste 1 x Tray case 1 x Shade quide

#### **Opalescence Doctor Kits**



Flavor	10%	10% PF	15% PF	20% PF	35% PF	45% PF
Mint	5376-US	5379-US	5382-US	5385-US	5388-US	5358-US
Melon	_	5380-US	5383-US	5386-US	5389-US	_
Regular	5378-US	5381-US	5384-US	5387-US	5390-US	_

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

#### Opalescence Syringe 40pk



Opalescence<sup>™</sup> Refill Sleeve 10pk Free of charge 4845

Flavor	10%	10% PF	15% PF	20% PF	35% PF	45% PF
Mint	5391-US	5394-US	5397-US	5400-US	5403-US	5359-US
Melon	_	5395-US	5398-US	5401-US	5404-US	_
Regular	5393-US	5396-US	5399-US	5402-US	5405-US	_

1.2 ml (1.5 g) syringes







Powerful, professional whitening to go

#### Opalescence Go<sup>™</sup> 10% and 15%

PREFILLED WHITENING TRAYS
- HYDROGEN PEROXIDE

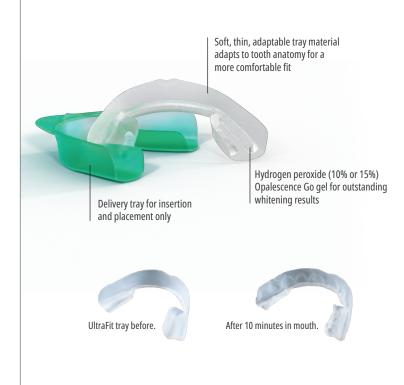






- Unique UltraFit<sup>™</sup> tray material offers a remarkably comfortable fit and easily conforms to any patient's smile
- Molar-to-molar coverage ensures the gel comes in contact with more posterior teeth
- Opalescence Go whitening gel is designed to maximize patient comfort
- Convenient prefilled 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.

#### **BEFORE AND AFTER**



Before.



Female patient, results with Opalescence  $Go^{\infty}$  10% whitening after ten trays.



Before.



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



Before.



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

#### PATIENT INSTRUCTIONS



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

2. Position upper tray on teeth.



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



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



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



Opalescence Go 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 1 oz tube of Opalescence Whitening Toothpaste

#### 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 1 oz tube of Opalescence Whitening Toothpaste

#### **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

#### Opalescence<sup>™</sup> Boost<sup>™</sup>

IN-OFFICE POWER WHITENER
-40% HYDROGEN PEROXIDE









Black Mini™ Tip page 132

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

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

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

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

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

#### **BEFORE AND AFTER**



Before Opalescence Boost in-office whitener.



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



Before Opalescence Boost in-office whitener.



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

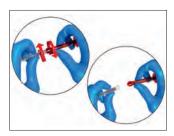
#### **INSTRUCTIONS**



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



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



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



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



#### INSTRUCTIONS CONTINUED



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



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



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



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



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



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



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



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

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

Make sure any gauzes used are rinsed with water.

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



#### 4750-US - Opalescence Boost 40% Syringe Intro Kit

4 x 1.2 ml (1.489 g) Opalescence Boost/Activator syringes 2 x 1.2 ml (1.34 g) OpalDam Green syringes 2 x Ultradent Luer Vacuum Adapters 2 x Shade guide cards 2 x IsoBlocks 2 x SST tips 20 x Black Mini tips



#### 4751-US - Opalescence Boost 40% Syringe Patient Kit

2 x 1.2 ml (1.489 g) Opalescence Boost/Activator syringes 1 x 1.2 ml (1.34 g) OpalDam Green syringe 1 x Shade guide card 1 x IsoBlock 10 x Black Mini tips



4754-US - Opalescence Boost 40% Syringe 20pk 1.2 ml (1.489 q) syringes



#### Opalescence<sup>™</sup> Endo

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





Black Mini<sup>™</sup> Tip page 132

- 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**







After.





Before.

After.



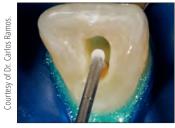


Before.



After.

#### **PROCEDURE**







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

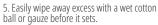


3. A thin cotton membrane or a small piece of cotton pellet can be used as a separator between temporary and whitening gel. Make sure to place gently to not displace the whitening gel onto the margins, as this will compromise the temporary seal. However, this is not a requirement if adequate space is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



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







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



**1270 - Opalescence Endo Syringe Kit** 2 x 1.2 ml (1.45 g) Opalescence Endo syringes 20 x Black Mini tips





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

1. realityesthetics.com.

Before.





## 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 132

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

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

#### **INSTRUCTIONS**







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

Overlap resin approximately 0.5 mm onto dry enamel to seal. Extend resin one tooth beyond last tooth to be whitened. Light cure using a scanning motion for 20 seconds.



2. Remove cured resin quickly and easily in one piece or a few large pieces. Check interproximally for retained resin.

Designed to remove easily from embrasures and undercuts.



324-U - OpalDam Syringe Kit 4 x 1.2 ml (1.34 g) OpalDam syringes 10 x Black Mini tips 10 x Micro 20 ga tips



325-U - OpalDam Syringe 4pk 326-U - OpalDam Syringe 20pk 1.2 ml (1.34 g) syringes



1824-U - OpalDam Green Syringe Kit 4 x 1.2 ml (1.34 g) OpalDam Green syringes 10 x Black Mini tips 10 x Micro 20 ga tips



1825-U - OpalDam Green Syringe 4pk 1826-U - OpalDam Green Syringe 20pk 1.2 ml (1.34 g) syringes

1. realityesthetics.com.

#### Opalustre<sup>™</sup> and OpalCups<sup>™</sup>

CHEMICAL AND MECHANICAL ABRASION SLURRY









White Mac™ Tip page 135



- Permanently removes superficial enamel imperfections
- Provides minimally invasive, permanent treatment for mild fluorosis
- Low 6.6% hydrochloric acid concentration aids in removal of surface imperfections
- Silicon carbide microparticles provide gentle mechanical abrasion
- OpalCups cups 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.<sup>2</sup> This treatment can be classified under ADA insurance code 9970: enamel microabrasion.

#### **BEFORE AND AFTER**





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



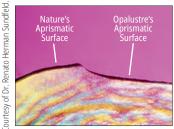


Enamel decalcification corrected after one application of Opalustre™ slurry using OpalCups Bristle cup and 10:1 gear reduction handpiece with firm pressure.

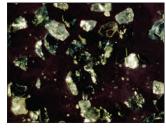




Remove or significantly reduce mild to moderate decalcification with a few applications of Opalustre slurry.



Chemical and mechanical abrasion produce a natural-looking surface.



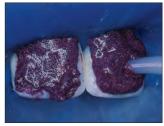
Silicon carbide microparticles contained in Opalustre slurry.

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

#### **INSTRUCTIONS - RUBBER DAM**



1. Before.



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



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



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

## Opalustre

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



5554 - Opalustre Syringe 2pk Kit 2 x 1.2 ml (1.87 g) Opalustre syringes 5 x Each OpalCups bristle and finishing 10 x White Mac tips



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



5800 - OpalCups Bristle 20pk



5799 - OpalCups Finishing 20pk

#### **INSTRUCTIONS - OPALDAM**



Courtesy of Dr. Ted Croll.

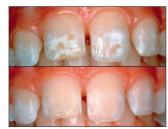
1. Isolate mottled teeth with OpalDam resin barrier. Apply Opalustre slurry directly out of the syringe with a White Mac™ tip.



2. Press the cup against the surface at a slow speed.



3. Remove Opalustre slurry with an air/ water spray. Please pay attention to careful vacuuming. Check to see if repeating the treatment is appropriate. Follow with OpalCups Finishing cup.



4. Result of the Opalustre slurry treatment. Upper: before. Lower: after.



## opalpix<sup>™</sup>



- 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 123.



#### **BEFORE AND AFTER**



Results in as little as one week1

#### Opalescence™ Whitening Toothpaste

ORIGINAL AND SENSITIVITY RELIEF

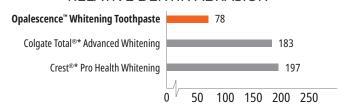


- Results in as little as one week1
- Proven to whiten teeth in four weeks1
- Contains hydrated silica which is proven to remove staining<sup>1</sup>
- Gentle on gums1
- Safe for long-term daily use
- Contains sodium fluoride to help prevent cavities and strengthen enamel<sup>2</sup>
- Exceptional fluoride uptake<sup>3</sup>
- 78 RDA4
- Triclosan and TiO<sub>2</sub> free
- Vegan no animal products are used

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

- · Two kinds of exotic mint are blended into a fresh, clean, cool 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
- \* Trademark of a company other than Ultradent. 1. Çakmakçioğlu O, Yilmaz P, Topbaşi BF. Clinical evaluation of whitening effect of whitening toothpastes: A pilot study, OHDMBMC. 2009: 8(4);613. 2. Sivapriya E, Sridevi K, Periasamy R, Lakshminarayanan L, Pradeepkumar AR. Remineralization ability of sodium fluoride on the microhardness of enamel, dentin, and dentinoenamel junction: An in vitro study, J. Conserv Dent. 2017;20(2):100–104. doi:10.4103/JCD.JCD\_353\_16 3. Schemehorn, BR. Enamel Fluoride Uptake 09-107. Data on File. 4. Attin, T. Assessment of relative dentin abrasion (RDA) of two toothpastes from Ultradent Products, Inc., Universitat Zurich: Zurich, Switzerland. 2021. Data on file. 5. Schemehorn BR. Relative Dentin Abrasion Test on Dentifrices 12-111 & 14-335. Data on file.

#### RELATIVE DENTIN ABRASION<sup>4,5</sup>



Has lower abrasiveness than other leading whitening toothpastes.5



1.0 oz	24pk
Original	402
Sensitivity	3472



4.7 oz	12pk
Original	401
Sensitivity	3470

#### UltraEZ™

DESENSITIZING GEL WITH POTASSIUM NITRATE AND FLUORIDE



- · Provides immediate results
- Treats sensitivity
- Non-flavored gel available in syringes or disposable trays

UltraEZ gel is a sustained-release 3% potassium nitrate desensitizing gel with fluoride (0.25% neutral NaF). This sustained-release formula quickly treats sensitivity from toothbrush abrasion, thermal and chemical changes, tooth whitening, and root exposure.



1008 - UltraEZ Syringe 4pk 1007 - UltraEZ Econo Syringe 20pk 1.2 ml (1.48 g) syringes



**5743 - UltraEZ Mini Tray Combo** *4pk 4 x Each upper/lower trays* 





**5721 - UltraEZ Tray Combo** *10pk 10 x Each upper/lower trays* 



1. realityesthetics.com



#### Umbrella™

TONGUE, LIP, AND CHEEK RETRACTOR

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

Tongue, lip, and cheek retractor, page 103.

#### KleerView™

CHEEK AND LIP RETRACTOR

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





Size	1pk
Child	1820
Adult	1821

#### IsoBlock™

BITE BLOCK



- Designed to be comfortable for patients
- Provides bilateral support with tongue restraint

These disposable IsoBlock bite blocks relax the lips and cheeks, allowing full access to facial and buccal surfaces for in-office whitening, Class V restorations, veneers, cementation, etc.





331 - IsoBlock 10pk

1. realityesthetics.com.

#### Ultradent™ LC Block-Out Resin







Black Mini™ Tip page 132

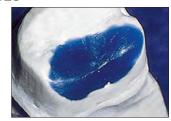
- Optimal viscosity for proper application
- Blue pigment for visibility during application
- Great utility resin with multiple uses

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

#### **USES**



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



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



Also use for periodontal trays.

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

1. realityesthetics.com.



240 - Ultradent LC Block-Out Resin Syringe Kit 4pk

4 x 1.2 ml (1.38 g) syringes 20 x Black Mini tips

242 - Ultradent LC Block-Out Resin Syringe Kit 20pk

20 x 1.2 ml (1.38 g) syringes 20 x Black Mini tips



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

#### **Custom Tray Fabrication**





Ultradent's dental lab is available to professionally fabricate trays and night guards for all your patients' needs. If you would like our lab to fabricate your trays or guards, 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 - Custom Whitening Tray

1031 - Fluoride Tray

470 - Night Guard Tray - Soft

951 - Night Guard Tray - Articulated, Soft



#### **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™ Utility Vinyl Cutters**

• Use for gross trimming of tray





604 - Ultradent Utility Vinyl Cutters 1pk

#### 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

4				
	Collections  Colle	Opalescence™ Shade Guide Card	Shade Guide Card	50pk 498
		Opalescence <sup>™</sup> Pocket Tray Cases	Variety Pocket Tray Cases	20pk 707
Section 1. Section 1.	Described Section of Programs	Opalescence™ Custom Tray Patient Instructions Use these instructions to quickly and easily explain the take-home whitening process and procedure to your patients.	Patient Instructions	50pk 80040
General Precautions  1 and Columnia and Indian year.  2 for the Columnia and Indian year.  3 for the Columnia and Indian year.  4 for the Columnia and Indian year.  4 for papers operate question and Indian year.  4 for papers year the columnia and Indian year.  5 for year year.  5 for the Columnia and Indian year.  6 for the Columnia and Indian year.  6 for the Indian Administration of year date. More of year of year.  5 for the Indian Administration of year of year.  5 for the Indian Administration of year of year.  5 for the Indian Administration of year of year.  5 for the Indian Administration of year of year of year.  5 for the Indian Administration of year of year of year.  5 for year of year of year of year of year of year.  5 for year of year of year of year of year of year.  5 for year of year of year of year year.	Welcome to Opalescence Whitening	Opalescence <sup>™</sup> Whitening Menu Educate patients on the many whitening options available in your office and set your offerings apart from the many store-bought whiteners available.	Whitening Menu	50pk 68396
		Opalescence <sup>™</sup> Frosted Plastic Bag	9" x 14" Frosted Plastic Bag	10pk 8752
Product not included		Opalescence™ Small Organza Bag	4.5" x 12" Small Organza Bag	10pk 8751
Note: Gift bags only. Product not includ	90	Opalescence™ Large Organza Bag	9" x 14" Large Organza Bag	10pk 8750
	200	Opalescence™ Carryall Bag	L-3.27" x W-2" x H-5.63" Carryall Bag	1pk 5337



#### MARKETING MATERIALS

#### **Opalescence™ Small Posters** 16" x 20" 1pk



Love your ight new smile



1008235 - PF 1008234 - PF

1008236 - PF



1008244 - PF



1008245 - PF



1008246 - Wedding 1



1008247 - Wedding 2



1009695 - PF



1009694 - Go



1009693 - Boost

#### **Opalescence<sup>™</sup> Large Posters** 24" x 36" 1pk







1008200 - PF

1008201 - PF

1008223 - PF









1009698 - PF

1009697 - Go

1009696 - Boost



1008202 - PF



1008226 - Go







68286 - Menu

# Opalescence<sup>™</sup> Ceiling Posters 24" x 24" 1pk

Place these on the ceiling above your dental chairs. Patients will see them and ask for more information about whitening treatments.





1008248 - PF

1008249 - PF





1009692 - PF

1009691 - Go



1009690 - Boost

### **Opalescence™ Statement Stuffers** 3.25" x 6" 50pk







1008168 - PF

1008169- Go

1008170 - Boost







1009710 - Boost

### **Opalescence™ Office Flyers** 8.5" x 11" 50pk

Customize it! Visit ultradent.com to personalize these products using our printing template.







1008174 - PF

1008175 - Go

1008176 - Boost







1009702 - PF

1009703 - Go

1009704 - Boost

### **Opalescence™ Appointment Cards** 8.5" x 11" 50pk

Printed on a perforated sheet with a blank back so you can print a message and your address using an inkjet or laser printer.









1008171 - PF

1008172 - PF

1008173 - PF







1009705 - PF

1009706 - PF

1009707 - PF

## Opalescence™ Display Inserts 8.5" x 11" 1pk



1008276 - PF



1008274 - Go



1008271 - Boost



1008277 - PF



1008275 - Go



1008272 - Boost



1009701 - PF



1009700 - Go



1009699 - Boost



1008278 - PF



1008273 - Go

# UltraSeal XT<sup>™</sup> plus and Enamelast<sup>™</sup> Display Inserts 8.5" x 11" 1pk



# **Opalescence™ Display Brochures**



1008259 - PF





1008266 - Go



1008269 - Boost





1008260 - PF



1008267 - Go



1008270 - Boost







1008262 - PF



80035 - PF



1008263 - Go



1008268 - Go



1009733 - Boost



1008264 - Boost



1008261 - PF









84093 1003723 1008770

UltraSeal XT™ plus **Display Brochures** 50pk



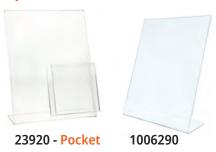


1003983

1006735

# **Plastic Display Stands**

1pk With Pocket - No Pocket



# Opalescence<sup>™</sup> Displays *lpk*



# Opalescence<sup>™</sup> Window Clings Small 3" x 6" 1pk





1009765 - PF

1009766 - Go



1009767 - Boost



1006233 Go

## Opalescence™ Mirror Cling 5 1/2" x 7" 1pk



1005909 White

# Opalescence<sup>™</sup> Whitening Menu 50pk

Educate patients on the many whitening options available in your office and set your offerings apart from the many store-bought whiteners available.



68396

# Opalescence<sup>™</sup> Custom Tray Patient Instructions 50pk

Use to quickly and easily explain the take-home whitening process and procedure to your patients.



80040

## Opalescence<sup>™</sup> Whitening Toothpaste Handout <u>25pk</u>



1004858

## Enamelast™ Aftercare Treatment Card 25pk

Use these instructions to quickly and easily explain the process and procedure to your patients.



1002791

Place these on your windows/mirrors for patients to see and ask for more information about whitening treatments.

Operation Control of the Control of	Opalescence <sup>™</sup> Refill Sleeve	Refill Sleeve	10pk 4845
Selem the conficere for a brighter with a small	Opalescence <sup>™</sup> Gift Certificate	Gift Certificate	<u>1pk</u> 52
	Opalescence™ Frosted Plastic Bag	Frosted Plastic Bag	10pk 8752
	Opalescence™ Small Organza Bag	Small Organza Bag	10pk 8751
	Opalescence™ Large Organza Bag	Large Organza Bag	10pk 8750
Act of the second	Opalescence™ Carryall Bag	Carryall Bag	<b>1pk</b> 5337

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