



Products & Procedures **MANUAL 2022**



Dr. Dan Fischer
Founder, Ultradent Products, Inc.



ABOUT ULTRADENT



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

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

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

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

Dr. Fischer lives his life according to the same values that guide Ultradent: integrity, quality, hard work, innovation, and care. When he isn't working, he enjoys tending to his garden and spending time with his wife, children, and lots of grandchildren.

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

Facebook



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#1 PROFESSIONAL TEETH WHITENING BRAND ON THE PLANET

Opalescence™
tooth whitening systems



30+ years of
experience

100 million smiles
brightened

50+ industry awards
in whitening



WHITEN

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MEDICAL WHITENING
In-Office Whitening
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Accessories

ANGELA WELLS - Bonneville Salt Flats





WHITEN YOUR SMILE - Questions Behind Tooth Whitening

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

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

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

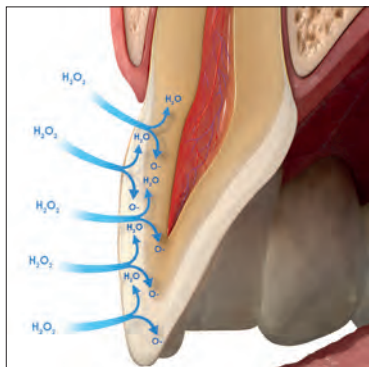
Professional whitening is the best and most minimally invasive option to safely lighten discolored teeth.

HOW DOES WHITENING WORK?

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

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

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



WILL WHITENING AFFECT BOND STRENGTH?

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

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

HOW LONG DO WHITENING RESULTS LAST?

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

WILL WHITENING CAUSE TOOTH SENSITIVITY?

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

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

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

IMPORTANT: DENTIST SUPERVISION IS THE BEST WAY TO WHITEN!

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

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



Whitening Treatment Protocol

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

1. TAKE PATIENT'S MEDICAL HISTORY

Evaluate the origin of tooth staining and check for restorations that could affect the final result (use X-Ray if needed). Assess the intention of whitening system (cosmetic for generic "day-by-day" discoloration; medical devices for teeth discolored by disease, injury or medical treatment). Consider amending your periodical medical history by adding a question about the patient's satisfaction with their oral esthetics.

Explain to the patient that restorations will not whiten, and discuss the possible need for new restorations after whitening. Check existing sensitivities, and perform an adequate treatment before starting a whitening procedure. Pregnant or breastfeeding women should not whiten.

Patients with serious health concerns should consult their primary care provider prior to treatment. Cosmetic teeth whitening treatments are not permitted under the age of 18.

2. PERFORM DENTAL EXAM

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

Discuss changing them out or resurfacing after whitening.

3. MANAGE PATIENT'S EXPECTATIONS

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

4. PERFORM HYGIENE TREATMENT

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

5. DETERMINE THE INITIAL TOOTH COLOR

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

6. EDUCATE PATIENT

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

7. CREATE WHITENING TREATMENT PLAN

Multiple Opalescence™ whitening products may be used as part of the whitening treatment plan to help the patient achieve their desired results. If patient has a history of tooth sensitivity, add a desensitizing protocol prior to the whitening treatment, consider using a lower concentration of gel and/or reduced wear time. Patients can also use Opalescence™ Whitening Toothpaste Sensitivity Relief before and throughout their whitening treatment. Additionally, if patient tolerates whitening treatments without sensitivity, consider providing a higher concentration gel for more rapid results.

8. OBTAIN PATIENT'S CONSENT

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

9. DETERMINE THE FINAL TOOTH COLOR

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

10. PROVIDE SENSITIVITY MANAGEMENT IF NECESSARY

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

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



Opalescence™ Tooth Whitening Reference Guide

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

PRODUCT NAME	CONTENTS	INDICATIONS FOR USE
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Cosmetic Tooth Whitening



Opalescence™ PF 10 %

Potassium Nitrate,
Fluoride, and Xylitol

COSMETIC, TAKE-HOME
Patients with sensitivity concerns;
can be worn day or night



Opalescence™ PF 16 %

Potassium Nitrate,
Fluoride, and Xylitol

COSMETIC, TAKE-HOME
Faster whitening, recommended
to wear during the day



Opalescence Go™ 6 %

Potassium Nitrate,
Fluoride, and Xylitol

COSMETIC TAKE-HOME
Ready-to-go, an alternative
to store-bought products

Medical Tooth Whitening*



Opalescence™ Quick PF 45 %

Potassium Nitrate,
Fluoride, and Xylitol

MEDICAL, DENTIST-ADMINISTERED
Office supervised whitening for
treating dark, internally
discolored teeth



Opalescence™ Endo

—

MEDICAL, DENTIST-ADMINISTERED
Internal whitening of non-vital
endodontically treated teeth



Opalescence™ Boost™ 40 %

Potassium Nitrate
and Fluoride

MEDICAL, DENTIST-ADMINISTERED
Fast chairside treatment

Other Treatments



Opalustre™ Microabrasion Slurry

—

DENTIST-ADMINISTERED
Chairside treatment to remove
superficial enamel imperfections



UltraEZ™ Desensitizing Gel

Potassium Nitrate
and Fluoride

TAKE-HOME
Sensitivity treatment



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

FLAVORS	WEAR TIME	ACTIVE INGREDIENT	Hydrogen Peroxide vs. Carbamide Peroxide Concentrations
10 % Mint 10 % Melon 10 % Regular	8–10 hours a day	10 % Carbamide Peroxide	~3% HP 10% CP
16 % Mint 16 % Melon 16 % Regular	4–6 hours a day	16 % Carbamide Peroxide	~5,8% HP 16% CP
6 % Mint 6 % Melon	60–90 minutes a day	6 % Hydrogen Peroxide	6% HP
45 % Mint	15–30 minutes a day	45 % Carbamide Peroxide	~15% HP 45% CP
—	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	
—	15–60 minutes a day	3 % Potassium Nitrate and 0,25 % Neutral NaF	

#1 PROFESSIONAL TEETH WHITENING BRAND ON THE PLANET

Opalescence



Tooth Whitening

30+ years of
experience

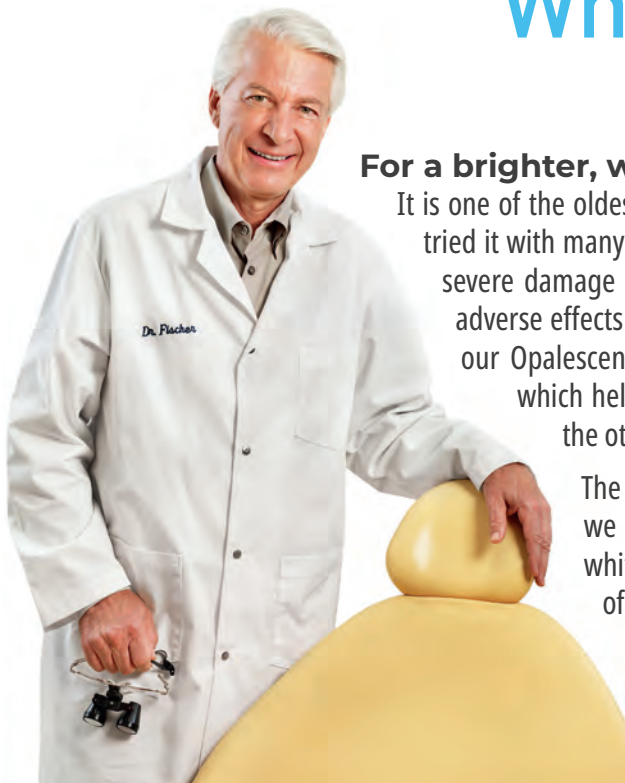
100 million smiles
brightened

50+ industry awards
in whitening





Whiten – COSMETIC



Dr. Dan Fischer
(Founder and CEO of Ultradent)

For a brighter, whiter smile

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

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

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

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

*Council Directive 2011/84/EU



Best Take-Home
Cosmetic
Bleaching System

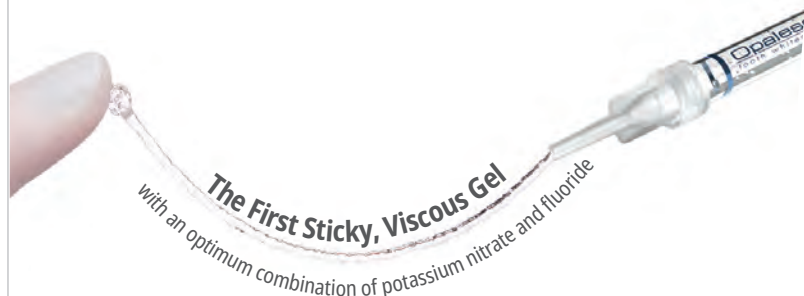
Opalescence™ PF 10% and 16%

CARBAMIDE PEROXIDE WITH
POTASSIUM NITRATE AND FLUORIDE

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

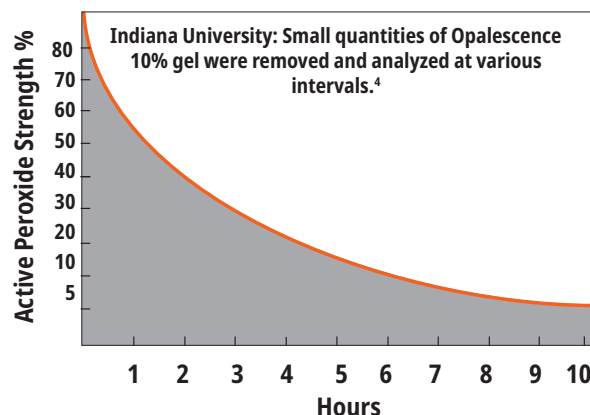
The sticky, viscous formula of Opalescence gel does not leach from the tray like other whitening agents², and the sticky gel holds the comfortable tray securely in place. Opalescence PF gel contains potassium nitrate and fluoride. Opalescence is effective in helping reduce shade relapse as compared to competitor tooth bleaching products.³ Opalescence whitening gel is made up of at least 20% water which helps prevent dehydration. A university study proves that the gel stays active for 8–10 hours during overnight whitening⁴, 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 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.²



The First Sticky, Viscous Gel
With an optimum combination of potassium nitrate and fluoride

STAYS ACTIVE THROUGH THE NIGHT!



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



BEFORE AND AFTER

Courtesy of Dr. Robert Nixon



Before whitening.



Upper teeth after 5 nights of treatment with Opalescence PF 10% whitening gel, approximately 40 hours.

Courtesy of Dr. Stephan Hoefler



Before whitening.



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

Courtesy of Dr. Stephan Hoefler



Before whitening; new restorations are planned.



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

Courtesy of Carol Jent, RDH.



Before whitening.



After one month of whitening.

Courtesy of Ultradent Products Inc.



Moderate to advanced tetracycline stains.



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

PATIENT INSTRUCTIONS



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



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



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



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

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



TRAY FABRICATION



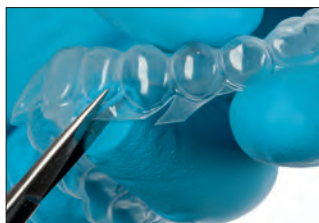
1. Pour impression with fast-set plaster or dental stone. Pour alginate shortly after making impression to ensure accuracy. Trimming is less work if quantity of stone is kept to a minimum. Palate and tongue areas are not poured or should be removed after plaster has set. Allow model to dry two hours.



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



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



4. With tactile scissors (Ultra-Trim Scalping 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.

Opalescence PF Patient Kits



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

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

Opalescence PF Doctor Kits



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

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

Opalescence PF Syringe Refills



Opalescence™ Refill Sleeve
 10pk Free of charge

4845

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

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



Tips on Growing your Tooth Whitening Business

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

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

- 1) Designate a Whitening Specialist. This member of your team is responsible for focusing on tooth whitening in your office. They can train the other team members, order supplies, answer any tooth whitening questions, organize internal marketing, and lead the overall effort to increase your whitening business.
- 2) Display a Whitening Album with before and after pictures of the patients who have whitened their teeth. Remove some of the magazines in the reception area and put the album out to showcase the work done in your office.
- 3) Do you have a morning meeting to go over the day's schedule? Review patients' charts to see if tooth whitening has been offered and if so, the last time the patient purchased a touch-up. Discuss tooth whitening with those identified as potential opportunities when they come in that day.
- 4) Put up a display with a pad of paper, a pen, and a fish bowl. Have patients fill out their name and number for a drawing for a FREE whitening procedure.*
 - a. This advertises to your patients that you offer tooth whitening in your practice.
 - b. It's a great way to get referrals — the patient who wins will tell friends and family about their FREE whitening.
 - c. Take the names of those who did not win and send a letter or give them a phone call to let them know that although they didn't win, because they expressed an interest in whitening, your office will extend a special discount to them (whatever discount or special you choose). This is a simple way to get in touch with patients who are interested in whitening their teeth, but may not necessarily ask for it.
- 5) Give FREE whitening or touch-ups to patients who schedule and keep their dental hygiene 6-month check-up appointments.
- 6) Offer Tooth Whitening Menus in your reception area and operatories. People love options, and this gives your patients an opportunity to see what is available to them to whiten their teeth.
- 7) 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.
- 8) 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?
- 9) 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!

*Note: Please apply all local General Data Protection Regulations when organising promotions.





Whiten - COSMETIC



Powerful,
professional
whitening
to go!

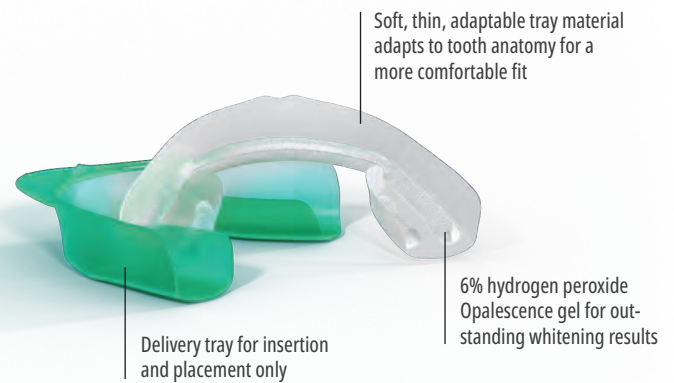
Opalescence Go™ 6%

PREFILLED WHITENING TRAYS
- HYDROGEN PEROXIDE



- Cosmetic tooth whitening in prefilled trays
- Unique UltraFit™ tray material offers a remarkably comfortable fit and easily conforms to any patient's smile
- Molar-to-molar coverage ensures the gel comes in contact with more posterior teeth
- Opalescence Go cosmetic whitening gel is designed to maximize patient comfort
- Convenient prefilled trays can be worn right out of the package
- Optimal gel quantity allows easy cleanup after whitening
- Wear 60–90 minutes per tray
- Opalescence Go tooth whitening gel contains PF (potassium nitrate and fluoride)
- Delicious **Mint** and **Melon** flavors

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



UltraFit tray before.



After 10 minutes in mouth.

1. realityesthetics.com.



PATIENT INSTRUCTIONS



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



2. Position upper tray on teeth.



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



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



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

REFRIGERATE

Opalescence Go Patient Kits



Flavor	6%
Mint	4634
Melon	3592

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

REFRIGERATE

Opalescence Go Patient Kits Case of 6



Flavor	6%
Mint	4639
Melon	3593

10 x Each upper/lower trays in each kit
1 x 20 ml (28 g) Opalescence Whitening Toothpaste

REFRIGERATE

Opalescence Go Mini Kits



Flavor	6%
Mint	4644
Melon	3599

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

REFRIGERATE

Opalescence Go Mini Kits Case of 12



Flavor	6%
Mint	4649
Melon	3600

4 x Each upper/lower trays in each kit



Sof-Tray™ Classic Sheets

SHEET MATERIAL FOR VACUUM-FORMING OF TRAYS



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



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

226 - Sof-Tray Sheets Regular 25pk
0,9 mm (0.035") - 127 x 127 mm

0,9 mm thickness

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

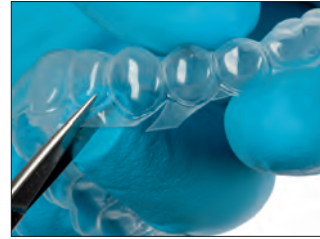
1,5 mm thickness

284 - Sof-Tray Sheets Heavy 20pk
2,0 mm (0.080") - 127 x 127 mm

2,0 mm thickness

Ultradent™ Ultra-Trim Scalloping Scissors

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



605 - Ultradent Ultra-Trim Scalloping Scissors 1pk

Opalescence™ Pocket Tray Cases



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

707 - Pocket Tray Cases (Variety) 20pk
6 x blue, 7 x green, 7 x melon



Ultradent™ LC Block-Out Resin

LIGHT CURED BLOCK-OUT RESIN



Black Mini™ Tip

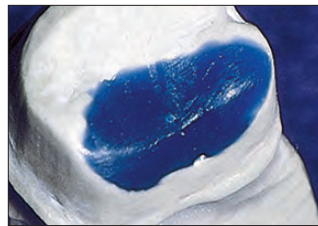
- Optimal viscosity for proper application
- Blue pigment for visibility during application
- Great utility resin with multiple uses

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

USES



For reservoir spaces, apply Ultradent LC Block-Out Resin approximately 0,5 mm thick onto the labial surfaces, staying about 1,5 mm from gingival line, and light cure. Do not extend onto incisal edges and occlusal surfaces.



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



240 - Ultradent LC Block-Out Resin Kit

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



242 - Ultradent LC Block-Out Resin Econo Kit

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



241 - Ultradent LC Block-Out Resin Refill

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

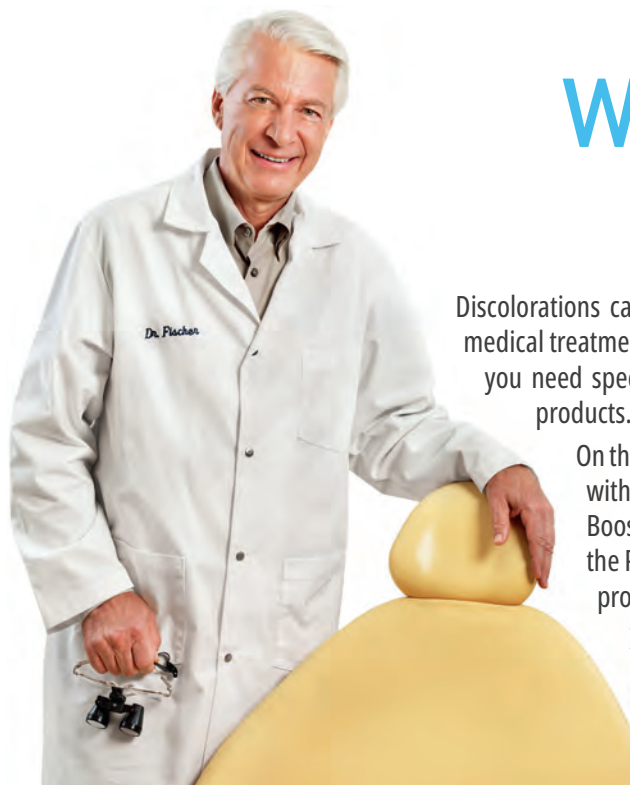


Use for reservoir spaces.



Also use for periodontal trays.

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



Dr. Dan Fischer
(Founder and CEO of Ultradent)


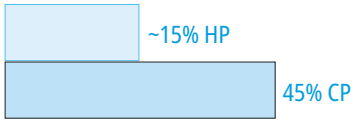
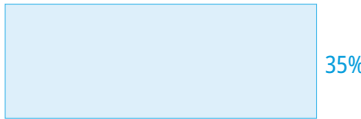
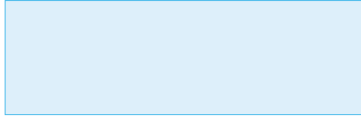
Whiten – MEDICAL

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

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

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



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

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

Note: Not intended for use in traumatized teeth, any sign of cervical resorption, or after multiple previous whitening attempts.



Opalescence™ Endo

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



Black Mini™ Tip

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

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

BEFORE AND AFTER

Courtesy of Dr. Rich Tuttle.



Before.



After.



Before.



After.

Courtesy of Dr. Jaleena Jessop.



Before.



After.

Courtesy of Dr. Arno Schoeler.



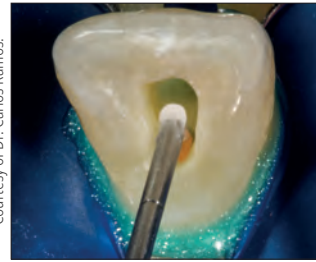
Before.



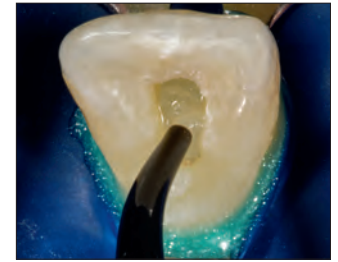
After.

PROCEDURE

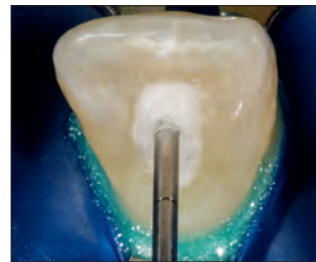
Courtesy of Dr. Carlos Ramos.



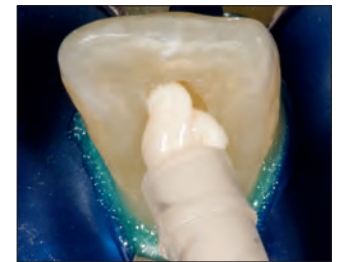
1. Completely remove all the restorative and root sealing material from the coronal pulp chamber and 2-3 mm below healthy gingiva. Place a 2 mm thick conventional glass ionomer or a resin modified glass ionomer to seal the endodontically treated canal. Verify set of material before proceeding.



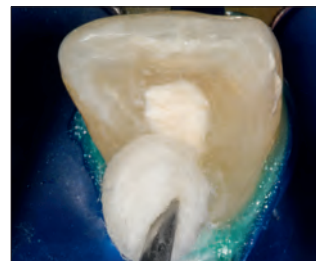
2. Express Opalescence Endo whitening into the coronal pulp chamber, avoiding soft tissues. Fill the pulp chamber with UltraTemp™ Regular temporary filling material, leaving 3–5 mm of space to allow for the necessary depth.



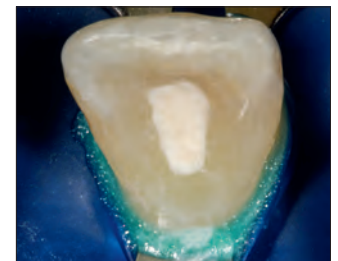
3. A thin cotton membrane or a small piece of cotton pellet can be used as a separator between temporary and whitening gel. Make sure to place gently to not displace the whitening gel onto the margins, as this will compromise the temporary seal. However, this is not a requirement if adequate space is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



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



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



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

REFRIGERATE



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

REFRIGERATE



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

1. realityesthetics.com.



Opalescence™ Boost™

IN-OFFICE WHITENER
- 40% HYDROGEN PEROXIDE



Black Mini™ Tip

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

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

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

BEFORE AND AFTER

Dr. Jörg Weiler



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



2. Allow the gel to remain on the teeth for 20 minutes per application.



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

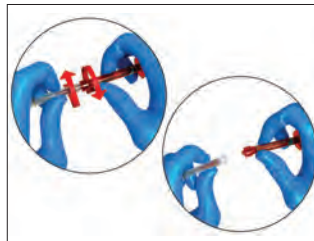
INSTRUCTIONS



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.

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



Important Note: After mixing, Opalescence™ Boost™ gel is good for 10 days refrigerated. Before disposing of syringes, aspirate water into the syringe and express liquid down the drain. Repeat a couple of times before disposing of the syringe. Make sure any 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 - Opalescence Boost 40% Intro Kit

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

- 2 x 1,2 ml (1,49 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 - Opalescence Boost 40% Econo Refill

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

THE GREAT TASTE OF ENAMELAST FLUORIDE VARNISH NOW AVAILABLE **FLAVOR-FREE!**

This new flavor-free formula has a touch of sweetness to it that disappears in minutes. Patients with a sensitivity to flavor will love it! Whether at a hygiene appointment or looking for sensitivity relief, patients will benefit from the slow fluoride uptake. They'll be off to lunch forgetting the fluoride is even there.

Fluoride varnish, see page 32.





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



- 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 2-3 mm onto dry enamel to seal. Extend resin one tooth beyond last tooth to be whitened. Light cure using a scanning motion for 20 seconds.

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



324 - OpalDam Kit

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



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



1824 - OpalDam Green Kit

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



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

1. realityesthetics.com.



Opalescence™ Quick PF 45%

WAITING ROOM WHITENER
CARBAMIDE PEROXIDE



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

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

REFRIGERATE



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

REFRIGERATE



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

BEFORE AND AFTER

Dr. Stephan Hoefler



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



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



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



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

1. realityesthetics.com.



Opalustre™ and OpalCups™

CHEMICAL AND MECHANICAL ABRASION SLURRY



White Mac™ Tip



OpalCups Bristle

OpalCups Finishing

- Permanently removes superficial enamel imperfections
- Provides minimally invasive, permanent treatment 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.²

BEFORE AND AFTER

Courtesy of Dr. Renato Herman Sundfeld.



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

Courtesy of Dr. Rich Tuttle.



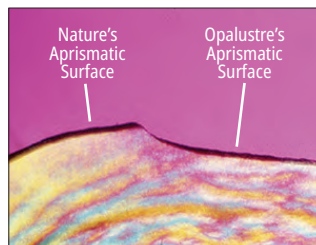
Enamel decalcification corrected after one application of Opalustre™ slurry using OpalCups bristle cup and 10:1 gear reduction handpiece with firm pressure.

Courtesy of Dr. Jaleena Jescop.

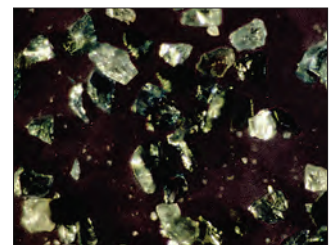


Remove or significantly reduce mild to moderate decalcification with a few applications of Opalustre™ slurry.

Courtesy of Dr. Renato Herman Sundfeld.



Chemical and mechanical abrasion produce a natural-looking surface.



Silicon carbide microparticles contained in Opalustre slurry.

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

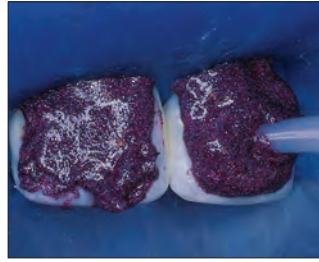


INSTRUCTIONS - RUBBER DAM

Courtesy of Dr. Ted Croll.



1. Before.



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



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



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



5554 - Opalustre Kit

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



555 - Opalustre Refill

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



5800 - OpalCups Bristle 20pk



5799 - OpalCups Finishing 20pk

INSTRUCTIONS - OPALDAM

Courtesy of Dr. Ted Croll.



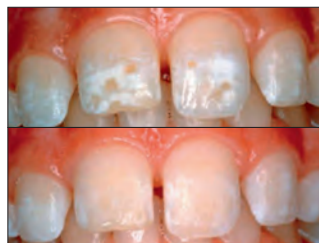
1. Isolate mottled teeth with OpalDam resin barrier. Apply Opalustre slurry directly out of the syringe with a Black Mini™ tip.



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.



UltraEZ™

DESENSITIZING GEL WITH POTASSIUM NITRATE AND FLUORIDE



- Provides immediate results
- Treats sensitivity
- Non-flavored gel available in syringes or disposable trays

UltraEZ gel is a sustained-release 3% potassium nitrate desensitizing gel with fluoride (0,25% neutral NaF). This sustained-release formula quickly treats sensitivity from toothbrush abrasion, thermal and chemical changes, tooth whitening, and root exposure.



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



Featuring the UltraFit™ tray
5743 - UltraEZ Mini Tray Combo 4pk
 4 x Each upper/lower trays



Featuring the UltraFit™ tray
5721 - UltraEZ Tray Combo 10pk
 10 x Each upper/lower trays



new



Umbrella™

TONGUE, LIP, AND CHEEK RETRACTOR

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

Tongue, lip, and cheek retractor, page 37.

KleerView™

CHEEK AND LIP RETRACTOR

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



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.

PREVENT AND HYGIENE

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

HILLARY HUBBARD - Antelope Island





UltraSeal XT™ hydro™

HYDROPHILIC PIT AND FISSURE SEALANT



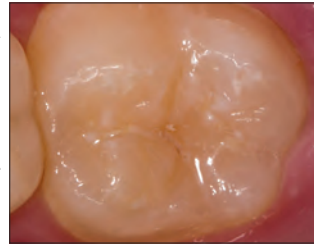
Inspiral™ Brush Tip

- It is 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

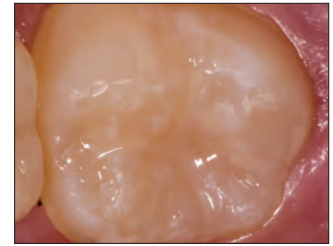
UltraSeal XT hydro hydrophilic pit and fissure sealant is a light-cured, radiopaque composite sealant that contains fluoride. It is stronger and more wear resistant because it is a 53%-filled resin and has less polymerization shrinkage than competitive products. Used with the Inspiral™ Brush Tip, the thixotropic nature of UltraSeal XT hydro sealant causes itself to thin as it's expressed from the tip — allowing 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. The advanced hydrophilic chemistry works when all visible moisture has been removed. UltraSeal XT hydro sealant is more forgiving of moisture deep inside pits and fissures.

BEFORE AND AFTER

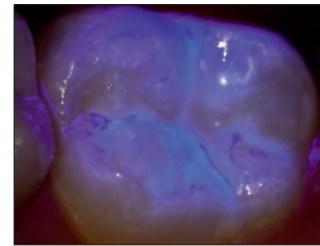
Courtesy of Dr. Jaleena Jessop.



Before.



After.



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

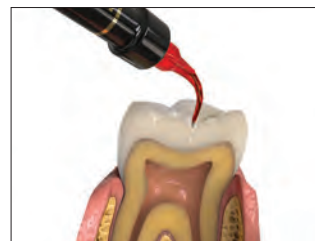
FOUR SIMPLE STEPS



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



2. Remove visible moisture.



3. Place UltraSeal XT hydro sealant.



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

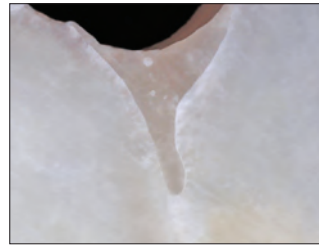


MARGINAL RETENTION AND MICROLEAKAGE

UltraSeal XT hydro Sealant



No microleakage.



Sealed margins.

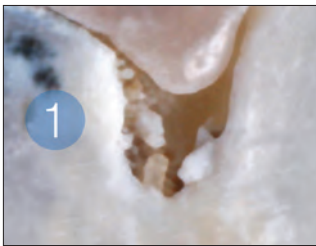


UltraSeal XT hydro Kits

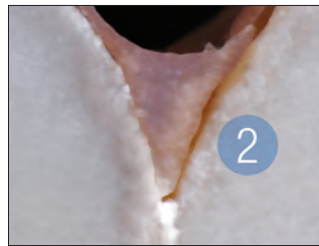
Shade	Kit
Opaque White	3532
Natural	3533

- 1 x 1,2 ml (2,04 g) UltraSeal XT hydro syringe
- 1 x 1,2 ml (1,58 g) Ultra-Etch syringe
- 20 x Blue Micro tips
- 20 x Inspiral Brush tips

Competitor Hydrophilic Sealant



Microleakage.



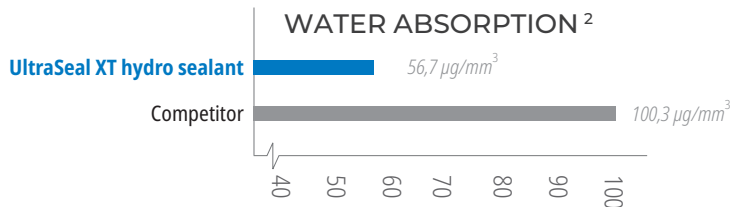
Peeling from margins.



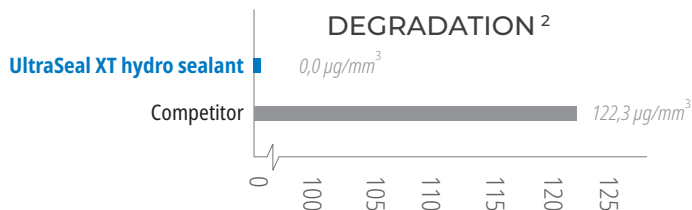
UltraSeal XT hydro Refills

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

1,2 ml syringes (2,04 g)



Balanced water absorption allows forgiveness in moist environments without degradation.



No degradation as a result of balanced water absorption.



3551 - Black Light Keychain 1pk

1. realityesthetics.com 2. Data on file.



UltraSeal XT™ plus

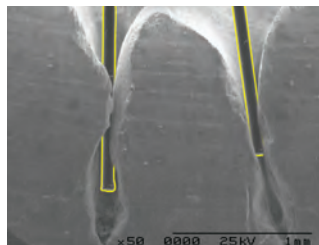
HYDROPHOBIC PIT AND FISSURE SEALANT



Inspirational™ Brush Tip

- High retention rate²
- 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, fluoride-releasing composite sealant. It is stronger and more wear resistant because it is a 58%-filled resin and has less polymerization shrinkage than competitive products. Used with the Inspirational™ 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 enhances penetration into pits and fissures by eliminating moisture that can cause failure in hydrophobic sealants.



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

*Reality Ratings. Reality. Reality Publishing Company 1998–2017. 1. realityesthetics.com. 2. Boksmán L, Carson B. Two-year retention and caries rate of UltraSeal XT and Fluorshield light-cured pit and fissure sealants. *Gen Dent.* 1998;46(2):184-7.

BEFORE AND AFTER



Before.



After UltraSeal XT plus sealant.



Before.



After UltraSeal XT plus sealant.

FIVE SIMPLE STEPS



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



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



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



4. Place UltraSeal XT plus sealant.

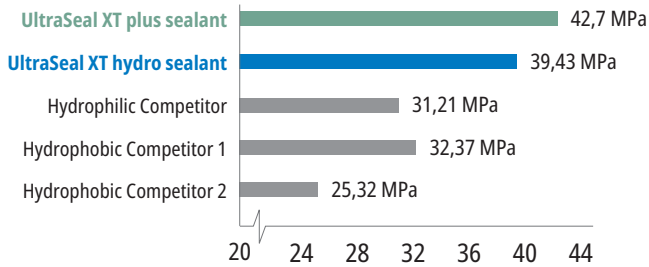


5. Cure for 3 seconds with VALO™ curing light on Xtra Power mode or 10 seconds on Standard Power mode.



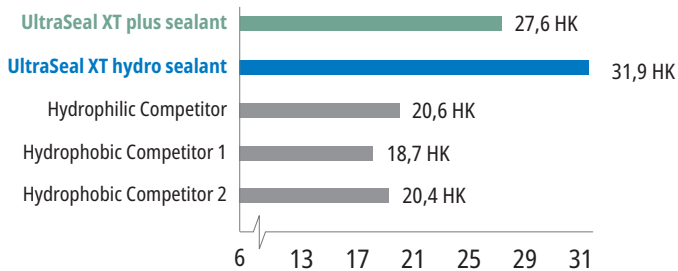
PHYSICAL PROPERTY COMPARISON

SHEAR BOND¹



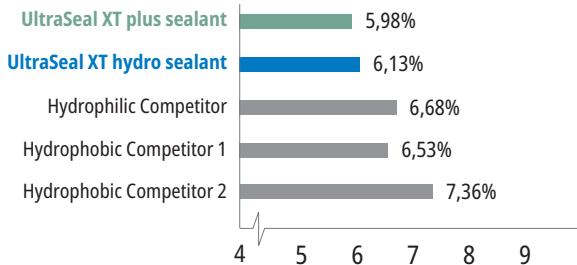
High shear bond strength is essential for retaining the sealant under normal use.

HARDNESS¹



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

SHRINKAGE¹



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

1. Data on file.



UltraSeal XT plus Kits

Shade	Kit
Opaque White	725
Clear	563
A1	1286
A2	733

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



UltraSeal XT plus Refills

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

1,2 ml (2,04 g) syringes

PrimaDry™
DRYING AGENT



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

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



Black Micro™ FX™ Tip

REFRIGERATE



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

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



Enamelast™

FLUORIDE VARNISH

MORE THAN JUST GREAT TASTE!



SoftEZ Tip



Flavor-Free



Cool Mint



Caramel



Orange Cream



Bubble Gum



Walterberry

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

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

Enamelast fluoride varnish produces a mechanical occlusion of the dentinal tubules in the treatment of tooth hypersensitivity. The AAPD recommends fluoride varnish for use as a preventative adjunct to reduce the risk of caries.² The use of fluoride varnish for caries prevention has also been endorsed by the ADA.⁵

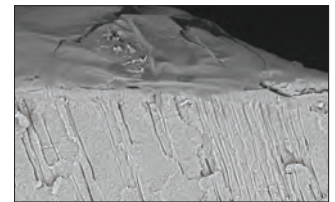
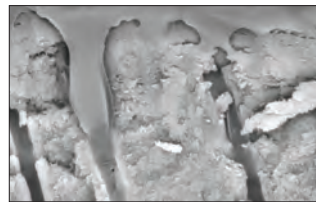
BEFORE AND AFTER



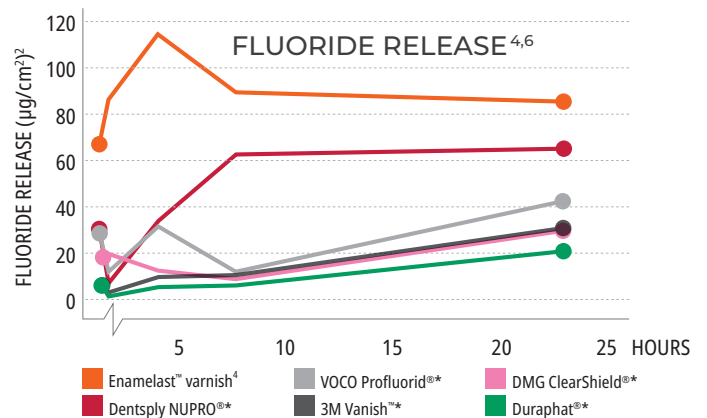
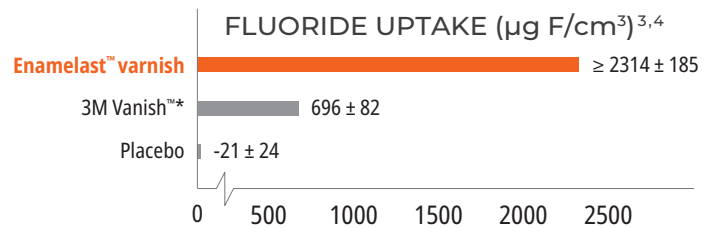
Before Enamelast fluoride varnish.



Immediately after applying Enamelast fluoride varnish.



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



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



4521 - Enamelast Waltherberry Syringe Kit
 2 x 1,2 ml (1,23 g) syringes
 4 x SoftEZ tips



4523 - Enamelast Waltherberry Syringe Econo Kit
 20 x 1,2 ml (1,23 g) syringes

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

Flavor	50pk	200pk
Waltherberry	4518	4528
Orange Cream	4344	4343
Cool Mint	4353	4352
Bubble Gum	4363	4362
Caramel	4819	4822
Flavor-Free	5188	5187
50 ea - W, OC, CM, BG		4368
50 ea - W, CM, BG, C		4821



Ultradent™ Universal Dentin Sealant
 FOR TRANSIENT ROOT SENSITIVITY

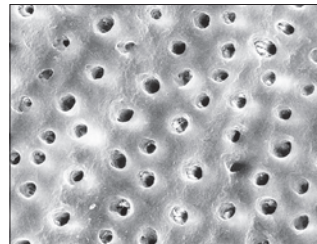


Black Mini™ Brush Tip

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

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

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



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



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



266 - Universal Dentin Sealant Refill
 4 x 1,2 ml (1,08 g) syringes

Note: Ultradent Universal Dentin Sealant is NOT a bonding agent. For unsurpassed bonding products, see page 58. If base or liner is needed, use Ultra-Blend™ plus liner, page 64.



BEFORE AND AFTER



Results in as little as one week¹

Opalescence™ Whitening Toothpaste

ORIGINAL AND SENSITIVITY RELIEF

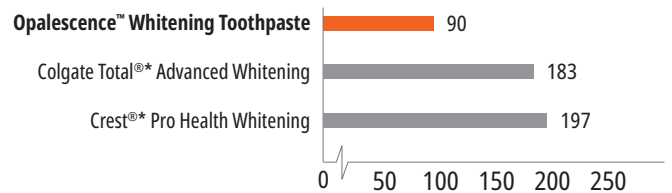


- Results in as little as one week¹
- Proven to whiten teeth in four weeks
- Contains hydrated silica which is proven to remove staining
- Gentle on gums
- Safe for long-term daily use
- Contains sodium fluoride to help prevent cavities and strengthen enamel²
- Exceptional fluoride uptake³
- 90 RDA for maximum enamel, dentin, and restoration protection⁵
- Triclosan and TiO₂ free
- Vegan - no animal products are used

Opalescence™ whitening is the leader in professional tooth whitening. Part of that product family is Opalescence™ Whitening Toothpaste⁴, which was developed by a dentist. It actively removes surface stains and is gentle enough to use every day, thanks to its unique silica blend.

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

RELATIVE DENTIN ABRASION⁵



Has lower abrasiveness than other leading whitening toothpastes.⁵



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



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

*Trademark of a company other than Ultradent. 1. Çakmakçioğlu O, Yılmaz P, Topbaşı BF. Clinical evaluation 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. This toothpaste does not contain peroxide. 5. Schemehorn, BR. Relative Dentin Abrasion Test on Dentifrices 11-111. Data on File.

PREPARE

Caries Indicator
Tongue-, Lip-, and Cheek Retractor
Rubber Dams
Interproximal Tooth Guard

Caulking and Putty
Matrices and Retainer Clamps
Disposable Retainer and Matrix

EVAN MARX - Delicate Arch





Sable™ Seek™ and Seek™

CARIES INDICATORS



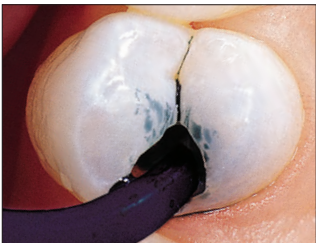
Black Mini™ Brush Tip

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

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. Both Seek and Sable Seek caries indicators can provide a fast, effective way to locate calcified root canal orifices. Green Sable Seek caries indicator helps visualization of decay in deep caries cases to help avoid pulp exposures.

PROCEDURE



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



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



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



4. Reapply. Rinse and verify appropriate caries removal.



233 - Sable Seek Kit

4 x 1,2 ml (1,22 g) syringes
20 x Black Mini Brush tips



234 - Sable Seek Refill

4 x 1,2 ml (1,22 g) syringes



1805 - Sable Seek Econo Refill

20 x 1,2 ml (1,22 g) syringes



209 - Seek Kit

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



210 - Seek Refill

4 x 1,2 ml (1,25 g) syringes



1804 - Seek Econo Refill

20 x 1,2 ml (1,25 g) syringes

1. realityesthetics.com.



Umbrella™

TONGUE, LIP, AND CHEEK RETRACTOR



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

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

HOW DO I KNOW WHICH SIZE TO USE?

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

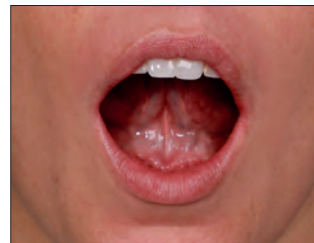
PROCEDURE



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



DO NOT place the retractor upside down.



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



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



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



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



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

- 4870 - Umbrella Retractor Medium **5pk**
- 4871 - Umbrella Retractor Medium **20pk**
- 5162 - Umbrella Retractor Medium **40pk**

- 5256 - Umbrella Retractor Large **5pk**
- 5257 - Umbrella Retractor Large **20pk**
- 5258 - Umbrella Retractor Large **40pk**



DermaDam™ RUBBER DAM



- 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
15 cm x 15 cm



314 - DermaDam Heavy 0,25 mm 36pk
15 cm x 15 cm

DermaDam™ Synthetic DENTAL DAM



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

Zero sensitizing proteins



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

InterGuard® INTERPROXIMAL TOOTH GUARD



The InterGuard interproximal tooth guard reduces risk of iatrogenic damage by protecting adjacent teeth.²⁻³ Stable curls at each end leave transition angles clear for full access. The 0,1016 mm thick stainless steel InterGuard tooth guard is great for tunnel preparations and protecting the adjacent tooth during air abrasion.



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



3097 - InterGuard Kit
5 x Each 4,0 mm and 5,5 mm

InterGuard Refills

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



1. realityesthetics.com.

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



OraSeal™

CAULKING AND PUTTY



White Mac™ Tip



Black Mini™ Tip

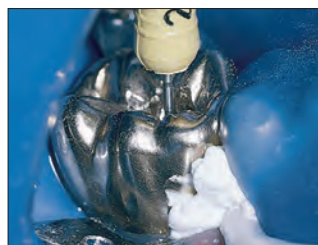
- Adheres under water and saliva
- Provides a protective seal against gingival exposure to peroxide or hydrofluoric acid
- Ideal for blocking out unwanted spaces for impressions
- Effectively adheres to wet rubber dams, tissue, teeth, and metal
- OraSeal Putty material has a stiffer consistency than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

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



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

PROCEDURE

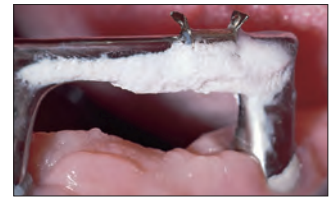


Apply OraSeal Caulking material with Black Mini™ or White Mac delivery tips to prevent leakage of rubber dam during treatment.² Shape with wet gloved finger, wet cotton swab, or instrument. Procedure can then be performed in a clean, dry field.

USES



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



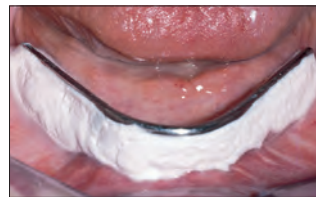
Block out undercuts below and around prosthetic implant clip. Flexing component of clip is covered with putty to accommodate clip flexure during insertion and removal.



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



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



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



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



352 - OraSeal Kit

- 2 x 1,2 ml (1,28 g) OraSeal Caulking syringes
- 2 x 1,2 ml (1,44 g) OraSeal Putty syringes
- 4 x Black Mini tips
- 20 x White Mac tips



OraSeal Refills

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

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



Omni-Matrix™ Sectional

MATRICES AND RETAINER CLAMPS



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

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

INSTRUCTIONS



1. Place matrices then wedge.



2. Place retainer clamp.

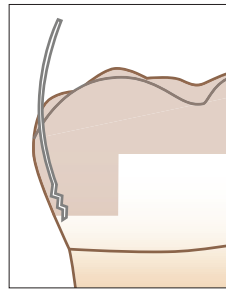


3. Begin restoration.

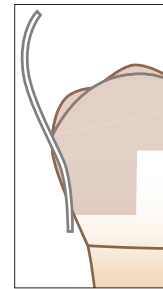


Optional: Stack multiple clamps.

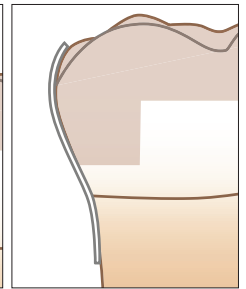
CONSTANT RADIUS VS. REVERSE CURVE



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



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



318 - Omni-Matrix Sectional Kit

4 x Matrix clamps

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



317 - Omni-Matrix Sectional Clamps

4 x Matrix clamps



Band Size	40pk
Regular	304
Regular Extended	305

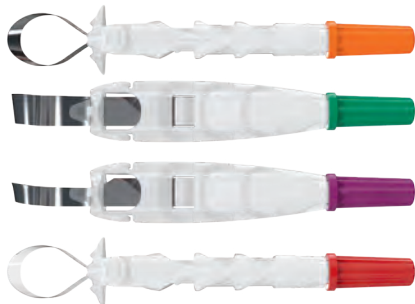
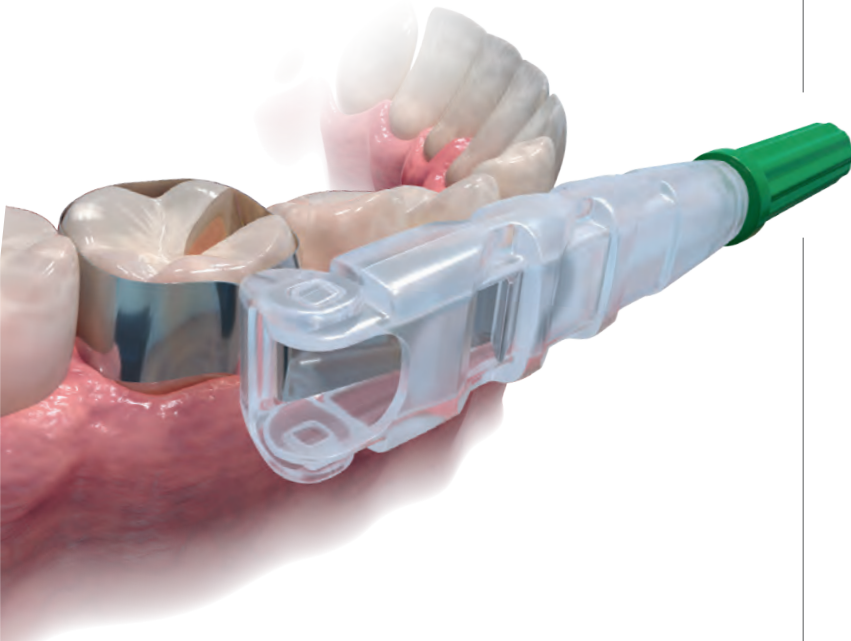


Band Size	40pk
Large	309
Large Extended	316



Omni-Matrix™

DISPOSABLE RETAINER AND MATRIX



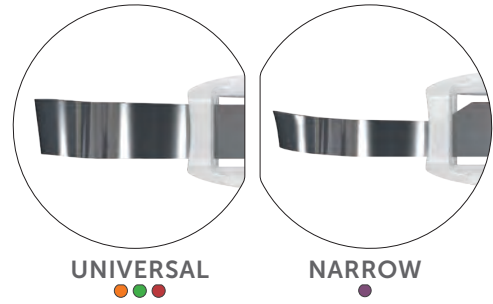
- Innovative shape allows procedural visibility and patient comfort
- Ultra-thin burnishable stainless steel adapts to preparations
- Unique winged and wingless styles meet individual case needs
- Disposable design saves you time and money

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.



WINGLESS

WINGED



UNIVERSAL

NARROW



STAINLESS STEEL

MYLAR

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

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

1. realityesthetics.com.

THE 100K FOOT VALO™ CURING LIGHT DROP TEST

2019 marked the VALO curing light's 10th anniversary, and to celebrate, we sent a VALO light into space.

After it came back down to earth, we had to wait over 100 days to retrieve it.



But it was worth it — we found that after it dropped from space, crashed into a mountain, and was left outside in the snow, rain, heat, and cold for 126 days, the VALO light *still worked*.

Watch the entire story at ultradent.com/valo



VALO™

THE DURABILITY YOU NEED



TISSUE MANAGEMENT

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

JAKUB LABEDZ - Zion National Park





FOR PROFOUND HEMOSTASIS



Tissue Management

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

FOR HEMOSTASIS AND FLUID CONTROL

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

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



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

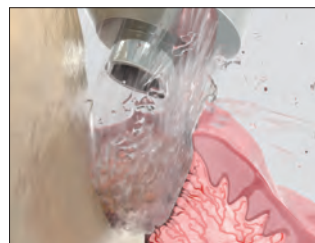
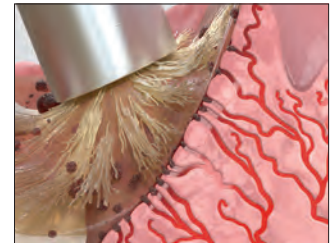


Firmly rub Viscostat™, Astringedent™, or Astringedent™ X hemostatics against the cut bleeding tissue to obtain hemostasis.

FERRIC SULFATE - ACTIVE HEMOSTASIS



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



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



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



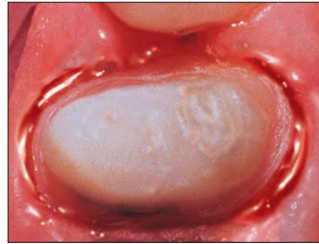
FOR INDIRECT BONDING (LUTING)

PROVISIONAL REMOVED



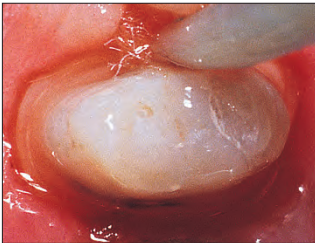
1. Well-healed tissue 2 weeks post-op.

CONTAMINATION



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

SEAL/DRY



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

WASH/DRY



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

SEAT RESTORATION



5. Bond/lute definitive crown.

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

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

FOR DIRECT BONDING

MICROLEAKAGE



Courtesy of Dr. Dan Fischer.

1. Leakage under recently bonded composite.

STAINING



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

ISOLATION



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

RESTORATION



4. Repaired restoration.

CONTROL



Courtesy of Dr. Jaleena Jessop.

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

BOND



2. Successful bonded restoration.

INDIRECT VENEER RETRACTION



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



FOR IMPRESSION TAKING

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

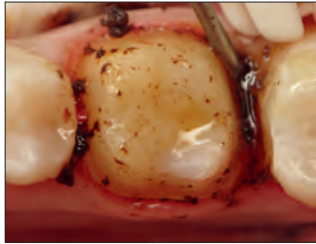
Courtesy of Dr. Jaleena Jessop.

BLEEDING



1. Subgingival preparation with bleeding.

HEMOSTASIS



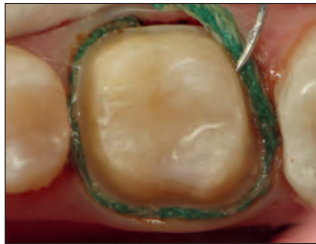
2. Scrub Astringedent™ X hemostatic firmly against bleeding tissues with Metal Dento-Infusor™ tip.

CLEANING/TESTING



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

DISPLACEMENT



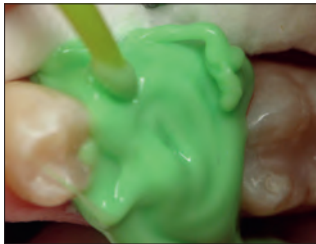
4. Soak Ultrapak™ knitted cord in Astringedent™ X hemostatic, pack, and leave for 5 minutes.

DRYING/TESTING



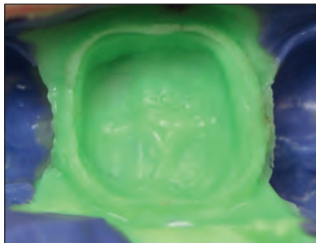
5. Remove Ultrapak knitted cord, follow with a firm air/water spray and dry.

TAKE IMPRESSION



6. Express impression material.

RESULT

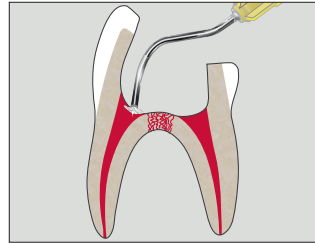


7. Predictable quality impressions.

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

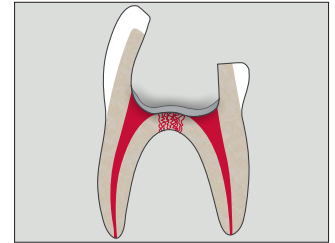
FOR VITAL PULPOTOMY IN PRIMARY TEETH - EXPANDED APPLICATION

HEMOSTASIS



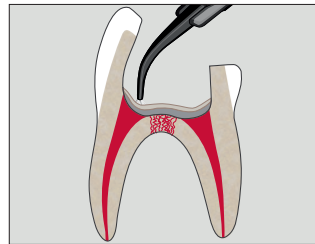
1. Control bleeding. Use Dento-Infusor tip with ViscoStat or Astringedent™ hemostatics.¹ Use sterile water for this procedure.

PROTECTION



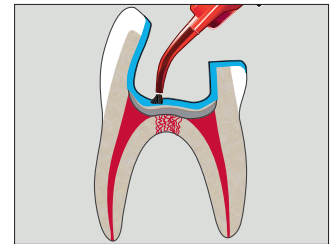
2. Place a thin layer of MTAFlow™ White repair cement over the root canal orifice.

BARRIER



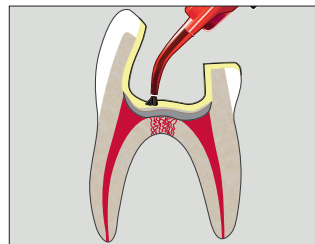
3. Apply a thin layer of Ultra-Blend™ plus liner.

ETCH



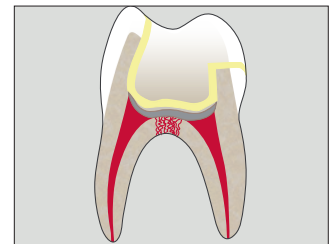
4. Apply Ultra-Etch™ phosphoric acid or Peak™ SE Primer.

BOND



5. Apply Peak™ Universal Bond bonding agent.

RESTORE

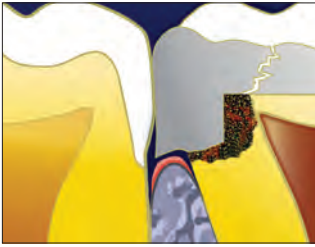


6. Use your preferred restorative material for definitive restoration.

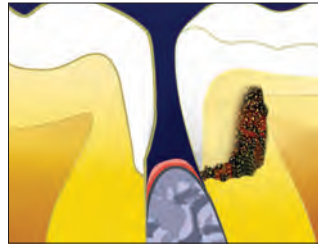
¹ Fei AL, Udin RD, Johnson R. A clinical study of ferric sulfate as a pulpotomy agent in primary teeth. *Pediatr Dent.* 1991;13(6):327-32.



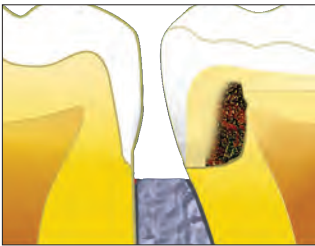
FOR CHALLENGING CASES



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



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



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



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



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



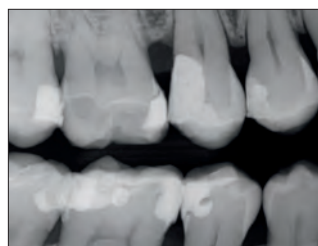
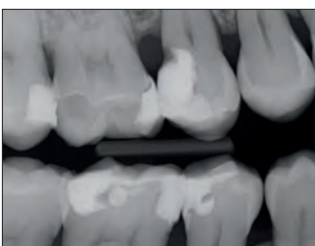
6. DO NOT wedge matrix band until first layer of composite has been placed.



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



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



Dento-Infusor™ Tips



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

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

Courtesy of Dr. Jaleena Jessop.



Bleeding must be controlled before starting any direct bonding procedure.



Profound hemostasis achieved, preparation is ready to restore.

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

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



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



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

Dento-Infusor Tips, see page 125.



ViscoStat™

20% FERRIC SULFATE



Metal Dento-Infusor™ Tip



- Provides profound hemostasis
- Stops moderate bleeding
- Saves chair time
- Does not impede hard or soft tissue healing
- Eliminates sulcular fluid contamination for optimal bonding
- Decreases costly impression remakes

ViscoStat hemostatic is a 20% ferric sulfate equivalent hemostatic agent with inert binding agents in a viscous, aqueous solution. It contains fumed silica to limit the acidic activity, making it kind to hard and soft tissue.

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

Tip: Prevent leakage caused by sulcular fluid contamination during direct bonding procedures. Soak an Ultrapak™ knitted cord in a hemostatic and isolate the tissues. Follow with a firm air/water spray.

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



647 - ViscoStat Dento-Infusor IndiSpense™ Syringe Kit

- 1 x 30 ml (36,69 g) IndiSpense syringe
- 20 x Metal Dento-Infusor tips
- 20 x 1,2 ml empty syringes



645 - ViscoStat IndiSpense Syringe 1pk

- 30 ml (36,69 g) syringe

1. realityesthetics.com.



ViscoStat™ Clear

25% ALUMINUM CHLORIDE



Metal Dento-Infusor™ Tip

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

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

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



6409 - ViscoStat Clear Dento-Infusor Syringe Kit

4 x 1,2 ml (1,42 g) syringes
20 x Metal Dento-Infusor tips



6407 - ViscoStat Clear Dento-Infusor IndiSpense™ Syringe Kit

1 x 30 ml (38,52 g) IndiSpense syringe
20 x Metal Dento-Infusor tips
20 x 1,2 ml empty syringes



6408 - ViscoStat Clear IndiSpense Syringe 1pk

30 ml (38,52 g) syringe

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

PROCEDURE



1. Subgingival preparation and bleeding sulcus.



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



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



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



5. Finished restoration 2 weeks post-op.





Astringedent™ 15,5% FERRIC SULFATE



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

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

“Highly recommended as effective and easy to use for control of bleeding, tissue management, and pulpotomies. Rating+++++. ”² Astringedent hemostatic solution is well suited for a variety of dental and oral surgery procedures to arrest bleeding. Astringedent hemostatic can be used to prevent leakage caused by sulcular fluid contamination during direct bonding procedures.

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

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



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

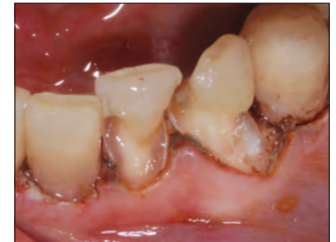
Astringedent™ X 12,7% IRON SOLUTION



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

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

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



Courtesy of Dr. Bruce LeBlanc.

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



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

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 (35,28 g) bottle



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



Ultrapak™ KNITTED CORD



Best Gingival
Retraction Material



THE ONE WITH THE STRIPE!™

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

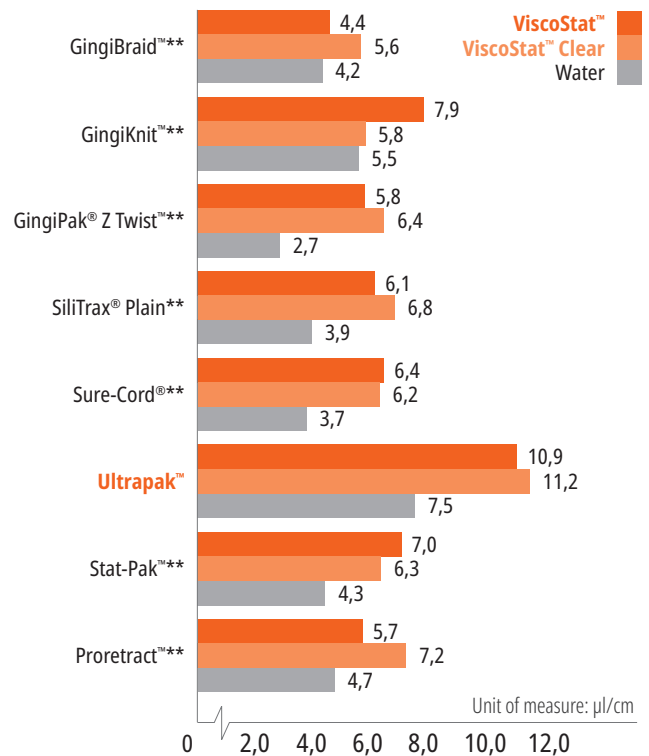
- The original knitted cord
- Provides optimal tissue displacement and detailed margins for quality impressions
- Facilitates easy packing and stays in place better than twisted or braided cord
- Compresses upon packing then expands for optimal retraction

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

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

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

ULTRAPAK CORD COMPETITOR ABSORPTION COMPARISON Ultrapak™ knitted cord vs. leading competitors' absorption abilities.*



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



PRE-PREPARATION PACKING TECHNIQUE

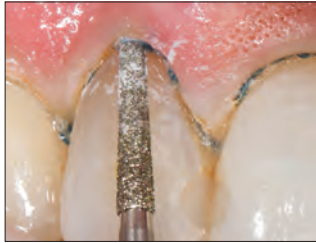
To ensure cord retention during preparation, use a cord large enough to firmly compress into sulcus.

PREPACK



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

PREPARATION



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

FOR DIGITAL IMPRESSIONS - COMPLETE HEMOSTASIS

HEMOSTASIS



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

CLEAR FIELD



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

DOUBLE-CORD TECHNIQUE

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

FIRST CORD



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

SECOND CORD

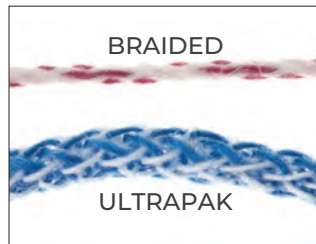


2. Place a second, thicker cord soaked in a hemostatic agent to expand the tissue laterally.

RINSE/DRY



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



BRAIDED

ULTRAPAK

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

Each bottle contains
244 cm of cord.

Tissue Management



CORD COMPARISON CHART

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

9330 - Ultrapak Kit

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



#000 - 0,889 mm

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



9331 - Ultrapak Cord #000 1pk



#00 - 1,041 mm

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



9332 - Ultrapak Cord #00 1pk



#0 - 1,143 mm

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



9333 - Ultrapak Cord #0 1pk



#1 - 1,245 mm

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



9334 - Ultrapak Cord #1 1pk



#2 - 1,422 mm

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



9335 - Ultrapak Cord #2 1pk



#3 - 1,6 mm

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



9336 - Ultrapak Cord #3 1pk



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



Fischer's Ultrapak™ Packers

THIN SERRATED PACKING INSTRUMENTS

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

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

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

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



ETCH AND BOND

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

WILLIAM UTYKANSKI - Horsetail Falls, Alpine





ETCH AND BOND

The industry leader for more than 35 years

Ultra-Etch™ ETCH AND RINSE ETCHANT



Blue Micro™ Tip



Inspiral™ Brush Tip



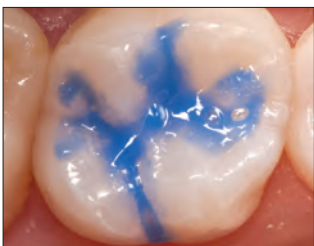
- Self-limiting² on dentin
- Penetrates smallest fissures and won't run on a vertical surface
- Precise placement
- Etch and rinse
- Rinses cleanly — leaves no residue

Ultra-Etch etchant 35% phosphoric acid solution features ideal viscosity, facilitates precise placement and superior control. It is self-limiting in its depth of etch (average depth of 1,9 µm with 15-second etch)², creating an etch pattern that adhesives can penetrate for increased bond strength. Studies demonstrate Ultra-Etch etchant's unique self-limiting chemistry on dentin creates an optimal surface to receive resin.³ Though Ultra-Etch etchant is viscous, it can penetrate into the occlusal fissures or vertical surfaces due to physical and chemical properties that promote capillary action. Its ideal viscosity maintains a layer that is thick enough to prevent premature drying.

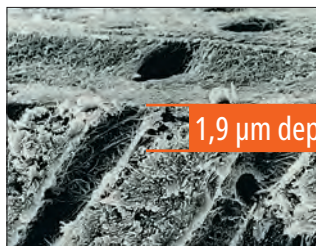
Ultra-Etch etchant is indicated for use on dentin and enamel to create optimal bonding surfaces. Ultra-Etch can be used for 5 seconds to remove the salts created by etching porcelain.

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

Courtesy of Dr. Jaleena Jessopp.



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



Ultra-Etch 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.

Listed as a "CAN'T LIVE WITHOUT" product by a prominent independent research institute for more than 20 years.⁴
Listed as a "TRIED & TRUE" product.⁵



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

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



383 - Ultra-Etch IndiSpense™ Syringe Kit
1 x 30 ml (39,60 g) IndiSpense syringe
20 x 1,2 ml empty syringes
20 x Blue Micro tips



164 - Ultra-Etch Syringe 4pk
168 - Ultra-Etch Syringe 20pk
1407 - Ultra-Etch Syringe 50pk
1,2 ml (1,58 g) syringes



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



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

1. realityesthetics.com. 2. Perdigão J, Lopes M. The effect of etching time on dentin demineralization. *Quintessence Int.* 2001;32(1). 3. 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

- Top-rated bond strengths by an independent non-profit dental education and product testing institute²
- Delivers fresh, stable chemistry
- Easy, one-coat technique
- Precise and convenient application
- No rinse needed

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

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

FOR INDIRECT BONDING



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



2. Thin/dry for 3 seconds.



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



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

Highest Bond Strengths to dentin and enamel!³

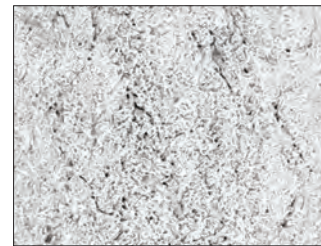
COMPARISON OF 3 SELF-ETCH ADHESIVE SYSTEMS, UNIVERSITY OF IOWA COLLEGE OF DENTISTRY⁴



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



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



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

REFRIGERATE



5135 - Peak SE Primer Refill 4pk
1,0 ml (0,99 g) syringes

REFRIGERATE



4554 - Peak™ Universal Bond Self-Etch Syringe Kit
1 x 1,2 ml (1,24 g) Peak Universal Bond syringe
1 x 1,0 ml (0,99 g) Peak SE Primer syringe
20 x Black Mini Brush tips
20 x Inspiral Brush tips

REFRIGERATE



4541 - Peak Universal Bond Self-Etch Bottle Kit
1 x 4 ml Peak Universal Bond bottle
4 x 1,0 ml (0,99 g) Peak SE Primer syringes
40 x Black Mini Brush tips
50 x Mixing Wells
50 x Micro Applicator brushes

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



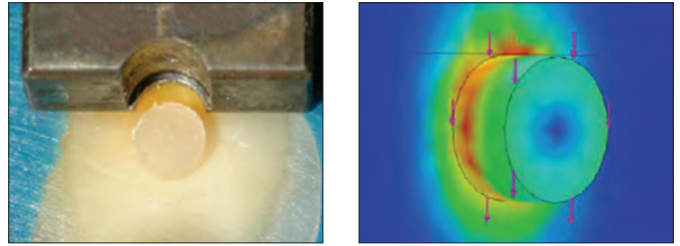
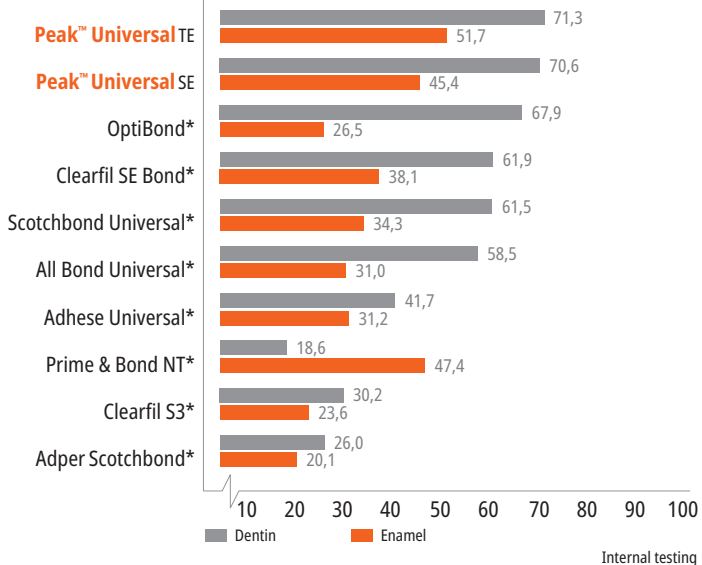
Peak™ Universal Bond LIGHT-CURED ADHESIVE



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

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.

BOND STRENGTH COMPARISON²



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

REFRIGERATE



- 4551 - Peak Universal Bond Total-Etch Syringe Kit**
 1 x 1,2 ml (1,24 g) Peak Universal Bond syringe
 1 x 1,2 ml (1,58 g) Ultra-Etch syringe
 20 x Blue Micro tips
 20 x Inspirational Brush tips

REFRIGERATE



- 4542 - Peak Universal Bond Total-Etch Bottle Kit**
 1 x 4 ml Peak Universal Bond bottle
 4 x 1,2 ml (1,58 g) Ultra-Etch syringes
 40 x Blue Micro tips
 50 x Mixing Wells
 50 x Micro Applicator brushes

REFRIGERATE



- 4553 - Peak Universal Bond Syringe Refill 4pk**
4552 - Peak Universal Bond Syringe Econo Refill 20pk
 1,2 ml (1,24 g) syringes

REFRIGERATE

- 4543 - Peak Universal Bond Bottle 1pk**
 4 ml bottle



- 4545 - Mixing Wells 100pk**



* Trademark of a company other than Ultradent. 1. realityratings.com 2. Data on file. Highest Bond Strengths to dentin and enamel.



PQ1™

SINGLE-RESIN BONDING



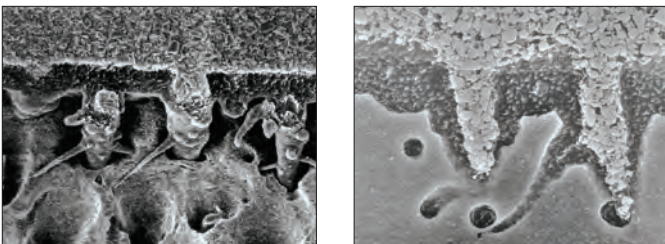
Inspiral™ Brush Tip

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

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

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

Courtesy of Prof. Marcos Vargas.



Note: Exceptional filler penetration for high-strength bonding.

REFRIGERATE



615 - PQ1 Syringe Intro Kit
 2 x 1,2 ml (1,67 g) PQ1 syringes
 2 x 1,2 ml (1,58 g) Ultra-Etch syringes
 20 x Blue Micro tips
 40 x Inspiral Brush tips

REFRIGERATE



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

Peak™-ZM

ZIRCONIA/METAL PRIMER



Black Mini™ Brush Tip

Zirconia and metal have met their match!

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

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

Note: Not for use with RMGI or GI.

REFRIGERATE



2464 - Peak-ZM Zirconia Primer Kit
 2 x 1,2 ml (0,97g) Peak-ZM syringes
 20 x Black Mini Brush tips

REFRIGERATE



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

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

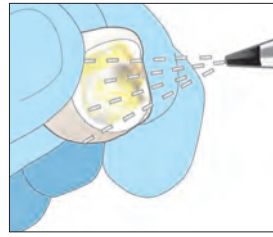
1. Data on file.



PEAK-ZM ZIRCONIA/METAL PRIMER TECHNIQUE GUIDE

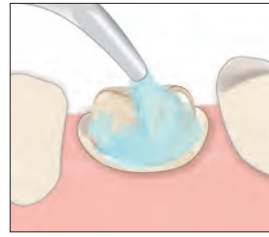


1. Clean, rinse, and dry preparation. Verify fit of zirconia or metal prosthesis.

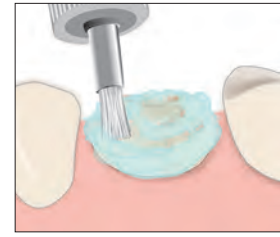


2. Air abrade internal surface with 50µ AlO₂, at 50–80 psi. Look for uniform dull surface. Air clean and set aside.

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

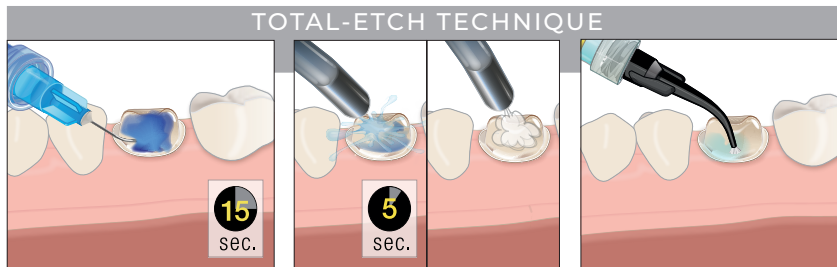


3. Clean tooth surface by applying an abrasive that is both oil and fluoride free.



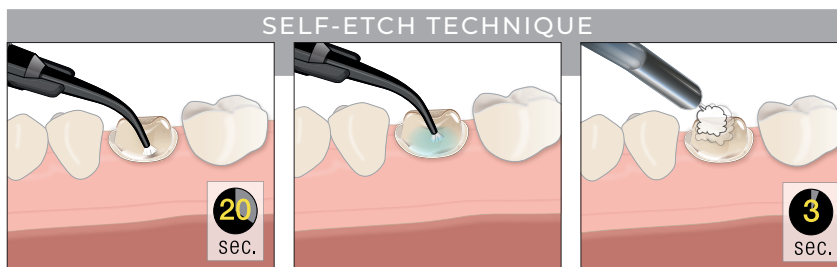
4. Scrub abrasive with an intercoronal brush to clean and remove any residual cement. Rinse and then air dry.

CHOOSE

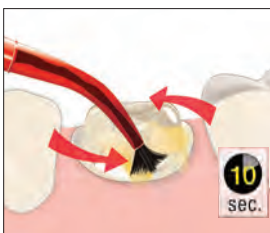


5. Apply Ultra-Etch™ etchant for 15 seconds. Rinse for 5 seconds, lightly dry, leave slightly damp. **Recommended:** Apply antibacterial solution to preparation, suction off excess.

OR



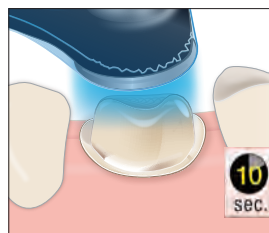
5a. Apply Peak™ SE Primer using the Black Mini™ Brush tip for 20 seconds. **Recommended:** Apply antibacterial solution to preparation, suction off excess.



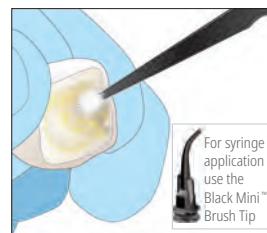
6. Apply a puddle coat of Peak™ Universal Bond adhesive in a scrubbing motion for 10 seconds.



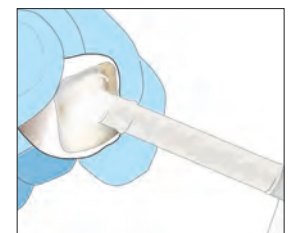
7. Thin aggressively with air and vacuum.



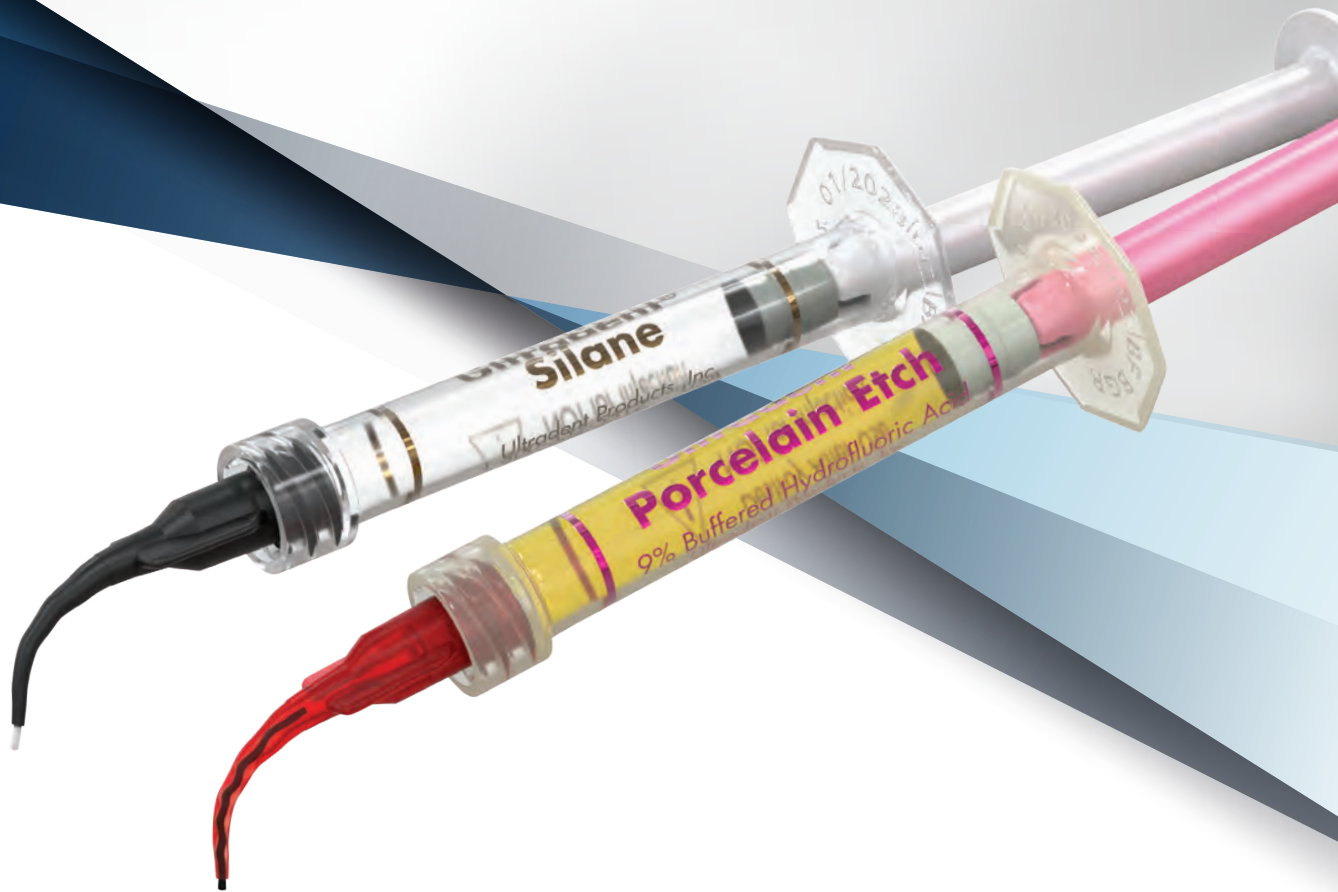
8. Light cure Peak Universal Bond adhesive for 10 seconds with VALO™ curing light on Standard Power mode.



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



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



The strength
is in the
preparation.



Ultradent™ Porcelain Etch and Silane

90-Second Etch — 60-Second Silane



Inspirial™ Brush Tip

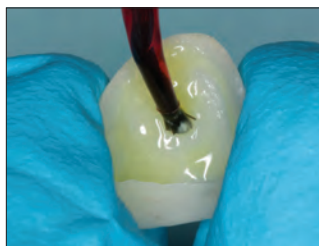


Black Mini™ Brush Tip

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

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

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



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

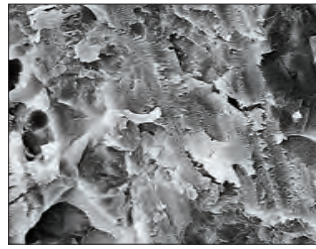


2. Apply Ultra-Etch™ etchant for five seconds to remove porcelain salts and debris formed by hydrofluoric acid etching.

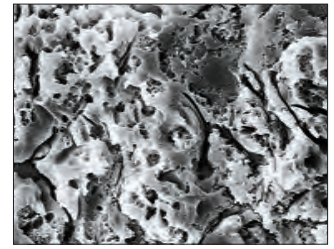


3. Apply a puddle coat of Silane to the inside surface of the prosthesis for 60 seconds, dry, and set aside. Do not rinse. Prosthesis now ready for luting/cementing.

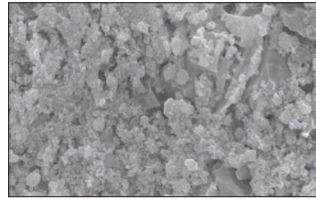
Courtesy of Dr. Cornelis Pameijer.



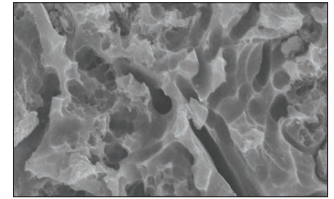
1. Diamond-cut porcelain surface.



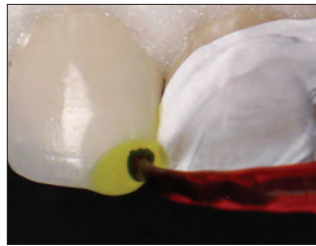
2. Same porcelain following 90-second etch with Ultradent Porcelain Etch.



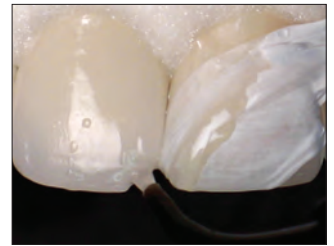
Residual silica salts on porcelain, post hydrofluoric acid etching for 90 seconds with Ultradent Porcelain Etch.



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



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



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



405 - Porcelain Etch Kit

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



406 - Porcelain Etch Syringe 2pk

407 - Porcelain Etch Syringe 4pk

1,2 ml (1,33 g) syringes



410 - Silane Syringe 2pk

1,2 ml (0,96 g) syringes

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.



STEP-BY-STEP GUIDE FOR PORCELAIN REPAIR

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

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



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



Option: Apply Porcelain Etch with an Inspirall™ 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 Inspirall 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.



Ultra-Blend™ plus

DENTIN LINER AND PROTECTIVE BASE

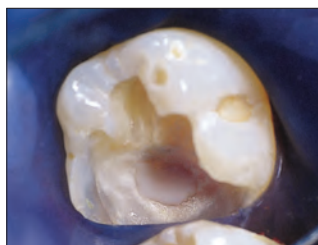


Black Micro™ Tip



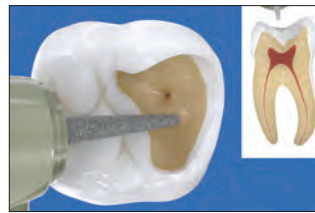
- Bioactive¹ liner and pulp-capping material
- Superior calcium release
- Light curable
- Controlled, precise syringe delivery
- No mixing necessary
- Will not dissolve over time
- Radiopaque
- Highly filled
- Use to cover MTAFlow cement for pulp capping prior to restoration

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.

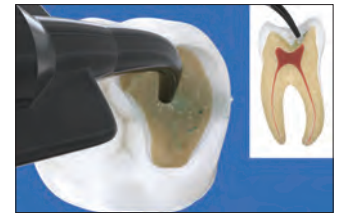


Ultra-Blend plus liner used for pulp capping.

LIGHT-CURED MATERIAL FOR PULP CAPPING



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



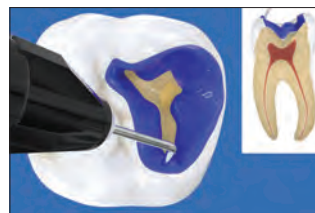
2. Antibacterial solution - Apply antibacterial solution with plastic Blue Mini™ Dento-Infusor™ or Black Mini™ brush tip for 60 seconds. Do not scrub. Air dry.



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



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



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



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



415 - Ultra-Blend plus Syringe Kit

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



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

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.

COMPOSITES

Universal Composite
Composite Restorative Material
Flowable Composite
Composite Wetting Resin
Direct Composite Template System

DEREK BEEMER - Big Cottonwood Canyon





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

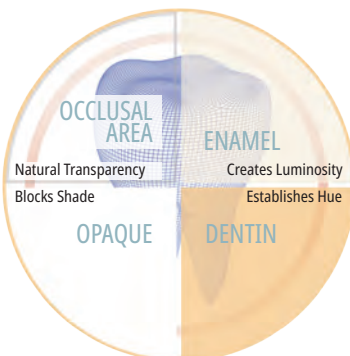
Mosaic universal composite balances beauty and performance for lasting, lifelike results. Mosaic composite can be used for all restorative purposes: basic or complex. Its nanohybrid formula is composed of zirconia-silica glass ceramic and 20 nanometer silica. Filler load is 68% by volume for dentin shades 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.

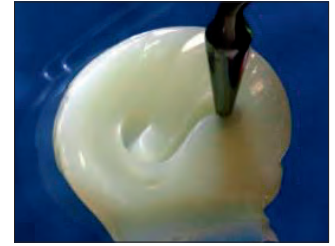
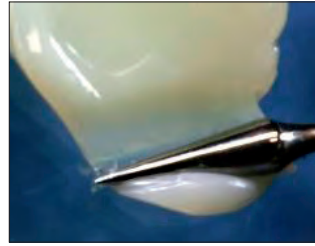
TWENTY INTUITIVE SHADE OPTIONS PRODUCE PREDICTABLE, NATURAL RESULTS.



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



HIGHLY SCULPTABLE



Highly sculptable handling properties provide total control during manipulation.

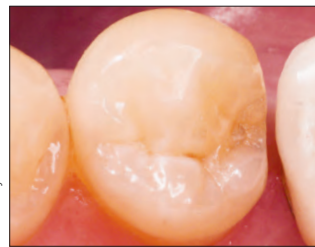
BEFORE AND AFTER



Courtesy of Dr. Rafael Beolchi.

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

PROCEDURE



1. Preoperative Class II restoration.



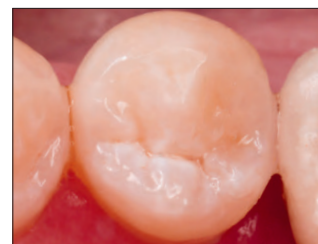
2. Preparation with matrix placement.



3. Marginal crest built with Enamel Neutral.



4. A5 dentin shade used for initial layer.



5. Enamel Neutral shade used for final layer.

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



TECHNICAL OVERVIEW²

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

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

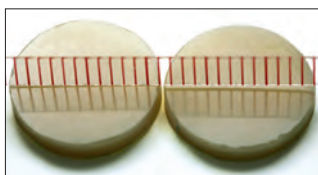
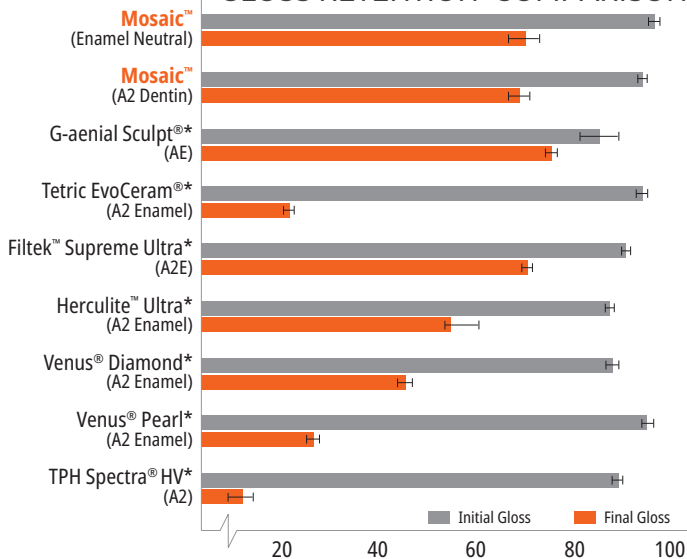


4801 - Mosaic Syringe Intro Kit
1 x Each 4 g Mosaic A1, A2, A3, EN, and ET syringe (20 g in total)
1 x Mosaic Shade Guide

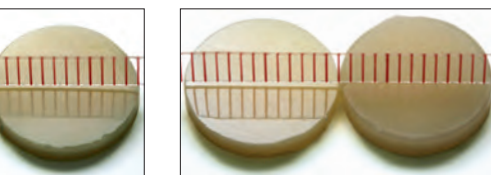


4802 - Mosaic Single Capsule Intro Kit
10 x Each 0,2 g Mosaic A1, A2, A3, EN, and ET capsules (10 g in total)
1 x Mosaic Shade Guide

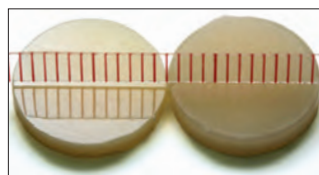
GLOSS RETENTION COMPARISON³



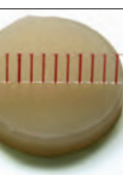
Mosaic composite polished before brushing



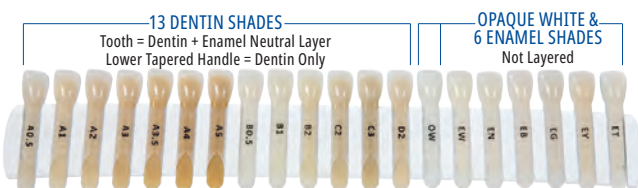
Mosaic composite after 10.000 brush cycles



Competitor composite polished before brushing



Competitor composite after 10.000 brush cycles



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

Mosaic™ Syringe 4 g

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



x 1

Mosaic™ Single Capsules 0,2 g

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



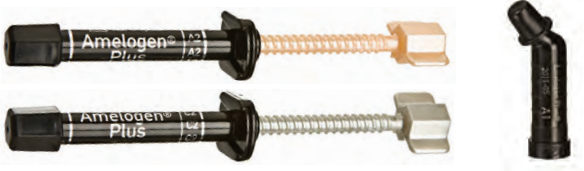
x 10

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



Amelogen™ Plus

COMPOSITE RESTORATIVE MATERIAL



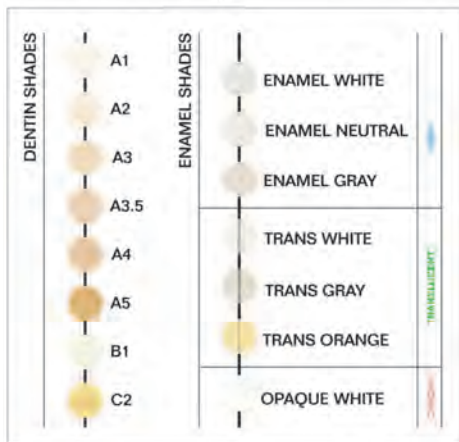
- Simple, affordable system
- Excellent, nonslumping consistency
- Brilliant polishing capability

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 µm 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



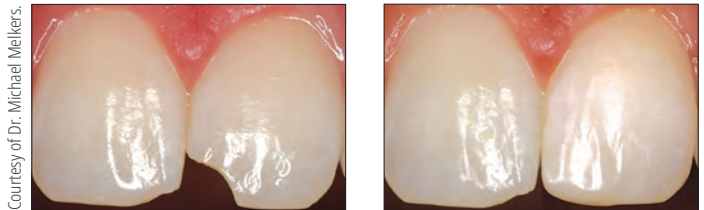
BEFORE AND AFTER



Before.

After.

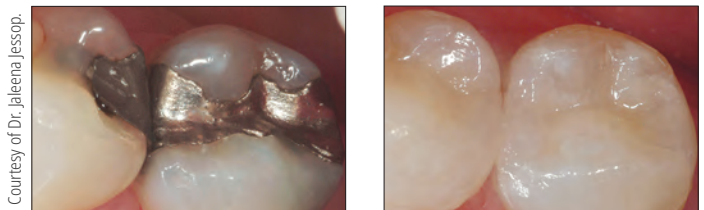
Courtesy of Dr. Rafael Boelchi.



Before.

After.

Courtesy of Dr. Michael Melkers.

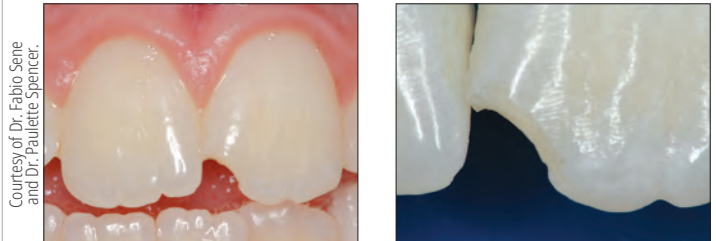


Before.

After.

Courtesy of Dr. Jaleena Jessop.

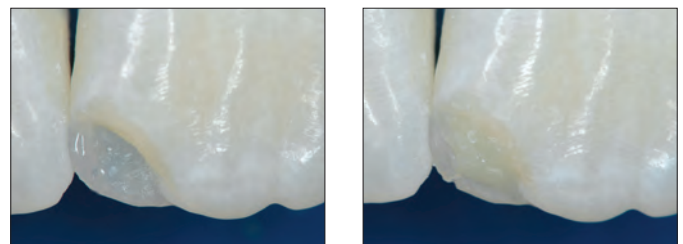
ESTHETIC RESTORATION PROCEDURE



1. Fracture on maxillary left central incisor.

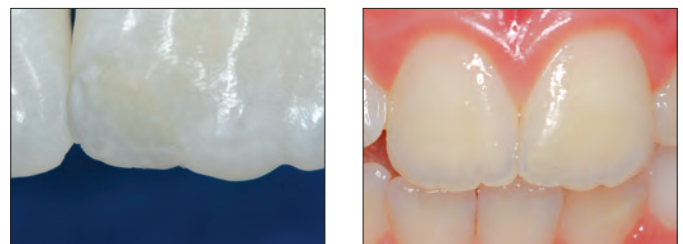
2. Beveled preparation along surface margin.

Courtesy of Dr. Fabio Sene and Dr. Paulette Spencer.



3. Palatal enamel layer Trans Orange.

4. Recreation of dentin mamelons A3.5.



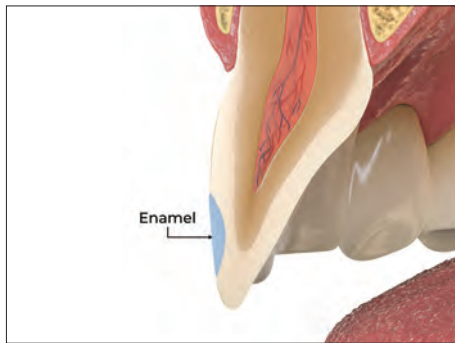
5. Incisal characterization and buccal enamel layer Enamel Neutral.

6. Final result.

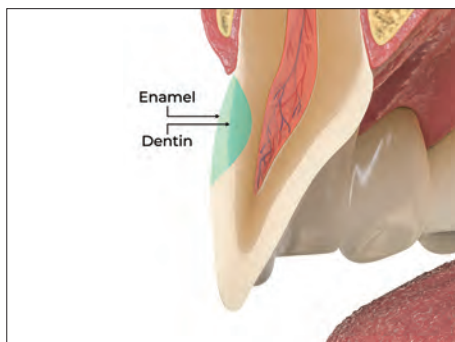
1. realityesthetics.com.



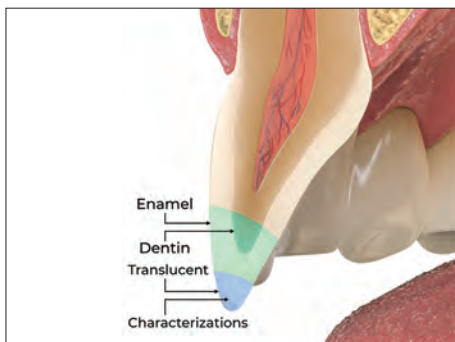
DIRECT COMPOSITE LAYERING TECHNIQUE



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 (1,30 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 Plus enamel shade - Opaque White, Enamel White, Enamel Neutral, and Translucent White syringe
1 x 1,2 ml (1,30 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™	9037
A2	9031	Enamel White™	9038
A3	9032	Enamel Neutral™	9039
A3.5	9028	Enamel Gray™	9040
A4	9033	Trans White™	9041
A5	9034	Trans Gray™	9042
B1	9035	Trans Orange™	9043
C2	9036		



x 1

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™	8012
A4	8014	Trans White™	8016
A5	8015	Trans Gray™	8018
B1	8017	Trans Orange™	8019
C2	8020	Super Light™	8026



x 10



PermaFlo™

FLOWABLE COMPOSITE

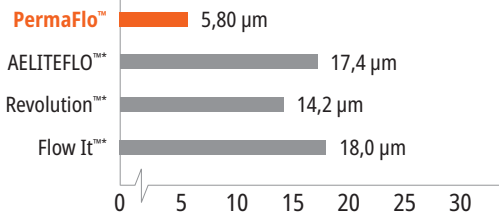


- High-fill, high-flow formula
- Highly radiopaque
- Fluoride-releasing formulation
- Superior polishability
- Strong and wear resistant
- Available in 8 shades

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.

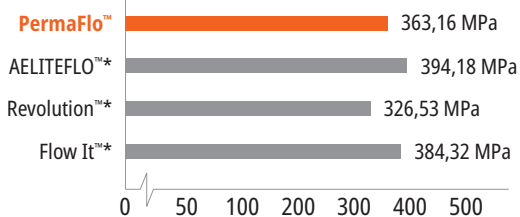
Use PermaFlo flowable composite for anterior and posterior restorations: Class I, II, III, IV, and V. It can also be used to restore missing subgingival tooth structure prior to endodontic procedures (the "Donut Technique").

FILM THICKNESS ²



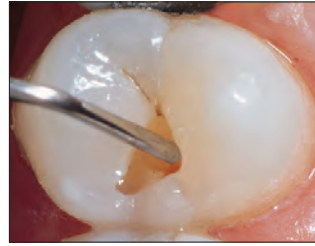
PermaFlo composite exhibits very low film thickness.

COMPRESSIVE STRENGTH ²

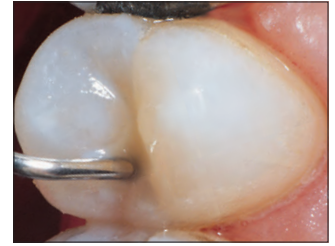


PermaFlo composite performs favorably with other flowable composites. Being 68% filled, it provides very high compressive strength.

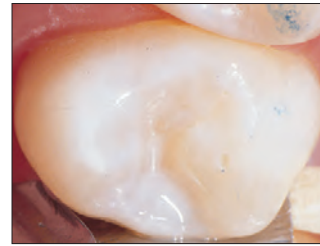
MICRO RESTORATIVE



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

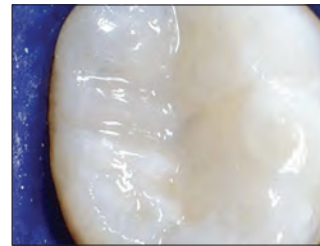
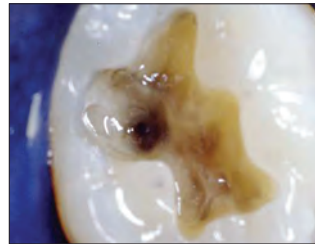


2. The flowable composite offers unsurpassed adaptation as it fills from preparation floor up.



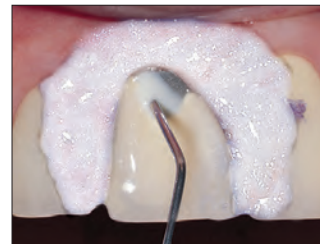
3. Finished, radiopaque, 0,7 µm hybrid restoration.

MASKER



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

METAL MASKING



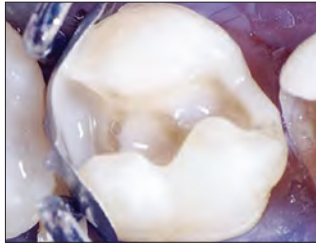
Place a thin layer of PermaFlo Dentin Opaquer over exposed metal and light cure for 10 seconds on Standard Power mode with VALO™ curing light.

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



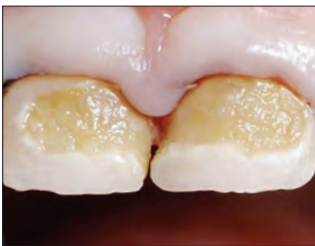
SUPERADAPTIVE INITIAL LAYER

Courtesy of Dr. Howard Strassler.

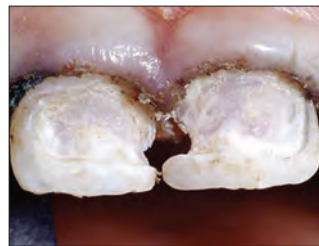


After bonding agent, apply a thin layer of PermaFlo composite at gingival margin, proximal box axial margins, and internal line angles to ensure quality adaptation of composite.

PEDIATRIC RESTORATIONS



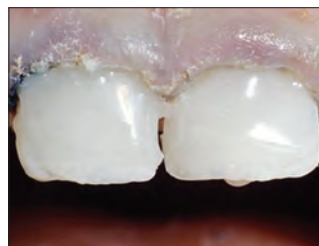
1. Rampant caries in a 3-year-old.



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



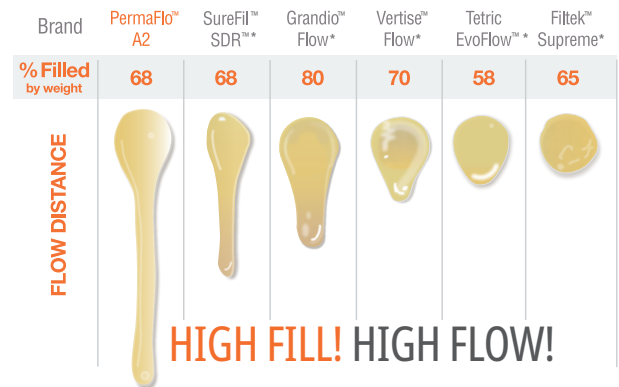
3. Etch preparations and apply Peak™ Universal Bond adhesive. Light cure for 10 seconds on Standard Power mode with VALO curing light. Apply a thin first layer of PermaFlo composite to the adhesive layer with Micro 20 ga tip. Light cure.



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



5. One year later.



REFRIGERATE



1273 - PermaFlo Universal Kit

- 1 x Each 1,2 ml (2,30 g) PermaFlo A1, A2, A3, A3.5, A4, B1, Dentin Opaquer, and Translucent syringe
- 1 x 1,2 ml (1,24 g) Peak Universal Bond syringe
- 1 x 1,2 ml (1,58 g) Ultra-Etch syringe
- 1 x Each half-size syringe organizer and shade guide
- 6 x Inspiral Brush tips
- 20 x Black Mini tips
- 20 x Micro 20 ga tips

REFRIGERATE



PermaFlo Syringe Kits

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

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



Composite Wetting Resin

WETTING RESIN



Inspiral™ Brush Tip

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

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

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

REFRIGERATE



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



PermaFlo™ Pink

FLOWABLE COMPOSITE



Micro 20 ga Tip

- Acts as an attractive solution for esthetic gingival substitute

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

BEFORE AND AFTER



Courtesy of Dr. Anna Krylova.

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

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

REFRIGERATE



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



Uvener™ & Uvener™ Extra DIRECT COMPOSITE TEMPLATE SYSTEMS



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

The original Uvener 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.

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

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

Courtesy of Dr. Hal Stewart.



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

Courtesy of Dr. Sigal Jacobson.



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

Courtesy of Dr. Rafael Beolchi.



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

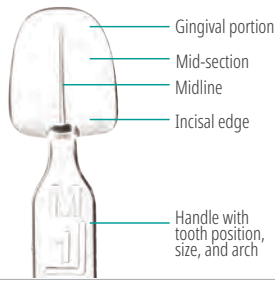
Courtesy of Dr. Susan McMahon.



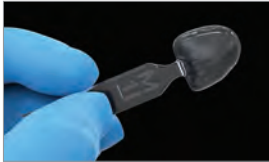
Patient had misaligned anterior teeth and a previous composite restoration on the left central. Patient wanted the appearance of straighter anterior teeth and to brighten their smile. The Gemini laser was used to contour the gingiva and restorations were completed with Mosaic composite EW shade and Uvener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

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

1. realityesthetics.com.



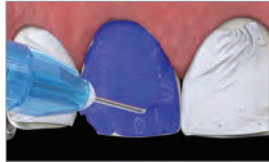
DIRECT COMPOSITE TECHNIQUE GUIDE



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



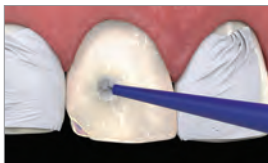
2. Remove all caries if needed and minimally prepare the tooth.



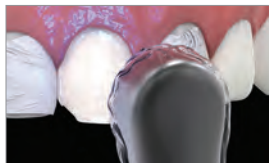
3. Place interproximal separating matrices and apply Ultra-Etch™ etchant, Peak™ SE Primer, or preferred etchant.



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



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



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



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.



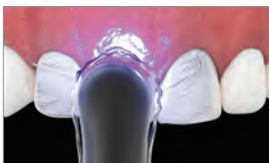
9. Remove any excess uncured composite from the periphery. Verify template alignment.



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 Uvener™ template by gently lifting the handle.



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



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



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

Do not autoclave the black base.



UVKV3 - Uvener Kit

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

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



UVKEV1 - Uvener Extra Kit

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

Uvener Extra kits include canine to canine templates.

UVKEXLSQV1 - Uvener Extra XL & SQ Kit

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

UVKELMV1 - Uvener Extra L & M Kit

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

CEMENTS

Polycarboxylate Temporary Luting/Filling Material
Temporary Veneer Cement
Light-Cure Veneer Luting Resin
Dual-Cure Composite Luting/Restorative Resin
Resin-Reinforced Glass Ionomer Cement

TIFFANY DRAPER - Fairview Canyon



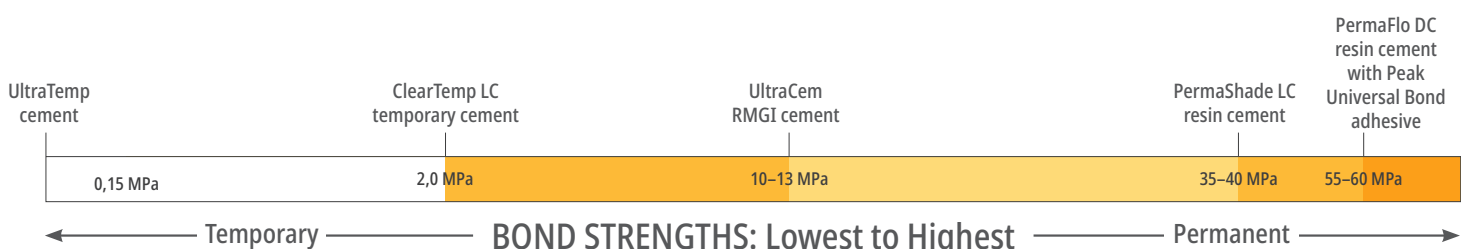


QUALITY SEAL. SUPERIOR HOLD. ULTRADENT CEMENTS



	UltraTemp™	ClearTemp™ LC	PermaFlo™ DC	UltraCem™	PermaShade™ LC
Description	Temporary luting cement	Temporary veneer cement	Luting/restorative cement	Resin-reinforced glass ionomer luting cement	Veneer cement
Chemistry	Paste-to-paste, non-eugenol polycarboxylate	Low/medium filled composite resin	Highly filled small-particle composite resin	Liquid-powder RRGi (RMGI)	Highly filled composite resin
Indications for Use	Temporary cementation of provisional crowns, bridges, inlays, and onlays	Temporary cementation of provisional veneers	Permanent cementation of crowns, inlays, onlays, bridges, endodontic post cementation, and fabrication of core buildups	Permanent cementation of restorations (including inlays, onlays, crowns, and bridges) made of metal, PFM, zirconia, and resin to natural teeth	Permanent cementation of porcelain, zirconia, composite, and other indirect anterior veneers
Delivery	5 ml dual-barrel syringe with mixing tip	0,67 g contra-angle syringe	5 ml dual-barrel syringe with mixing tip. Additional intraoral tip for precise delivery.	Hand-mix bottle kit: 15 g powder / 8,6 ml liquid	0,95 g contra-angle syringe
Cure Type	Self cure	Light cure	Dual cure	Self cure	Light cure
Working Time/ Set Time	2-3 minutes	Light cure with VALO™ curing light for 10 seconds	2,5 minutes working time, full set in 5–8 minutes. Light cure with VALO™ curing light according to instructions.	1–3 minutes working time, full set in 5 minutes	2-second tack cure to avoid shifting. Light cure with VALO™ curing light for 10 seconds.
Viscosity	Flowable	Medium	Flowable	Very flowable	Medium
Shades	Off-white	Translucent (fluoresces under a UV light)	A2, A3.5, Translucent, Opaque White	Approximately A2	A2, B1, Translucent, Opaque White
Differentiation	Mixes and delivers in one action. Hydrophilic polycarboxylate non-irritating formula is kind to pulp. Ideal for sealing the access opening of walking bleach cases. Designed to flake off easily.	Provides the additional strength necessary to keep provisional veneers in place. Fluoresces under a UV light for easy detection. Adheres more to the provisional than the tooth.	Lowest film thickness (8 µm) known for a luting cement. Higher compressive bond strength than other quality luting cements. Economically priced.	Features highest bond strengths to metal or dentin compared to other cements in its category.	Low shade shift for a lasting esthetic result. Unique contra-angle delivery for added precision and convenience. Low shrinkage stress reduces strain on veneers at polymerization.

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





UltraTemp™

POLYCARBOXYLATE, NON-EUGENOL
TEMPORARY LUTING/FILLING MATERIAL



Ultradent™ Mixing Tip

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

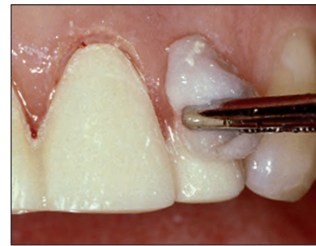
DO NOT REFRIGERATE



5916 - UltraTemp Regular Set Kit (2- to 3-Minute Set Time)
1 x 5 ml (7,82 g) syringe
20 x Mixing tips

1. realityesthetics.com.

TEMPORARY PROVISIONAL LUTING



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



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



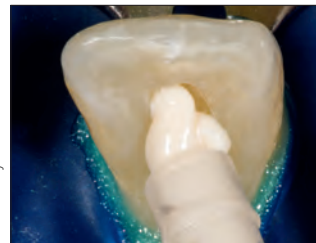
3. Flake off residual cement with blunt hand instrument.



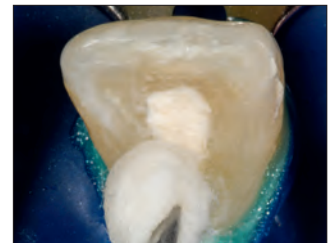
4. Use an abrasive CHX antibacterial slurry with a rubber cup or intercoronal brush to remove residual cement.

WALKING BLEACH CASE

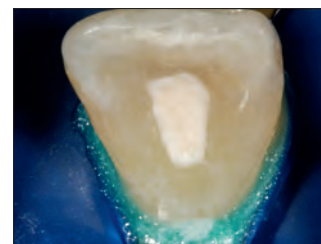
Courtesy of Dr. Carlos Ramos.



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.



ClearTemp™ LC TEMPORARY VENEER CEMENT



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

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

ESTHETIC



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

COMPARE



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

FLUORESCING PROPERTIES



Courtesy of Dr. Jaleena Jessop.



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

PROCEDURE



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



2. Seat temporary veneer.



3. Remove flash.

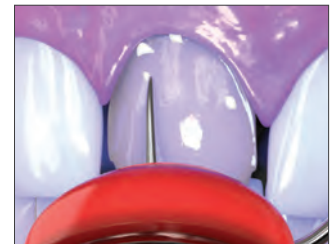


4. Light cure with VALO curing light on Standard Power mode for 10 seconds.

REMOVAL



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



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

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



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

REFRIGERATE



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

1. realityesthetics.com.



PermaShade™ LC
LIGHT-CURE VENEER LUTING RESIN



- Medium viscosity keeps veneer from drifting prior to cure
- Use for porcelain, zirconia, composite, and other indirect veneers
- Upon curing, low shrinkage stress prevents strain on the veneer¹
- 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.

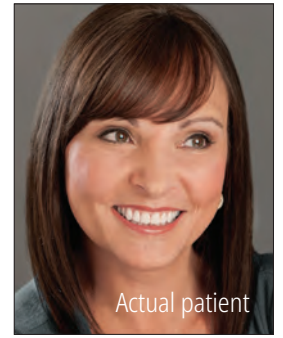


Unique and ergonomic contra-angle syringe allows for precise, controlled delivery.

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

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

BEFORE AND AFTER



Courtesy of Dr. Sreya Bess.

Actual patient

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



REFRIGERATE

3517 - PermaShade LC Kit

- 4 x 0,95 g (0,5 ml) PermaShade LC Translucent syringes
- 3 x Each 0,95 g (0,5 ml) 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 g (0,5 ml) syringes



PermaFlo™ DC

DUAL-CURE COMPOSITE LUTING/RESTORATIVE RESIN



Ultradent™ Mixing Tip

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

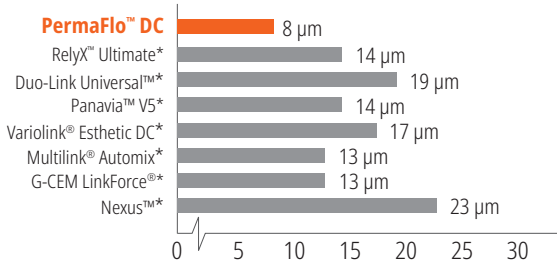
PermaFlo DC luting resin is a highly filled, small-particle, dual-cure resin that flows easily through a small-orifice tip, making post luting simple and convenient. It has the lowest film thickness of only 8 µm.

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

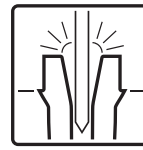
FILM THICKNESS²



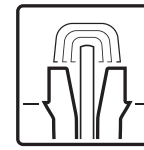
PermaFlo DC resin has the lowest film thickness known for a composite luting resin².

MULTIPLE OPTIONS

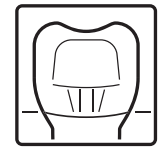
Failure is NOT one of them



Post Cementation

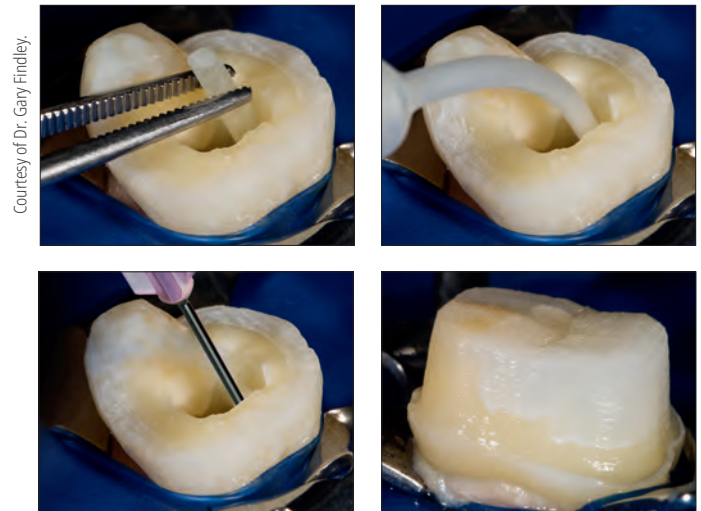


Core Buildup



Luting

PROCEDURE



Courtesy of Dr. Gary Findley.

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

USES



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



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

REFRIGERATE



PermaFlo DC Syringe Kits

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

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

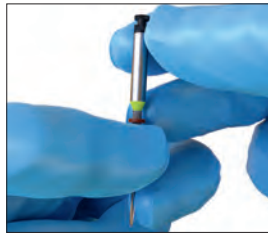
* Trademark of a company other than Ultradent. 1. Data on file. 2. Data on file.



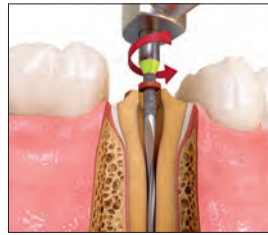
ENDODONTIC POST CEMENTATION GUIDE USING PERMAFLO DC



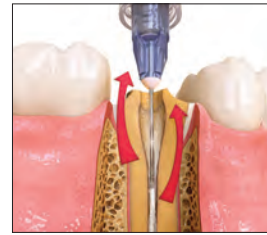
1. Determine post size and length using a try-in post or X-ray and clinical judgement.



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



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

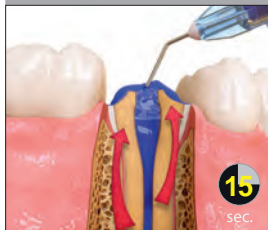


4. Use TriAway™ Adapter* with Endo-Eze™ 22 ga tip to clean debris out of post space from bottom up with water and suction.

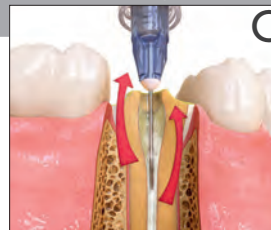


5. Verify post size and length by placing the corresponding UniCore Post. Clean post with isopropyl alcohol after try-in.

CHOOSE THE ETCH AND RINSE TECHNIQUE

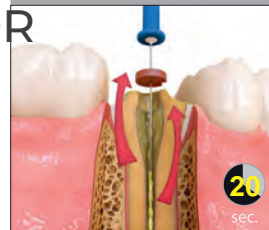


6. Etch space for 15 seconds with Ultra-Etch™ etchant using the Endo-Eze 22 ga tip. Start apically and fill coronally.

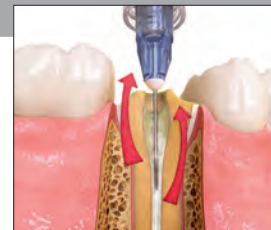


Use TriAway Adapter* and Endo-Eze 22 ga tip to rinse thoroughly with water and lightly air dry, leaving the post space slightly damp.

OR THE ETCH AND NO RINSE TECHNIQUE



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



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



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



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



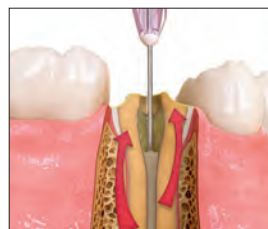
9. Light cure adhesive for 20 seconds. If close to gingiva, use two 10-second intervals or 6 seconds Xtra Power mode on VALO™ curing light.



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



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



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



13. Insert post slowly and seat to predetermined depth.



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



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

*TriAway Adapters are not available in the EU.



FIRST OF ITS KIND!
Liquid and Powder Cement – 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 crowns²

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

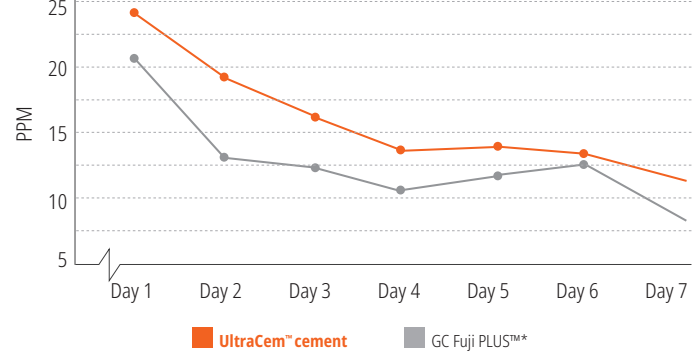
UltraCem resin-reinforced glass ionomer cement is used as a luting cement for indirect restorations (including inlays, onlays, crowns, and bridges) made of metal, porcelain fused to metal, zirconia, and resin. It may also be used for cementation of orthodontic bands.

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

COMPARATIVE TESTING²

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

FLUORIDE RELEASE - ONE WEEK³



2056 - UltraCem Liquid-Powder Bottle Kit

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

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



Peak™ Universal Bond

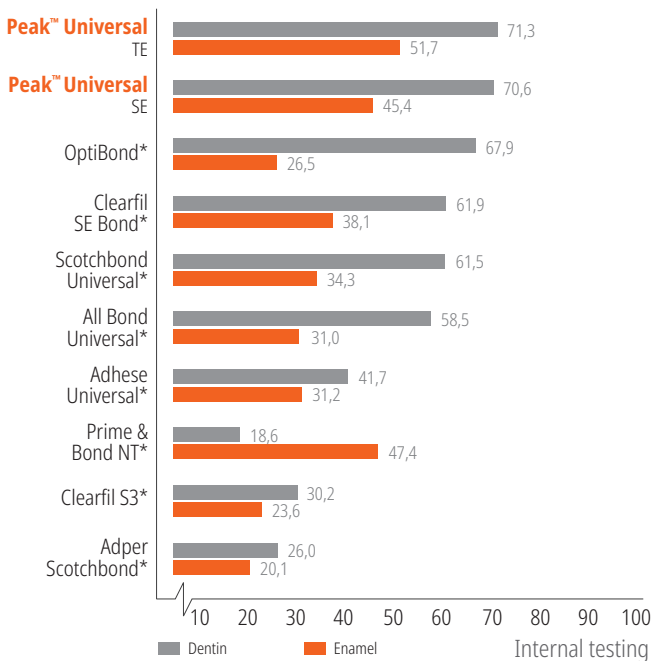
LIGHT-CURED ADHESIVE



Inspirational™ Brush Tip

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

BOND STRENGTH COMPARISON²



Light-Cured Adhesive, see page 58.

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



Uvener™ & Uvener™ Extra

DIRECT COMPOSITE TEMPLATE SYSTEMS



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

Direct Composite Template Systems, see pages 73-74.

1. realityesthetics.com.

NEW WHITE NONSTAINING FORMULA –

SAME PROPERTIES AS
ORIGINAL MTAFLOW
REPAIR CEMENT

New MTAFlow™ White repair cement has the same unique properties as the original MTAFlow repair cement: both are designed to mix and deliver easily with your desired consistency.

Specifically designed for use above clinical margins. Ensure precise placement with Ultradent's NaviTip™ 29 ga tip.

MTAFlow repair cement, see pages 108-109.



FINISH

Composite System
Silicone Rubber Polishers
Ceramic System
Polishing Brushes
Finishing Strips
Diamond Polish Paste
Composite Sealer
Drying Agent

JOE DICKERSON - Spiral Jetty



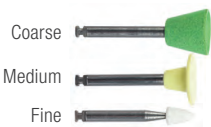


Jiffy™

ORIGINAL COMPOSITE SYSTEM

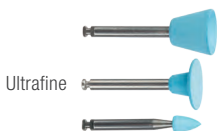


- Excellent for adjusting and polishing any composite material including Amelogen™ Plus and Mosaic™ composites
- Polishing cups feature a flared, flexible thin-wall design that is ideal for polishing near the gingiva
- Available with or without autoclavable aluminum blocks*
- Jiffy grit gives a beautiful finish on any composite material
- Not made with natural rubber latex



1. Gross to Fine Shaping

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



2. High Shine Polish

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



3. Final Finish

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

INTRAORAL SHAPING

Recommended speed: 7.500–10.000 RPM



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



Jiffy Coarse Green disk shapes labial/buccal surfaces.



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

INTRAORAL POLISHING

Recommended speed: 7.500–10.000 RPM



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



Jiffy Medium Yellow disk polishes labial/buccal surfaces.



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



INTRAORAL POLISHING CONT.

Recommended speed: 5.000–7.500 RPM



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



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



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

INTRAORAL FINAL POLISHING

Recommended speed: 5.000–7.500 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.



848 - Jiffy Composite Polishing Variety Pack

5 x Each cups and disks
(2 coarse, 2 medium, 1 fine)
10 x Points (4 coarse, 4 medium, 2 fine)

	 Cups 20pk	 Disks 20pk	 Points 20pk
Coarse	890	891	892
Medium	838	840	839
Fine	841	843	842

	 Cups 10pk	 Disks 10pk	 Points 10pk
HiShine	3061	3062	3060

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

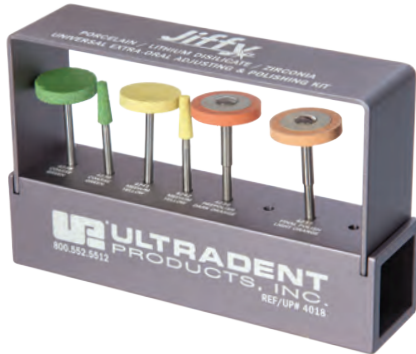


Jiffy™

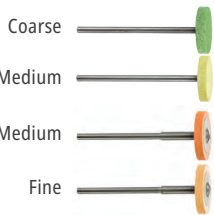
UNIVERSAL CERAMIC
ADJUSTING AND POLISHING SYSTEM



new



- 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.

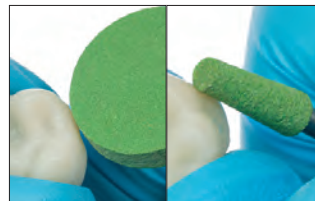


Final Finish
Polishing Brush used with Ultradent™ Diamond Polish Mint gives a final esthetic finish to ceramic restorations.

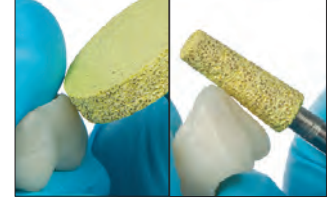
EXTRAORAL ADJUSTING

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

Recommended speed: 8.000–12.000 RPM



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



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

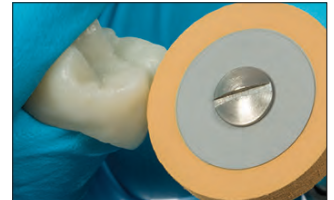
EXTRAORAL POLISHING

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

Recommended speed: 7.000–10.000 RPM



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

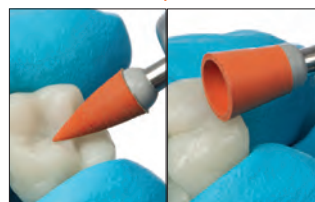


2. Use Jiffy HP Fine Universal wheel to create final polish.

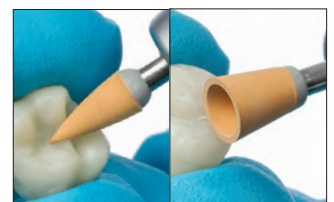
INTRAORAL POLISHING

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

Recommended speed: 5.000–7.000 RPM



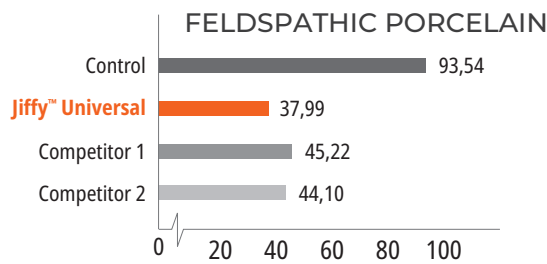
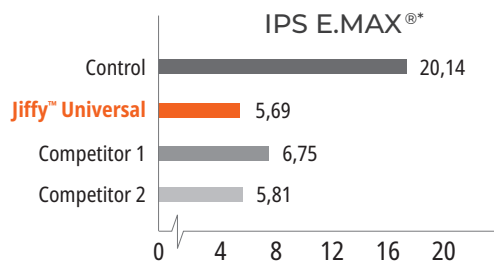
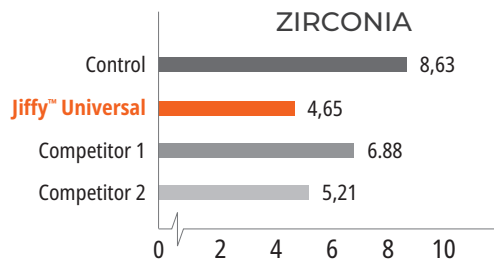
1. Use Jiffy Universal RA Medium point and cup to pre-polish.



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



SURFACE ROUGHNESS (UIN)²



4018-1 - Jiffy Universal Extraoral Adjusting & Polishing Kit

- 2 x Jiffy HP Grinder Wheels (1 coarse, 1 medium)
- 2 x Jiffy HP Grinder Tapers (1 coarse, 1 medium)
- 2 x Jiffy HP Universal Wheels (1 medium, 1 fine)



4238-1 - Jiffy HP Coarse Polishing Grinder Wheel 1pk



4241-1 - Jiffy HP Medium Polishing Grinder Wheel 1pk



4239-1 - Jiffy HP Coarse Polishing Grinder Taper 1pk



4242-1 - Jiffy HP Medium Polishing Grinder Taper 1pk



4236-1 - Jiffy HP Medium Polishing Wheel 1pk



4237-1 - Jiffy HP Fine Polishing Wheel 1pk



4019-1 - Jiffy Universal Intraoral Adjusting & Polishing Kit

- 2 x Jiffy RA Universal Points (1 Medium, 1 Fine)
- 2 x Jiffy RA Universal Cups (1 Medium, 1 Fine)
- 2 x Jiffy Natural Spiral Polishing Wheels (1 Medium, 1 Fine)



4108-1 - Jiffy RA Medium Polishing Point 5pk



4109-1 - Jiffy RA Fine Polishing Point 5pk



4234-1 - Jiffy RA Medium Polishing Cup 5pk



4235-1 - Jiffy RA Fine Polishing Cup 5pk

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



FINISH

Jiffy™ Natural

COMPOSITE POLISHING SYSTEM



new



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

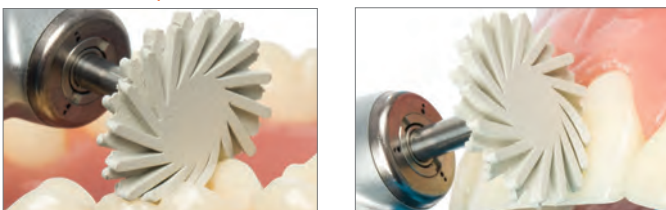
The Jiffy Natural composite finishing and polishing system consists of malleable spiral-shaped wheels that are designed to easily conform to all tooth surfaces, and a swirl shaped polisher that is ideal for occlusal surfaces.

Recommended speed: 5,000–8,000 RPM



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

Recommended speed: 5,000–8,000 RPM



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



6304-1 - Jiffy Natural Composite Polishing Kit

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



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

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



6305-1 - Jiffy Natural Occlusal Swirl Medium 3pk

6306-1 - Jiffy Natural Occlusal Swirl Fine 3pk

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

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



Jiffy™ Natural

UNIVERSAL CERAMIC POLISHING SYSTEM

new



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

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

EXTRAORAL POLISHING

Recommended speed: 7.000–10.000 RPM



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



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

INTRAORAL POLISHING

Recommended speed: 5.000–8.000 RPM

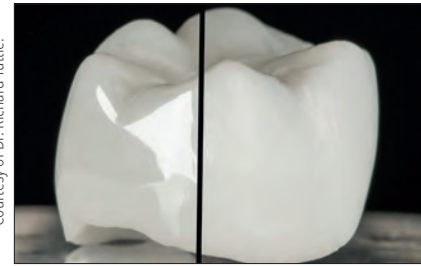


Use Jiffy Natural Universal RA Medium 14 mm wheel to pre-polish all areas except near the gingiva, where a Jiffy RA Medium Universal cup should be used.



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

Courtesy of Dr. Richard Turtle.



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 14 mm Spiral Polishing Wheel 1pk



6080-1 - Jiffy Natural Universal Intraoral Polishing Kit

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



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



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

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

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



Jiffy™ Composite Polishing Brushes

REGULAR AND POINTED



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



Easily recognizable by their golden shafts.

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

Recommended speed: 1.000–3.000 RPM



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



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

1. realityesthetics.com.

new Jiffy™ Diamond Strips

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

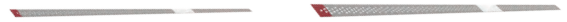


- 4670 - Jiffy Diamond Strips Perforated **Narrow Assorted 15pk**

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



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



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



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



new 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

Ultradent™ Diamond Polish Mint



Black Mini™ Tip

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



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

PrimaDry™ DRYING AGENT



Black Micro™ FX™ Tip

PrimaDry drying agent 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.

REFRIGERATE



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

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



PermaSeal™

PENETRATING COMPOSITE SEALER



Black Micro™ FX™ Tip

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

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

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

NEW RESTORATIONS



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

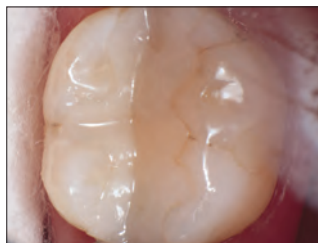


After restoring and polishing, etch 5 seconds and apply PermaSeal composite sealer to seal composite and create a glossy finish. Air thin and light cure for 20 seconds.

EXISTING RESTORATIONS



Always clean existing composite restorations and adjacent enamel using an antibacterial slurry, pumice, or a microetcher. Rinse and etch 15 seconds. Rinse thoroughly and air dry.



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



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

REFRIGERATE



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

REFRIGERATE



1013 - PermaSeal Mini Kit
2 x 1,2 ml (1,30 g) syringes
10 x Black Micro FX tips

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

1. realityesthetics.com. 2. Dunn JR, Dole P, Fullerton B, Hennesy C. Microleakage of Class V composite restorations using a composite surface sealant. Biomaterials Research Center, Loma Linda University School of Dentistry. May 1996.

EQUIPMENT

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

STEVEE HIGHT - Lake Powell





VALO™ LED CURING LIGHTS



Best LED
Curing Light

VALO GRAND



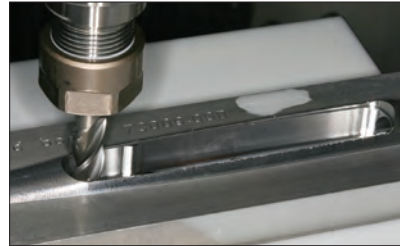
VALO



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

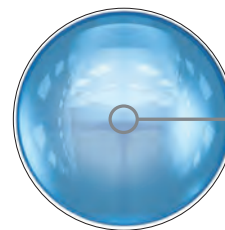
All VALO LED curing lights use a custom, multiwavelength light-emitting diode (LED) for producing high-intensity light at 385–515 nm, which is capable of polymerizing all light-cured dental materials. This intensity will also penetrate porcelain and is capable of curing underlying resin cements similar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

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

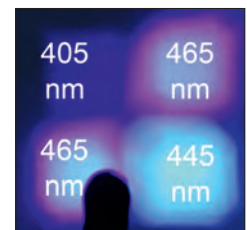
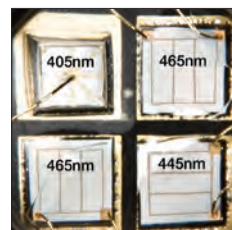


True unibody construction via machining ensures durability and superior heat dissipation and facilitates the elegant, ergonomic, and streamlined design that enables the VALO light to access areas other curing lights simply cannot reach.

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



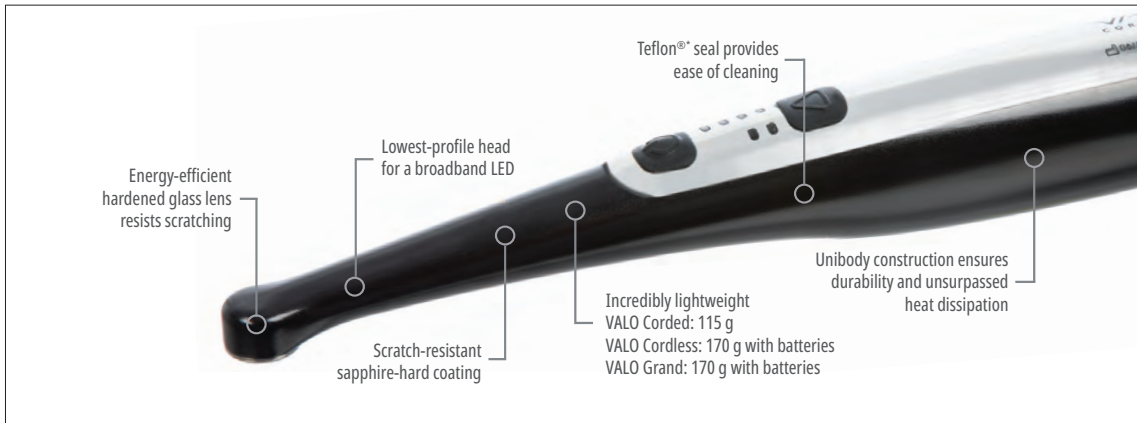
Unique glass lens system forms the light's collimated blended beam



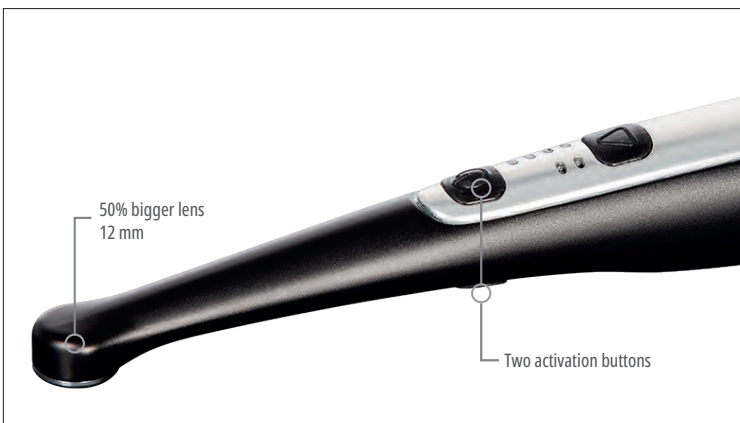
1. realityesthetics.com.



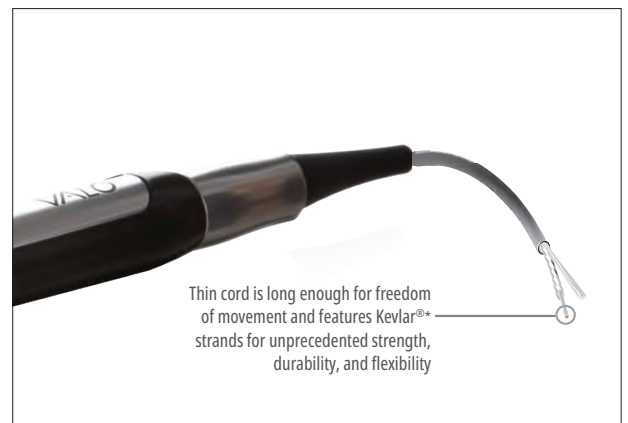
IMPORTANT DESIGN FEATURES



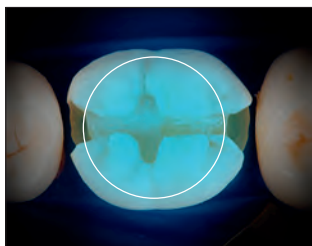
Available on ALL VALO curing lights.



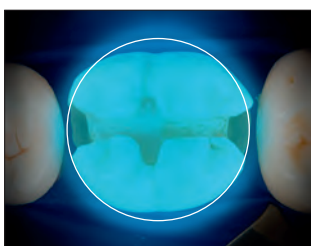
Available on VALO Grand and VALO Grand corded curing lights.



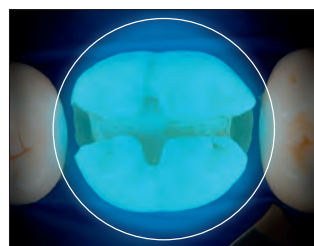
Available on VALO corded and VALO Grand corded curing lights.



Average competitor surface area
46 mm²



VALO curing light surface area
78 mm²



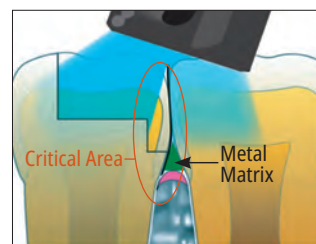
VALO Grand curing light surface area
107 mm²



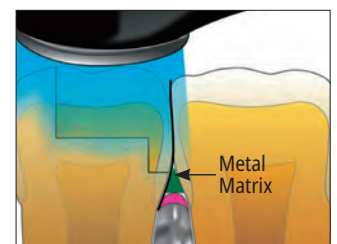
The angle of competitor's 60° light guide causes overextension of jaw and often makes it impossible for light to reach all aspects of preparation.



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



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



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

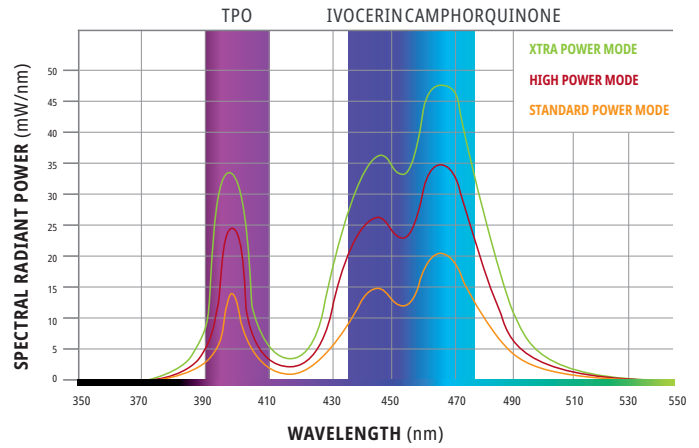
* Trademark of a company other than Ultradent.



VALO TECHNICAL INFORMATION

Range of Light Output (nm)	385 nm–515 nm	
Wand	Weight	VALO: 115 g VALO Cordless: 170 g VALO Cordless without batteries: 136 g VALO Grand: 170 g VALO Grand without batteries: 136 g
	Dimensions	VALO: 23,5 x 2,0 x 1,9 cm VALO Cordless: 20,3 x 2,8 x 3,3 cm VALO Grand: 20,3 x 2,8 x 3,3 cm
	Colors	VALO & VALO Cordless: Black VALO Grand: Black VALO Grand Cordless: Black, Sapphire, Red Rock, Midnight
VALO Power Supply	9V DC at 2A, medical grade (UL CE) with surge protection of 100VAC to 240VAC	
VALO Cordless and VALO Grand Power Supply	Rechargeable batteries LiFePO ₄ RCR123A, Smart battery charger 3,6 VDC LiFePO ₄ Medical grade power adapter (UL, CE, RoHS, WEEE) 100VAC 240VAC	
Irradiance (mW/cm ²)	VALO Grand Corded & Cordless	VALO Corded & Cordless
	Standard Power	1.000 mW/cm ²
	High Power	1.400 mW/cm ²
	Xtra Power	3.200 mW/cm ² **
Standard Power	1.000 mW/cm ²	1.000 mW/cm ²
High Power	1.600 mW/cm ²	1.400 mW/cm ²
Xtra Power	3.200 mW/cm ² **	3.200 mW/cm ² **
Lens Diameter	9,6 mm VALO and VALO Cordless 11,7 mm VALO Grand and VALO Grand Cordless	
Light Timing Programs	Adjustable time options	
Power On/Off Button	VALO: Single button (front) VALO Cordless: Single button (front) VALO Grand: Double button (front & back) VALO Grand Cordless: Double button (front & back)	

EFFECTIVE COMPOSITE-CURING WAVELENGTH BANDS



Scan for the video of the full story



VALO™

DURABILITY THAT'S OUT OF THIS WORLD



VALO™ and VALO™ Cordless Lenses

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



PointCure™ Lens



Clear lens for pinpoint curing of small composites or tack curing veneers.

	<i>2pk</i>
PointCure Lens	5934



ProxiCure™ Ball Lens

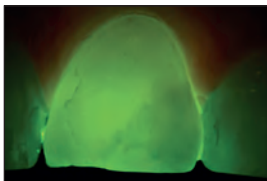


The ProxiCure Ball lens facilitates the building of convex proximal contacts. Imprint is easily filled with composite in a second step. Push ProxiCure Ball lens against interproximal wall of band; do not submerge in composite.

	<i>2pk</i>
ProxiCure Ball Lens	5936



TransLume™ Lens

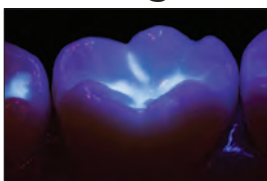


The penetrating ability of the lens shows the obstruction to light caused by posts or internal bubbles.

	<i>2pk</i>
TransLume Lens	5937



Black Light Lens



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

	<i>1pk</i>
Black Light Lens	5939



VALO™ Grand Cordless LED CURING LIGHT



50%
Bigger
Lens
(12 mm)



Best LED
Curing Light

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

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

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 instructions. Some rechargeable batteries can affect the function of the VALO curing light.

5963 - VALO Grand Rechargeable Batteries 2pk



5962 - VALO Grand Battery Charging Unit 1pk



5961 - VALO Charging Unit Power Supply 1pk

1667 - VALO Surface Mounting Bracket 1pk



3604 - VALO Grand Light Shield 1pk



4666 - VALO Grand Cordless Barrier Sleeves 100pk



508 - UltraTect Glasses 1pk



VALO™ Cordless

LED CURING LIGHT



Best LED
Curing Light

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

VALO Cordless curing light uses a custom, multiwavelength light-emitting diode (LED) for producing high-intensity light at 385–515 nm, which is capable of polymerizing all light-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 instructions. 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 Cordless Power Supply 1pk

1667 - VALO Surface Mounting Bracket 1pk



5929 - VALO Cordless Light Shield 1pk



- 4667 - VALO Cordless Barrier Sleeves 100pk
- 5964 - VALO Cordless Barrier Sleeves 500pk



508 - UltraTect Glasses 1pk



VALO™ Grand Corded LED CURING LIGHT



50%
Bigger
Lens
(12 mm)



Best LED
Curing Light

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

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

1. realityesthetics.com.



5971 - VALO Grand Corded Kit
power supply with universal plugs - 1,83 m cord
1 x Handpiece bracket holder
1 x Blue light blocking light shield
1 x Sample pack of barrier sleeves



5930 - VALO Power Supply - 1,83 m cord

5933 - VALO Power Supply - 4,88 m cord

1667 - VALO Surface Mounting Bracket 1pk



3604 - VALO Grand Light Shield 1pk



4669 - VALO Grand Barrier Sleeves 100pk



508 - UltraTect Glasses 1pk



VALO™ Coded

LED CURING LIGHT



Best LED
Curing Light

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

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



- 5919 - VALO Coded Kit**
 1 x VALO LED curing light - 2,13 m cord
 1 x Power supply with universal plugs - 1,83 m cord
 1 x Handpiece bracket holder
 1 x Blue light blocking light shield
 1 x Sample pack of barrier sleeves



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

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

- 1667 - VALO Surface Mounting Bracket 1pk**



- 5935 - VALO Light Shield 1pk**



- 4668 - VALO Barrier Sleeves 100pk**
5932 - VALO Barrier Sleeves 500pk



- 508 - UltraTect Glasses 1pk**



Gemini™

810 + 980 DIODE LASER

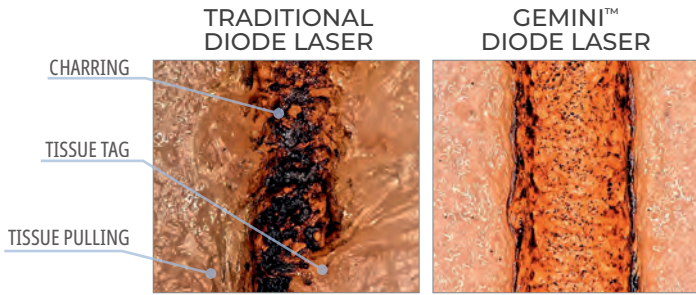


- 20 watts of peak super-pulsed power for faster, smoother cutting
- Dual wavelength technology combines the optimal pigment absorption of the 810 nm wavelength and the optimal water absorption of the 980 nm wavelength in diode lasers
- Sleek, innovative design features a stunning transparent electroluminescent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

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

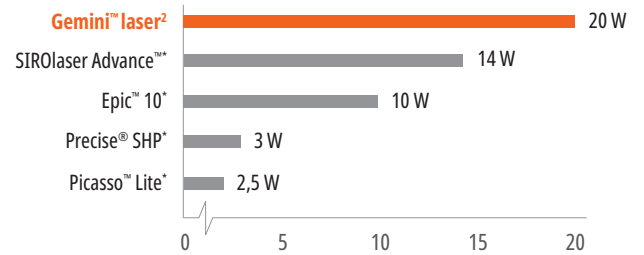
The benefits of PBM include:

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



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

DIODE LASER PEAK POWER COMPARISON¹



8990 - Gemini Laser Kit

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



8991 - Gemini Power Supply 1pk



8998 - Gemini PBM Adapter Kit

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



8992 - Gemini Foot Pedal 1pk



8983 - Gemini 5 mm Pre-Initiated Tip 25pk

8984 - Gemini 7 mm Uninitiated Tip 25pk



8999 - Gemini PBM Spacer Tip Kit 5pk



8985 - Gemini Safety Glasses 1pk



8986 - Handpiece Shell 1pk

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



UltraTect™

PROTECTIVE EYEWEAR

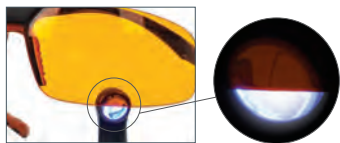


UltraTect protective eyewear is made for the modern dental environment. The high-quality, lightweight frames and polycarbonate lenses are both comfortable and durable, and they meet ANSI and CE safety standards for protection against impact injuries and chemical exposure. Clinicians, assistants, and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

Note: Do not use for laser protection.



Glasses are flexible and impact resistant for ultimate durability.



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



914 - Maroon Frame/Brown Lens 1pk



501 - Black Frame/Clear Lens 1pk



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

Ultradent™ 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

ENDODONTICS

Mineral Trioxide Aggregate Repair Cement
Canal Sealer
Resin-Coated Gutta Percha
Absorbent Paper Points
Endodontic Ruler
File Lubricants
Calcium Hydroxide Paste
Citric Acid
Endodontic Tips
Posts and Drills

BRETT HOOKE - Zion National Park





Endo-Eze™

MTAFlow™ White and MTAFlow™

MINERAL TRIOXIDE AGGREGATE REPAIR CEMENT



new



- Has bioactive apatite-forming properties²
- Mixes into a smooth consistency
- Resists washout
- Can be delivered with 29 ga NaviTip™ tip depending on consistency
- Predictable quick setting
- Has an adaptable mixing ratio based on procedure
- Now 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. Physicochemical basis of the biologic properties of mineral trioxide aggregate. *J Endod.* 2017;43:1692-96.

THE DIFFERENCE YOU CAN FEEL

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



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



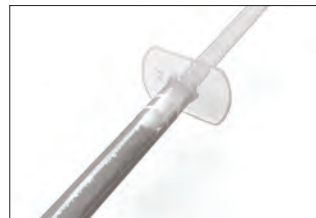
2. Shake from top to bottom 3 times. Make sure that gel is in tip end of bottle before expressing.



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



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



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



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

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



Perforation located in cervical third of mesial buccal canal.



MTA cement in place showing repair.



THE RIGHT CONSISTENCY FOR THE RIGHT PROCEDURE

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

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

MIXING PROPORTION SUGGESTIONS (POWDER AND GEL)*

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

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

** Depends on the desired consistency.

EVERYTHING YOU NEED IN ONE PLACE

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

new



5980 - MTAFlow White Repair Cement Kit

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



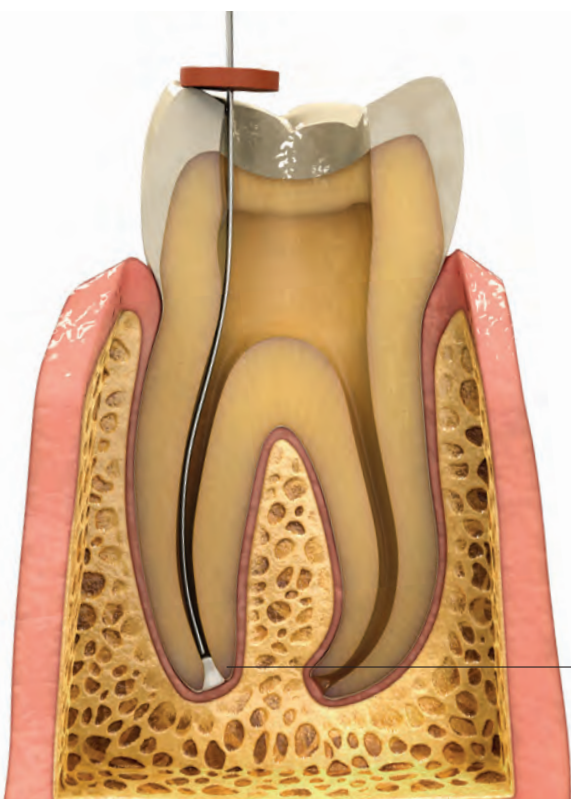
3980-1 - MTAFlow Repair Cement Kit

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

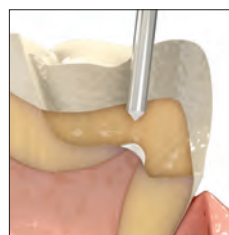


3981 - MTAFlow Repair Cement Refill

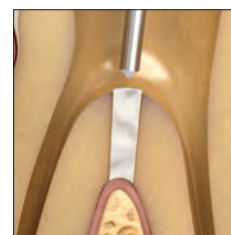
- 1 x Each Technique guide, instructions for use, 2 g MTAFlow powder, 2 ml MTAFlow gel, and measuring spoon



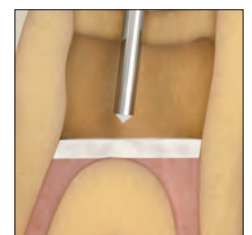
APEXIFICATION



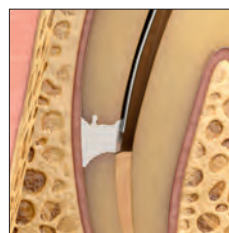
PULP CAPPING



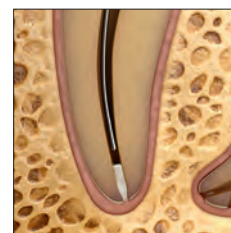
PULP CHAMBER FLOOR PERFORATION



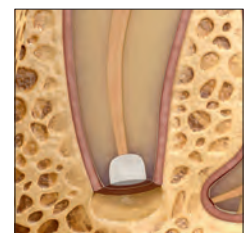
PRIMARY DENTITION VITAL PULPOTOMY



RESORPTION



APICAL PLUG



ROOT END FILLING



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

EndoREZ™ CANAL SEALER



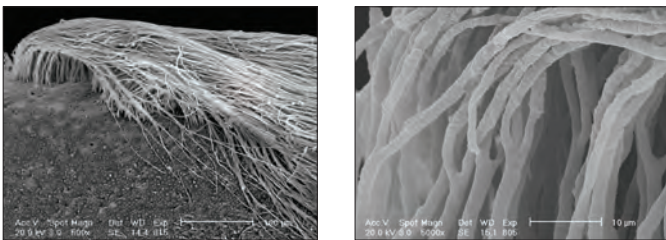
Ultradent™ Mixing Tip

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

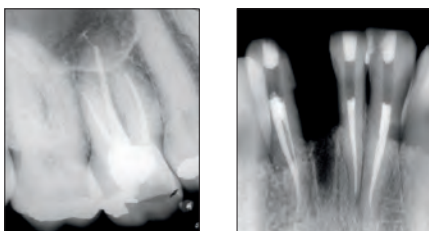
- The world's first hydrophilic and self-priming resin sealer
- More effective obturation in less time
- Provides a complete, thorough seal²
- Has the same radiopacity as gutta percha
- Bonds to resin-based core/composite materials
- Retreatable when combined with gutta percha³
- Provides syringe delivery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

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

EndoREZ canal sealer contains a special hydrophilic organophosphate methacrylate monomer that increases its hydrophilicity and produces a resin with a strong affinity for moisture with resin penetration of 1.200 µm into tubules.

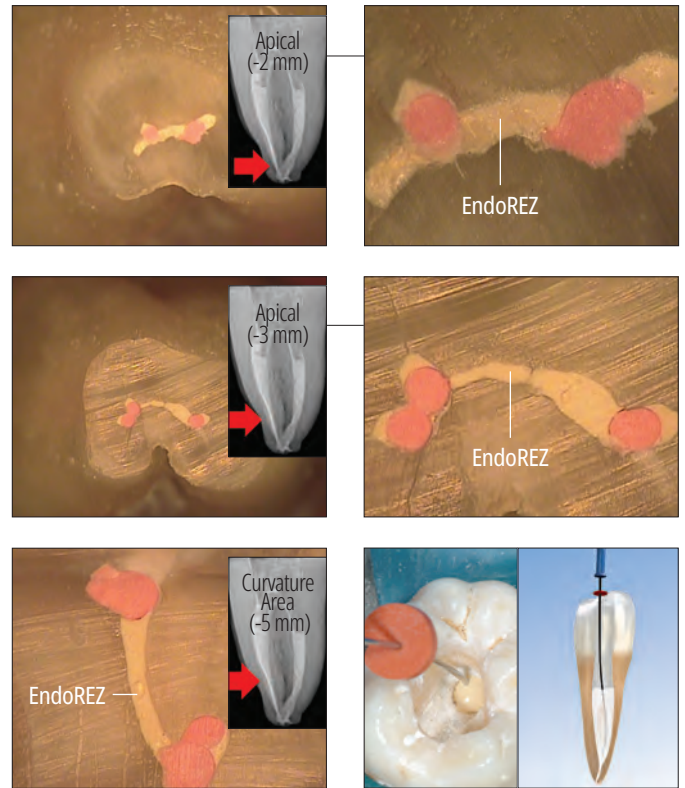


EndoREZ canal sealer penetrates into tubules and adapts to the walls like no other sealer on the market.



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

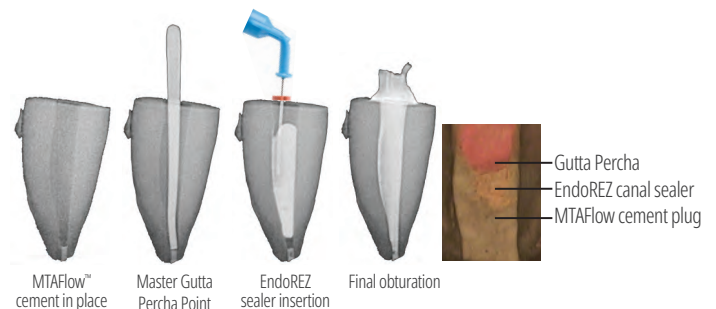
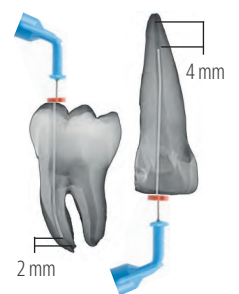
The improved flowability of EndoREZ canal sealer allows the sealer to reach the isthmus and intracanal areas during the obturation procedure without using any special device.



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

CANAL SEALING

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



Cases of incomplete formation of apex or reabsorbed foramina 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.



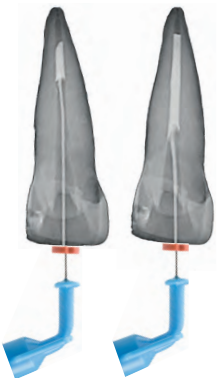
ENDOREZ CANAL SEALER SEQUENCE OF CLINICAL USE



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



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



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



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



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



5901 - EndoREZ Obturation .02 Taper Kit

5902 - EndoREZ Obturation .04 Taper Kit

5903 - EndoREZ Obturation .06 Taper Kit

1 x 5 ml (8,15 g) syringe

20 x Skini syringes

20 x Mixing tips

20 x 29 ga Variety NaviTip tips

120 x EndoREZ Points



5900 - EndoREZ Kit

1 x 5 ml (8,15 g) syringe

20 x Mixing tips

EndoREZ™ Accelerator



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 Accelerator Single Use 20pk

0,035 ml vials



* 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 retreatment root canal: an in vitro study. *Endod Pract.* 2005;8:29-33. 4. Zmener O, Pameijer CH, Serrano SA, Vidueira M, Macchi RL. Significance of moist root canal dentin with the use of methacrylate-based endodontic sealers: an in vitro coronal dye leakage study. *J Endod.* 2008;34(1):76-9.



EndoREZ™ Points

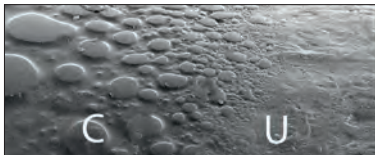
RESIN-COATED GUTTA PERCHA POINTS



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

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

GUTTA PERCHA SEM



Coated

Uncoated



EndoREZ Gutta Percha Points

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



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

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 and 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



Endo-Eze™ Ruler



1295 - Endo-Eze **Ruler 25pk**



Skini and Clear Skini Delivery Syringes



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



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



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



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



0,5 ml	20pk	50pk
Skini Delivery Syringe	1680	1681
Clear Skini Delivery Syringe	1880	—

PermaFlo™ Purple

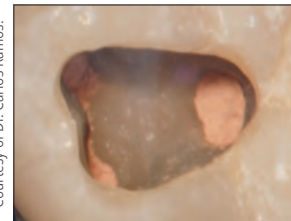
ANATOMICAL INDICATING COMPOSITE



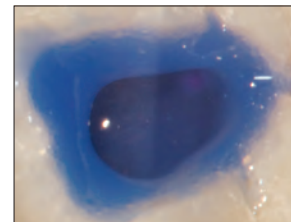
Micro 20 ga Tip

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

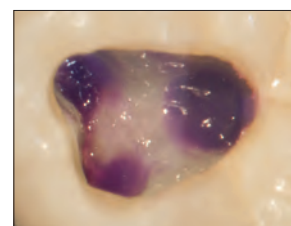
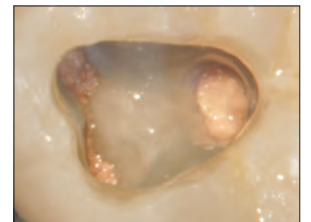
Courtesy of Dr. Carlos Ramos.



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



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



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

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

REFRIGERATE



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



Ultradent™ Luer Vacuum Adapter



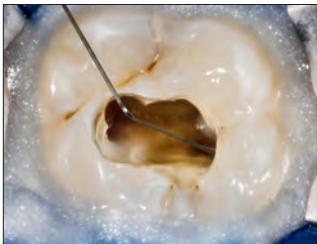
Note: Capillary Tips should never be used to deliver irrigating materials or endodontic sealers.

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



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

DRIES CANALS FASTER THAN EVER



1. Irrigate canals through NaviTip™ 31 ga Double Sideport Irrigator tip.



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



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



4. Insert paper points to verify level of dryness.



230 - Luer Vacuum Adapters 10pk

DermaDam™

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
15 cm x 15 cm



314 - DermaDam Heavy 0,25 mm 36pk
15 cm x 15 cm

DermaDam™ Synthetic

DENTAL DAM



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

Zero sensitizing proteins










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

1. realityesthetics.com.



NaviTip™ Reference Guide

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

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



File-Eze™ EDTA Lubricant FILE LUBRICANT



NaviTip™ Tip 30 ga/25 mm

NaviTip™ Tip 29 ga/25 mm

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

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

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



1075 - File-Eze Kit
4 x 1,2 ml (1,43 g) syringes
5 x Each 30 ga NaviTip tips
17 mm, 21 mm, 25 mm, and 27 mm



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



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

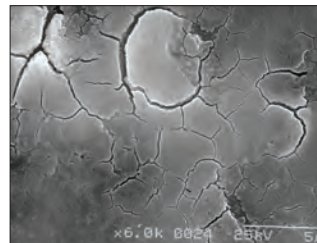
Ultradent™ EDTA 18% Solution



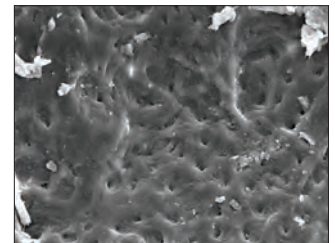
NaviTip™ FX™ Tip 30 ga/25 mm

NaviTip™ FX™ Tip 30 ga/17 mm

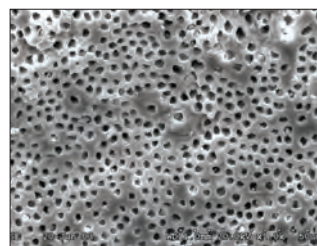
A root canal chelating agent that conditions/cleans through a chelation process, Ultradent EDTA 18% Solution is the irrigant of choice for smear layer removal and can be used as a final irrigant prior to obturation.



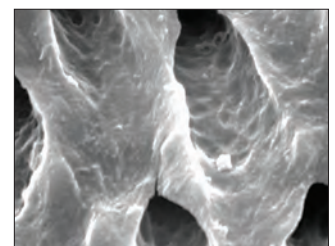
1. After canal instrumentation (no irrigants or lubricants). Smear layer intact.



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



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



4. Close-up of Figure 3.



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

*Trademark of a company other than Ultradent.



UltraCal™ XS

30%–35% CALCIUM HYDROXIDE PASTE



NaviTip™ Tip 29 ga Single Sideport

- Radiopaque
- High pH
- Superior delivery control

UltraCal XS calcium hydroxide paste is a uniquely formulated calcium hydroxide paste that is both aqueous and radiopaque, with a high pH (12,5). It is recommended to use the larger 29 ga NaviTip Single Sideport tip for predictable flow, enabling direct placement. UltraCal XS paste can be thoroughly removed from the canal using Ultradent Citric Acid and a NaviTip™ FX™ tip.

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



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

5117 - UltraCal XS Econo Refill
20 x 1,2 ml (1,76 g) syringes

Ultradent™ Citric Acid 20% Solution



NaviTip™ FX™ Tip 30 ga/25 mm



NaviTip™ FX™ Tip 30 ga/17 mm



Empty 1,2 ml syringe

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

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



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

1. 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.

**WARNING:**

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



Capillary Tips

Never use to delivery irrigating materials or endodontic chemistries.

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

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

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



Micro Capillary™ Tips

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

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

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



Endo-Eze™ Irrigator Tip

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

Designed for: Ultradent™ 5 ml syringe.

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



22 ga 20 ga 19 ga 18 ga

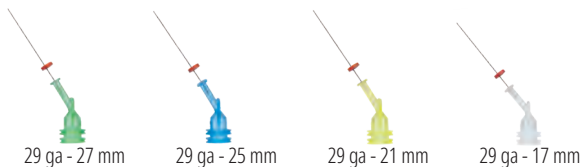
Endo-Eze™ Tips

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

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

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

new



NaviTip™ Tips 29 ga

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™, EndoREZ™, and UltraCal™ XS.

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

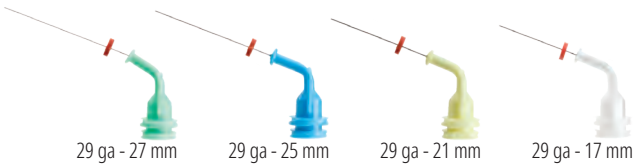


LOK-TITE™	Tip length	20pk
29 ga NaviTip	27 mm	4989
29 ga NaviTip	25 mm	4990
29 ga NaviTip	21 mm	4991
29 ga NaviTip	17 mm	4992
29 ga-29 ga NaviTips	27-17 mm	5143



WARNING:

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

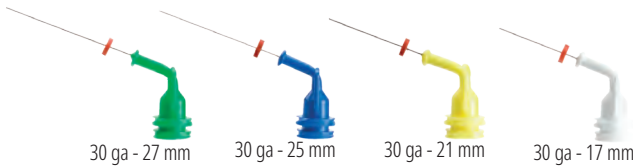


NaviTip™ Tips 29 ga

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

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

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

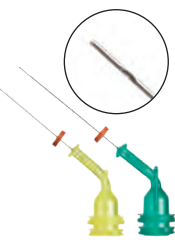


NaviTip™ Tips 30 ga

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

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

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



NaviTip™ 31 ga Tips

with Double Sideport Irrigator

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

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

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



NaviTip™ FX™ Tips 30 ga

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

Designed for: Ultradent™ Citric Acid 20% Solution.

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

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

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



UniCore™ POST AND DRILL SYSTEM

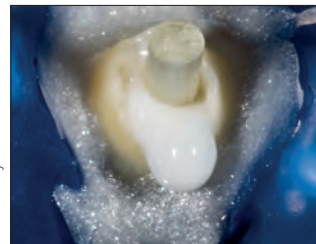


- Superior strength
- Esthetic and radiopaque
- Color-matched drills and posts
- Ultradent's UniCore "Kit of Kits" provides all items needed for post requirements

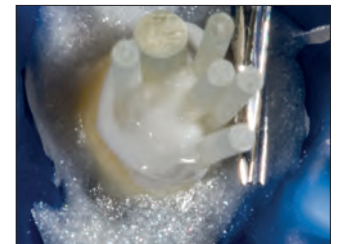
UniCore Posts are composed of glass fibers. The translucent and radiopaque UniCore Post responds to compressive forces as dentin would, without compromising the durability of the restoration. The gentle taper of the UniCore Post corresponds to the natural anatomy of the tooth and perfectly matches the 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.

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

Courtesy of Dr. Carlos Ramos.



UniCore master post in place.



Additional accessory posts.



Final.

1. realityesthetics.com.



UNICORE™ DRILL Ultrasafe



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



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



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

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



UNICORE™ POST Prestressed fibers and bondable



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

UniCore Drills

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



UniCore Posts

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



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



QUESTIONS ABOUT *Endo?*

WE HAVE YOUR SOLUTIONS.



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

TIPS AND SYRINGES

Restorative Tips
Endodontic Tips
Syringes and Covers
Accessories

DORA ESPINOSA - Silver Lake





ULTRADENT™ TIPS DESIGNED TO DELIVER

Check out our tips with **LOK-TITE™**

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

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

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

Restorative



Black Micro™ FX™ Tip

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

Designed for: PrimaDry™ and PermaSeal™.

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



Black Mini™ Tip

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

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

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



Black Mini™ Brush Tip

- Precise, controlled delivery of aqueous materials
- Tight, adjustable brush fibers minimize bubbles
- Unique to Ultradent

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

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



Black Micro™ Tip

- Provides pinpoint precision
- Narrow cannula accurately delivers materials

Designed for: Ultra-Blend™ plus.

LOK-TITE™	20pk	100pk	500pk
22 ga Black Micro	194	1085	1435



Blue Micro™ Tip

- Provides pinpoint precision
- Narrow cannula accurately delivers materials

Designed for: Ultra-Etch™.

LOK-TITE™	20pk	100pk	500pk
25 ga Blue Micro	158	127	1436



Blue Mini™ Dento-Infusor™ Tip

- Offers the same tissue management benefits as the Metal Dento-Infusor™ tip
- Allows controlled flow of drop-sized quantities
- Outer diameter 1,2 mm

Designed for: Astringent™ and Astringent™ X.

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



Inspiral™ Brush Tip

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

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

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



Intraoral Tip

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

Designed for: PermaFlo™.

	20pk
Intraoral	5922



Metal Dento-Infusor™ Tip

- Places hemostatic agents precisely and effectively removes superficial coagulum
- Blunt, bent cannula with padded brush enables gentle pressure in the sulcus
- Ultradent's first tip, the "MDI" remains paramount for successful tissue management

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

LOK-TITE™	20pk	100pk	500pk
19 ga Metal Dento-Infusor	2558	2559	2560



Micro Capillary™ Tips

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

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

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



Micro 20 ga Tip

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

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

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



SoftEZ™ Tip

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

Designed for: Enamelast™.

LOK-TITE™	50pk	100pk
SoftEZ	4712	4711



SST™ - Surgical Suction Tip

- Ideal for delicate surgeries
- Large-diameter tip opening

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

LOK-TITE™	20pk
SST	1248



Ultradent™ Mixing Tip

- Mixes and delivers in one action

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

	20pk
Ultradent Mixing	5920



White Mac™ Tip

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

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

	20pk	100pk
White Mac	661	1361



White Mini™ Tip

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

Designed for: OraSeal™ Caulking, OraSeal™ Putty, and Opalustre™.

	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

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

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



Micro Capillary™ Tips

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

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

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



WARNING:

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



Endo-Eze™ Irrigator Tip

- Provides ideal reach, 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



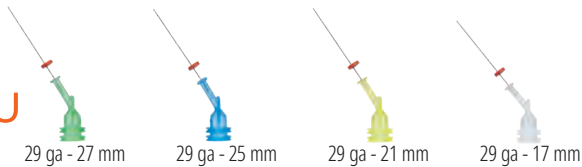
Endo-Eze™ Tips

- Great for endodontic procedures
- Flexible, strong cannulae
- Bend easily

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

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

new



NaviTip™ Tips 29 ga

with Single Sideport

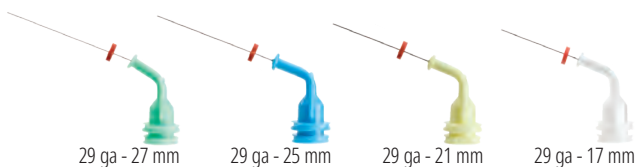
- Designed to direct the flow of chemistry through the sideport of the tip before flowing down into the area of the apex, thus reducing the risk of product extrusion
- Flexible, stainless steel cannula easily navigates curved canals
- Bendable tip 0,33 mm

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



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

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



NaviTip™ Tips 29 ga

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

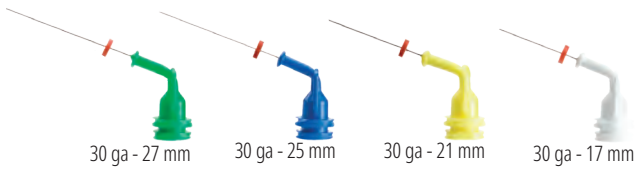
29 ga delivers paste materials: MTAFlow™ and EndoREZ™.

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



WARNING:

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

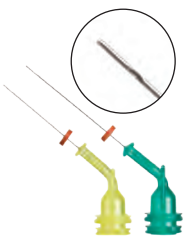


NaviTip™ Tips 30 ga

- 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™ and Ultradent™ EDTA 18% Solution.

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



NaviTip™ 31 ga Tips with Double Sideport Irrigator

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

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

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



NaviTip™ FX™ Tips 30 ga

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

Designed for: Ultradent™ Citric Acid 20% Solution.

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

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

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



Syringes

Skini Delivery and Clear Skini Delivery Syringes

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

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



0,5 ml Skini Delivery Syringe	20pk	50pk
0,5 ml Clear Skini Delivery Syringe	1680	1681
	1880	—

Hemostatic Delivery Syringe

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

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



1,2 ml Hemostatic Delivery Syringe	20pk	
	1278	

Ultra-Etch™ Delivery Syringe

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

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



1,2 ml Ultra-Etch Delivery Syringe	20pk	
	129	

1,2 ml Delivery Syringe

- Snug Luer Lock threads prevent tips from popping off

Designed for: All 30 ml IndiSpense™ syringes.



1,2 ml Delivery Syringe	20pk	100pk
	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 Ultradent™ Citric Acid, and Ultradent™ EDTA 18% Solution.



5 ml Delivery Syringe	10pk	
	201	

Ultradent™ Syringe Cover

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

Designed for: All 1,2 ml syringes.



1,2 ml Syringe Cover	300pk	
	249	



Luer Lock Cap

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

Designed for: All Ultradent™ plastic syringes.



	<i>20pk</i>
Luer Lock Cap	205

Ultradent™ Luer Vacuum Adapter

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



	<i>10pk</i>
Luer Vacuum Adapter	230

Syringe Organizer

- Holds 14 syringes
- Made of clear acrylic



	<i>1pk</i>
Syringe Organizer	382

#1 PROFESSIONAL TEETH WHITENING BRAND ON THE PLANET

Opalescence™
tooth whitening systems



30+ years of
experience

100 million smiles
brightened

50+ industry awards
in whitening

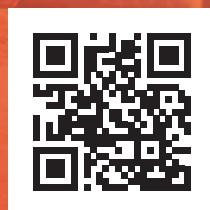


BLOG

BETTER DENTISTRY THROUGH KNOWLEDGE



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Ultradent Products Blog



eu.ultradent.blog



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AWARDS



PRODUCT LABELING



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



BL2DC = Lot number
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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.

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