

designed for better dentistry

2013 CLINICAL TECHNIQUE GUIDE AND DENTAL CATALOG



In dentistry, as in nature, beauty lies within its simplicity. That's why we at CLINICIAN'S CHOICE® follow the simple philosophy of teaching, supporting, and promoting better dentistry. This foundation was born from the vision of industry pioneer, lecturer, researcher, and teacher, Dr. Ronald E. Jordan, who recognized the responsibility of dental companies to serve as educators, and not just marketers. This philosophy has been upheld by Dr. Jordan's son, CLINICIAN'S CHOICE Founder and President, Peter G. Jordan, and as such, is one that permeates our people and characterizes our relationships with our customers.

To us, teaching better dentistry means understanding the clinical challenges our customers face, so that we may develop products and techniques to overcome their frustrations. It means walking our customers through each procedural step to ensure they have a clear understanding of the problem, product, and technique, and it means demonstrating how a product solves their clinical challenges, rather than just reciting its features.

Developing innovative, clinically proven products and time-saving techniques, and educating doctors on their applications, has made CLINICIAN'S CHOICE the choice for top clinicians and industry thought-leaders, worldwide.



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SYMBOL GUIDE



Our TRY-IT Guarantee. Purchase any CLINICIAN'S CHOICE® brand product for the first time. If you're not getting the results you expected, call us within 30 days of your purchase date. We'll exchange the product for one that's ideally suited to your clinical technique. If you're still not completely satisfied, we'll provide a refund. Please note, after 30 days, products may not be exchanged or returned.

CLINICAL TECHNIQUE

Look for this symbol for Clinical Tips & Techniques LOOK FOR THIS SYMBOL FOR PRODUCT ORDERING CODES

Ordering Information

PRODUCT ORDERING

1-800-265-3444

(519) 641-3066

Order online:

www.clinicianschoice.com

Your order can be faxed to:

1-800-719-3292

(519) 641-3083

Orders may also be placed by mail. MAIL TO:

Clinician's Choice Dental Products Inc. P.O. Box 1706, New Milford, CT, USA, 06776

NEW CUSTOMERS

Welcome to Clinician's Choice Dental Products Inc. If at any time you have questions about products, ordering, accounts, etc., do not hesitate to call 1-800-265-3444.

To set up a customer account, we require the following information:

A) BILL TO – Name, Address, & Phone Number B) SHIP TO – Name, Address, & Phone Number C)E-Mail Address (optional) and Fax Number D) Method of Payment (Visa, Mastercard, check in advance)

PLEASE NOTE: To establish a new customer account we require pre-payment for your first order. All subsequent orders may be billed as you prefer. (Please see Payment Terms for more details).

ORDERING INFORMATION REQUIRED

Please include or have ready the following information when ordering:

A) Customer account number
 B) Phone number with area code

C) Method of payment (Visa, Mastercard, American Express, or net 30 invoice)

D) Product ordering code(s)

INSTITUTIONS

We require a purchase order number and a hard copy sent to us by either fax or mail. Institutions need not pre-pay for first time orders.

Please ensure we have the correct information on file as listed under Ordering Information and New Customers.

PRODUCT DELIVERY

All orders placed by 12pm EST will be shipped the same day (some exemptions may apply). Subsequent orders will be shipped the following day. All parcels are shipped via courier. Typically, most orders are delivered within 3-5 days. Product delivery charges vary by region.

For an additional charge, 2nd Day Air and Next Day delivery are available upon request. Please ask our sales representatives for details.

It is important to us to have all products delivered safely and efficiently. In the event of a problem, we have accurate records that allow us to resolve the issue quickly.

PAYMENT TERMS

CREDIT CARD PAYMENT

We accept Visa, Mastercard, and American Express.

American Express.

At your request, we will keep your credit card

number and expiry date on file. Please let us know if you would like all of your orders processed on your credit card.

C.O.D. (available through courier service only) Orders may be paid C.O.D. with an additional charge of \$9.00 (subject to change).

When placing C.O.D. orders, our sales representatives will fax you the total amount of your order including all applicable taxes and shipping charges. Upon delivery, the courier will ask for payment. Please have a check ready (made payable to Clinician's Choice).

NET 30 DAYS

Existing customers may be invoiced net 30 days. Please pay from each invoice.

ACCOUNT STATEMENTS

Account statements are only available by request.

NON-SUFFICIENT FUNDS

If your payment by check is not honored or is returned, we will charge your account with a \$20.00 Non-Sufficient Funds fee.

PRODUCT WARRANTY

At CLINICIAN'S CHOICE, we recognize and take seriously our responsibility to replace products if they are proven to be defective. CLINICIAN'S CHOICE does not, however, accept liability for any damage or loss, either direct or consequential, stemming from the use or misuse of any product we distribute. It is the responsibility of the user to determine the suitability of the product for an intended procedure prior to use. The user assumes all risk and liability in connection therewith. If you have questions, please call us at 1-800-265-3444.

PRODUCT RETURNS

We want to make product returns as simple and efficient as possible. Our TRY-IT Guarantee applies each time a CLINICIAN'S CHOICE brand product is purchased for the first time. Our standard return policy applies to every other product, and to CLINICIAN'S CHOICE brand products which have been purchased more than once on your account.

If you must return a product, please follow the guidelines below. All product returns must be preauthorized. Products sent to us without authorization will be refused.

TRY-IT GUARANTEE

Purchase any CLINICIAN'S CHOICE brand product for the first time. If you're not getting the results you expected, call us within 30 days of your purchase date. We'll exchange the product for one that's ideally suited to your clinical technique. If you're still not completely satisfied, we'll provide a refund. Please note, after 30 days, products may not be exchanged or returned.

STANDARD RETURN POLICY Product returns will be authorized ONLY if the

following guidelines are met:

- The product is returned within 30 days of our invoice date.
- The product is unopened, unused, and in the original packaging.
- The product is damaged or defective (determined by our account representative).

Product returns will NOT be authorized if:

- It has been 30+ days since the product was purchased (date on our invoice).
- The product is opened or used (excluding damaged or defective products).
- The product is a special order.

If the product(s) meets the above guidelines, please call a customer service representative at 1-800-265-3444, extension #1, for authorization and return instructions. Please have the following information available:

- 1. Your customer number and phone number
- Original invoice number of product(s) returning
 Description of product(s) returning and reason
- for return.

 Because this information may have to be verified

in your file, we may need to call you back with a return authorization or refusal.

PLEASE ENSURE ALL RETURNING PRODUCTS ARE PLACED IN PROTECTIVE PACKAGING.

Returned products are subject to a minimum restocking charge of 15% or partial credit.

www.clinicianschoice.com



Tissue Management: Placing Retraction Cord & Controlling Bleeding

Unlike runny liquid hemostatic agents, TISSUE GOO™ is a gel that stays where you place it, offering exceptional hemostasis without compromising the health of the gingival tissue.

TISSUE GOO's active ingredient is 25% aluminum sulfate, which will control bleeding throughout the cord placement and tissue management processes. Aluminum sulfate is much kinder to soft tissue than other hemostatic agents; it acts similar to a coagulant to stop the bleeding, ensuring your patient's tissue will not turn black. During retraction cord placement, TISSUE GOO acts as a lubricant. Place TISSUE GOO around the sulcus, then pack RE-CORD® Knitted Retraction Cord through the goo. RE-CORD will provide ideal tissue displacement, while absorbing the goo and delivering the hemostatic agent into the sulcus.

TISSUE GOO is especially effective during veneer cementation where minor bleeding, caused by veneer insertion, often occurs. TISSUE GOO stops this type of bleeding without contaminating the marginal bonding surface or discoloring the soft tissue, both problems commonly experienced with aluminum chloride and ferric sulfate hemostatic agents.

TISSUE GOO will not interfere with the set of your impression material. And it's gooseberry-flavored, so your patients will love the

The TISSUE GOO Big Shot is a 60ml refill syringe designed to allow you to refill your TISSUE GOO 3ml syringes in just seconds with no mess.

TISSUE GOO 4-pack 4-3ml syringes TISSUE GOO, 50-20 gauge needle tips, instructions, MSDS.

241960 TISSUE GOO Big Shot 1-60ml syringe TISSUE GOO, 4-3ml empty refillable syringes instructions, MSDS.

TISSUE GOO/DETAIL Trial Pack 2-3ml syringes TISSUE GOO, 2-3ml syringes DETAIL, needle tips, instructions, MSDS.

CLINICAL TECHNIQUE

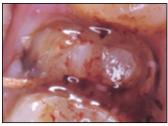
Gingival Retraction for Crown and Bridge Procedures



1. If bleeding is excessive following tooth preparation, syringe Tissue Goo to the bleeding site. Apply pressure (do not rub!) to the site with a Multi-Brush or a small cotton pellet until the bleeding is arrested. Rinse the prepared tooth.



2. Apply Tissue Goo around the gingival margin of the entire preparation.



3. Pack retraction cord through the syringed Tissue Goo using either a single or double cord technique. If bleeding occurs, rinse and dry the site, then place additional Tissue Goo over the packed retraction cord.



4. Hemostasis is achieved without damage to the soft tissue.

KNITTED RETRACTION CORD

RE-CORD® is a non-impregnated, 100% cotton-knitted retraction cord designed to easily compress when packing into the sulcus. Once placed, the cord's knitted

loops open, exerting a gentle continuous outward force that minimizes trauma to the soft tissue, thereby preventing gingival recession and biological width impingement. Optimal tissue displacement can be achieved in as little as 3 minutes. RE-CORD carries a greater quantity of hemostatic solution than conventional cords and provides an excellent medium for hemostatic gel absorption and placement. Because it has no memory, RE-CORD packs easily, plus it stays put when packed into the sulcus, and will not entangle in diamond burs.

RE-CORD Size Chart # 000 649101 #1....649104

00 649102 #2....649105 # 0 649103 #3....649106

CLINICIAN'S CHOICE

CLINICIAN'S CHOICE® MICROPOINT™ Scissors give you all you ever wanted in surgical scissors: safety-tipped blades combined with unparalleled cutting power. Designed for cutting both retraction cord and sutures, MICROPOINT Scissors are lightweight and provide exceptional tactile feel.



MICROPOINT Scissors are strong enough to cut retraction cord.



067100 Micropoint



Hemostatic agents based on ferric sulfate or aluminum chloride – and even the powder in your latex gloves – contain sulfur. Sulfur contamination is one of the primary reasons your impression material won't fully set, has voids, or air bubbles. Additionally, organic debris often gets picked up in your impression, causing

inaccuracies. These clinical challenges can force you into multiple retakes of the impression. Another common cause of an imperfect impression is uncured methacrylate (from your temporary material) left on the prep site. You may think your air/water syringe cleans the prep site adequately, but it often does not. These kinds of chemical or biological interferences occur more often than any dentist is willing to admit, and unfortunately, the blame is often placed on the impression material when impressions go wrong.

DETAIL™ Pre-Impression Cleansing Gel guarantees a clean, decontaminated prep site and consequently, an accurate impression every time. In just 7-10 seconds, DETAIL will lift organic debris and contaminants like sulfur and methacrylate residue from your prep site. Rinse away DETAIL, and the impression surface left behind will be squeaky-clean (figs 1, 2 – at right).

A clean preparation will give you a more accurate impression; however, DETAIL does more than just clean the prep site. DETAIL also lowers the surface tension of the preparation so your impression material contacts the surface more intimately. The result? The most detailed and accurate impressions possible.

Consider DETAIL your insurance policy against surface contaminates and your guarantee of a perfect impression.

For the best and most efficient impression procedure, use DETAIL in conjunction with 3rd Generation AFFINITY™ Hydroactive Impression Material.

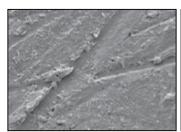


FIG 1 – Contaminated preparation site Freshly cut preparation (smear layer) containing blood, hemostatic agent, and possibly handpiece oil. All of these can prevent an accurate and properly cured impression.

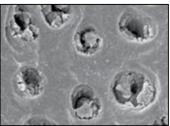


FIG 2 – Clean preparation site
In just 7-10 seconds, DETAIL removes
contaminants and surface debris, leaving
the dentin tubule plugs in place, and allowing
for a clean, decontaminated preparation site.



In only 7-10 seconds, Detail leaves behind not only a clean preparation, but also a hydroactive surface – both will yield the cleanest, most detailed impression you've ever seen!

CLINICAL TECHNIQUE

CEREC Application



1. Prep site covered with ScanSpray (titanium dioxide opaquing medium) for Cerec imaging. Impossible to remove with air/water spray.



2. Prep site is squeaky clean, free of contaminants with decreased surface tension after a 10 second application of Detail and a firm air/water spray.

CLINICAL TECHNIQUE

CEREC Application



1. Prep site covered with Cerec powder (titanium dioxide opaquing medium) for Cerec imaging. It is critical to remove the powder for good adhesion.



2. Prep site after a 10 second application of Detail.







035904 DETAIL 4-pa

4-3ml syringes, 50-22 flocked needle tips, instructions, MSDS

972403 TISSU

TISSUE GOO/DETAIL Trial Pack
2-3ml syringes TISSUE GOO, 2-3ml syringes DETAIL,
flocked needle tips, instructions, MSDS



REALITY Four Star Award

Consistently Accurate Impressions

What is 3rd Generation Chemistry?

Most impression materials today utilize a second generation linear polymer chemistry that is very limited in terms of the manufacturer's ability to create technique specific viscosities. This type of chemistry is very dependant on filler to create different material viscosities; less filler equals a higher flow and less cured hardness material (i.e. light body). More filler creates less flow and more cured hardness, resulting in heavy body and bite registration materials. Being dependant on filler loading, most impressions made with these 2nd generation materials often result in less than ideal impressions. Often the light body is over-displaced by the more viscous heavy body, or a ridge is left at the interface of the tray material and light body. Both of these results compromise impression accuracy.

Additionally, this 2nd generation, linear polymer chemistry negatively affects cure time. Second generation impression materials have a working time of 2 minutes and a set time of 4 minutes, for a total 6 minute procedure time – which can seem like an eternity for the patient. The only way to speed up the impression procedure is to go to a fast set impression material which will reduce the procedure time by about 1.5 minutes. The working time, however, is also greatly reduced, increasing the chance of running out of working time with multiple unit impression cases.

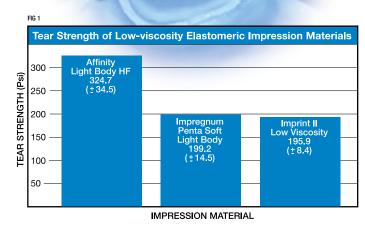
3rd Generation AFFINITY™ Impression Material is unique in that it utilizes branched resin chemistry, providing far more freedom to create material features that dramatically improve your dentistry; features such as:

Technique Designed Viscosities

AFFINITY is not filler dependant like previous generation systems. Its resin-based chemistry provides ideal flow to create extreme impression detail yet allows for virtually any cured hardness required. The AFFINITY Light Body material (Regular Flow, High Flow or Xtra Light) provides ideal flow based on your preferred technique, yet has up to a 50% higher tear strength than other impression materials. AFFINITY tray materials (Heavy Body and InFlex) flow slightly more than other systems, yet cure to a higher, more supportive durometer and are perfectly matched to the impression trays you use.

More Efficient Work, Set & Procedure Times

AFFINITY'S 3rd Generation chemistry is heat-activated and once placed completely into oral temperatures, cures faster than other impression materials and without compromising working time. AFFINITY regular set materials have a working time of 1:45 minutes and an intraoral cure time of 2:30 minutes. However, if you only use 30 seconds of working time and then place the tray into the patient's mouth, the cure time is still only 3:00 minutes. Intraoral temperatures create a much faster reaction time to the AFFINITY chemistry. AFFINITY Fast Set formulas have a working time of 1:10 minutes and an intraoral cure time of just 1:45 minutes.



Boghosian A, Lautenschlager EP. Northwestern University Feinberg School of Medicine, Chicago, IL, USA.
Tear strength of low-viscosity elastromeric impression materials. Abstract presented at 32nd Annual Meeting and Exhibition of the AADR,
San Antonio, TX, USA, March 12-15, 2003.

Imprint™ II Low Viscosity is a trademark of 3M™/ESPE™, Impregnum™ Penta Soft Light Body is a trademark of 3M™/ESPE™.

Higher Tear Strength. Improved Hydroactivity. A More Complete Cure.

Unlike other materials, AFFINITY's branched resin chemistry utilizes 3-dimensional cross-linking which results in up to a 60% increase in tear strength as compared to many market-leading impression materials (*fig 1*). The chemistry also allows the hydroactive surfactant to be grafted which gives a more even distribution of the hydrophile and results in far better performance in the presence of moisture. A grafted surfactant also means AFFINITY cures 100%, far better than previous generation impression materials, so dimensional stability is maximized.

AFFINITY represents the state of the art in impression materials, providing you with more consistently accurate impressions; we guarantee it.

"A perfect companion product to the Quad-Tray Xtreme; Affinity Vinyl Poly Siloxane combined with the Quad-Tray Xtreme will provide the user with predictable results in each and every case."

> – ALAN BOGHOSIAN, DDS CHICAGO, IL



"The Affinity line of products are an indispensable part of my restorative practice. The quality and flexibility of the entire impression line gives me great confidence in my crown and bridge procedures."

– ROBERT RITTER, DMD JUPITER. FL



Finding the viscosities that are right for you

AFFINITY's "Technique Designed" Features & Benefits



LIGHT BODY HF (HIGH FLOW)

Our most popular light body, Light Body HF flows on its own without being runny. Under the hydraulic pressure of the tray material, Light Body HF flows effortlessly into the sulcus. The blend between Light Body HF and AFFINITY Heavy Body or InFlex is perfect every time. Light Body HF is available in both regular set for multiple preparations and fast set for single preparations.



LIGHT BODY RF (REGULAR FLOW)

Some dentists prefer a light body that is more thixotropic and stays where it's placed; this is how Light Body RF was designed. Light Body RF lends itself well to those who like to drive the light body into the sulcus with an air syringe. Light Body RF is available in both regular set for multiple impressions and fast set for single preparations.





LIGHT BODY XL (XTRA LIGHT)

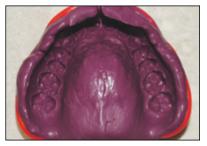
Research shows that 89% of partial denture impressions have detectable errors (voids, tearing, as well as flow issues) that will impact the fit of the final restoration.* These errors were especially prevalent where the sulcus was less than 0.20mm in width. Tissue management varies from patient to patient and dentist to dentist. Light Body XL is designed to flow into virtually any sulcus. Light Body XL has the highest flow on the market with exceptionally high tear strength. Available in regular set only.





MONOPHASE

Developed for use as a single-phase impression material, AFFINITY Monophase maintains the most desirable properties of polyether such as a gum-like consistency, high durometer cure, and high tear strength. However, unlike polyether, Monophase is far more cost-effective, sterilizable, and dimensionally stable. It is ideal for implant impressions, edentulous, and partial impressions, as well as for the fabrication of clear aligners in orthodontic treatment. Available in regular set only.





HEAVY BODY

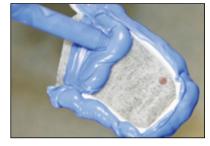
Heavy Body exhibits a slightly lower fluid viscosity compared with previous generation tray materials. This feature ensures a perfect blend with the Light Body, and in addition, prevents over-displacement of the wash material. Heavy Body cures to a dense, supportive state that allows the wash material to completely encapsulate the preparation site for consistent accuracy. Heavy Body is ideal for both full arch and quadrant impression trays. Available in both regular set for multiple impressions and fast set for single preparations. Heavy Body is also available in 390ml MegaMix cartridges for automix dispensing.





INFLEX MAXIMUM SUPPORT TRAY MATERIAL

InFlex is the only tray material designed for the dual-arch impression technique and specifically to prevent the impression distortion so commonly associated with this technique. InFlex combines an ideal flow to drive the light body into the sulcus without over-displacing it. Another unique feature to InFlex is its rigidity upon curing. Similar to a bite registration, InFlex becomes very rigid and supportive. This is very crucial when using a dual-arch impression tray, especially a plastic one. InFlex is available in both regular and fast set. InFlex is also available in 390ml MegaMix cartridges for automix dispensing.



Samet N, Shohat M, Livny A, Weiss E. A Clinical Evaluation of Fixed Partial Penture Impressions. The Journal of Prosthetic Dentistry. Volume 94, Issue 2 Aug. 2005).



QUICK BITE

AFFINITY Quick Bite uses 3rd Generation branched resin chemistry to further improve upon the shortcomings of previous generation bite registration materials. Unlike most bite materials, Quick Bite is not brittle. Quick Bite also exhibits a much higher 90 durometer cure to eliminate distortion during prosthetic fabrication. Quick Bite cures intraorally in as little as 45 seconds and will not compress during articulation at the dental laboratory.







AFFINITY CRYSTAL

AFFINITY Crystal is a water-clear, silicone matrix material designed for easy fabrication of provisional veneers. AFFINITY Crystal flows effortlessly into the embrasure areas, capturing extreme detail to create an accurate, clear matrix through which you can light-cure provisional material.







PUTTY

Conventional putties are often too viscous and resistant to flow, thereby generating a significant amount of compression during the impression procedure. Taking an impression under these conditions promotes distortion and over-displacement of the wash material. AFFINITY's 3rd Generation Putty is designed to ensure a feathered edge at the interface with the wash material, providing a true occlusal plane relationship. AFFINITY Putty is non-greasy, satiny smooth, and extremely easy to mix, making it truly state of the art.





SPECTRUM PACK CUSTOMIZABLE BULK KITS

When you choose AFFINITY, you can customize your bulk pack! Choose any number of any viscosity* to make up a 12-pack, 18-pack, or 36-pack.

* Excluding Putty, which is sold as described in ordering codes below, AFFINITY Crystal, which is available only in a 2-pack, 6-pack, and 12-pack and MULTI-PREP (see next page).





AFFINITY SPECTRUM PACKS

011912 12-PACK

(12 assorted 50ml cartridges)

011918 18-PACK

(18 assorted 50ml cartridges)

011936 36-PACK

(36 assorted 50ml cartridges)

* Mixing tips are not included

014420 LIGHT BODY HF (regular set) # 014425 LIGHT BODY HF (fast set) # 014410 LIGHT BODY RF (regular set) # 014415 LIGHT BODY RF (fast set) # 014426 | LIGHT BODY XI # 015400 MONOPHASE

013400 HEAVY BODY (regular set) # 013405 HEAVY BODY (fast set) # 012400 INFLEX (regular set)

012405 INFLEX (fast set) # 016400 OUICK BITE

AFFINITY 2-packs 2-50ml cartridges, mixing tips, instructions, MSDS # 024420 LIGHT BODY HF (regular set) # 024425 LIGHT BODY HF (fast set) LIGHT BODY RF (regular set) # 024410 # 024415 LIGHT BODY RF (fast set) # 024426 LIGHT BODY XL # 025400 MONOPHASE HEAVY BODY (regular set) # 023400 # 023405 HEAVY BODY (fast set) # 022400 INFLEX (regular set) # 022405 INFLEX (fast set) # 026400 QUICK BITE # 021400 AFFINITY CRYSTAL

027200 PUTTY

(1-305ml jar catalyst, 1-305ml jar base, 2 scoops, instructions, MSDS)

AFFINITY 6-pack

#019916 AFFINITY CRYSTAL

AFFINITY 12-pack # 010912 AFFINITY CRYSTAL

AFFINITY MegaMix Cartridges

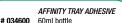
1-390ml cartridge, instructions, MSDS

013380 HEAVY BODY (regular set) # 013385 HEAVY BODY (fast set)

012380 INFLEX (regular set) # 012385 INFLEX (fast set)

- · Provides outstanding adhesion between the impression material and the tray, eliminating the chance of separation during impression removal from the mouth.
- · One of the few adhesives currently available that chemically bonds to the impression material and plastic impression trays.
- Brush a thin, even layer of adhesive onto the tray, and allow to dry. AFFINITY Tray Adhesive can be pre-applied and left on the tray as it is chemically activated by AFFINITY VPS Impression Material.
- Use only AFFINITY Tray Adhesive with hydroactive AFFINITY VPS impression materials (pages 5-7).







MIXING & INTRAORAL TIPS for CLINICIAN'S CHOICE

7.5 Mixing Tip

Ideal for AFFINITY Crystal as well as COUNTER-FIT Multi-Purpose Replication Silicone.

Mixing Tips with Integrated Needle

Indicated for impression material as well as core build-up material. Available in 25-packs of 4.2 tips (yellow) or 3.2 tips (blue).



6.5 Mixing Tip "T-mixer"

Indicated for all AFFINITY viscosities, but ideal for tray materials and MULTI-PREP Tray Material. Also indicated for TEMPLATE Ultra Quick Matrix Material.

MegaMix Tips

Indicated for use with AFFINITY Heavy Body and InFlex, as well as COUNTER-FIT MegaMix cartridges. Available in a 10-pack and 50-pack.





5.4 Mixing Tip

Indicated for all AFFINITY viscosities, but ideal for Monophase.



4.2 Mixing Tip

Indicated for all AFFINITY wash materials and MUITI-PRFP Wash Material

Intraoral Tips

Pre-curved tips for intraoral placement of any AFFINITY viscosity directly from the cartridge.



Mixing Tip (yellow)

| 1 | 10-pack | # 033138 | MegaMix Mixing Tips | 1 |
|---|-----------|--|--|---|
| | 25-packs | # 032254 # 032253 | 4.2 Mixing Tips with Integrated Needle 3.2 Mixing Tips with Integrated Needle | |
| | 50-packs | # 033524 # 033526 # 033523 # 033504 # 033538 # 032510 # 032520 | 7.5 Mixing Tips 6.5 Mixing Tips 5.4 Mixing Tips 4.2 Mixing Tips 4.2 Mixing Tips MegaMix Mixing Tips White Intraoral Tips Yellow Intraoral Tips | |
| | 100-packs | # 033124 # 033126 # 033123 # 033104 # 032110 # 032120 | 7.5 Mixing Tips 6.5 Mixing Tips 5.4 Mixing Tips 4.2 Mixing Tips Large (white) Intraoral Tips Small (vellow) Intraoral Tips | |

2:40 minutes of working ime – enough time to fu

*Mixing tips not included

Most VPS impression materials available to clinicians today provide working times anywhere between 1:30 to 2:00 minutes. While suitable for single unit crowns, implants and standard 3-unit bridges, when working with multiple preparations, a shorter setting light body may begin to set, even before all preparations have been adequately syringed. Adding to the risk, testing has shown that some VPS materials set up to 25% faster in intraoral

MULTI-PREP® from CLINICIAN'S CHOICE® provides a generous 2:40 minutes of working time so 6, 8 or even 12-units can be fully and properly syringed with far less risk of premature setting. Its advanced chemistry is heat-activated and once the tray is inserted, MUITI-PREP cures in just 4:30 minutes.

MULTI-PREP's grafted surfactant, uniformly distributed throughout the material, provides superior hydroactive performance. You'll capture marginal detail more consistently with MULTI-PREP, even with subgingival preparations. The MULTI-PREP wash material flows beautifully under the hydraulics of the tray material to capture the finest of detail. You'll also notice more wash material remaining on each preparation, that's because the MULTI-PREP tray material has a slightly lower fluid viscosity. The result? The most consistently accurate impressions for larger cases.

*ADA Professional Product Review: Elastomeric Impression Material, V2. Issue:3

syringe up to 12-units

MULTI-PREP Introductory Kit - Based on your preferred technique, choose from: -50ml cartridges MULTI-PREP Tray Material and 1-50ml cartridge MULTI-PREP Wash Material

630942 4-50ml cartridges MULTI-PREP Tray Material and 2-50ml cartridges MULTI-PREP Wash Material, Instructions, MSDS. *Mixing tips not included

MULTI-PREP 6-Pack (Tray Material) # 631506

6-50ml cartridges of Tray Material, Instructions, MSDS. *Mixing tips not included # 632506 MULTI-PREP 6-Pack (Wash Material)

631200 MULTI-PREP 2-Pack (Tray Material)

2-50ml cartridges of Tray Material, Mixing Tips, Instructions, MSDS.

6-50ml cartridges of Wash Material, Instructions, MSDS.

MULTI-PREP 2-Pack (Wash Material) # 632200

2-50ml cartridges of Wash Material, Mixing Tips, Instructions, MSDS.

630912 MULTI-PREP 12-Pack

Any combination of 12-50ml cartridges of MULTI-PREP Wash and Tray Material, Instructions MSDS *Mixing tips not included

630918 MULTI-PREP 18-Pack

Any combination of 18-50ml cartridges of MULTI-PREP Wash and Tray Material, Instructions, MSDS. *Mixing tips not included

MULTI-PREP 36-Pack

Any combination of 36-50ml cartridges of MULTI-PREP Wash and Tray Material, Instructions, MSDS. *Mixing tips not included

CLINICAL TECHNIQUE



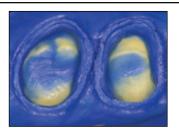
1. Multi-Prep Wash Material is syringed around multiple preparations.



2. Multi-Prep Tray Material is injected into a stock tray. Tray adhesive has been pre-applied to the tray.



3. Impression material and tray is inserted into the patient's mouth and stabilized without pressure.



4. Note excellent detail, accuracy, and visual readability of margins in Multi-Prep.



REALITY Four Star Award

viegaMix

LAUNTE

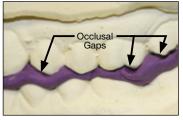
MULTI-PURPOSE REPLICATION SILICONE

When you choose COUNTER-FIT™ Replication Silicone over alginate, your impressions will exhibit greater accuracy, without drags. Because of the material's superior dimensional stability, COUNTER-FIT impressions can be disinfected, stored, and poured multiple times, unlike alginate impressions. Its auto-mix formulation also means you'll reduce procedure time by eliminating messy and subjective mixing of powders, and clean up. And while COUNTER-FIT flows better than alginate, capturing greater detail, patients will appreciate its thixotropic consistency which won't induce gagging.

Offering all the benefits of a VPS material (at a fraction of the cost), and without the shortfalls of alginate, use COUNTER-FIT wherever you currently use alginate for more accurate, detailed, and stable impressions.

ALGINATE DERIVED MODELS

Poor fit





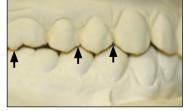
Open bite

Ideal bite registration fit



COUNTER-FIT DERIVED MODELS COUNTER-FIT DERIVED MODELS

Closed bite



- **Use COUNTER-FIT** to fabricate:
- Orthodontic retainers Bruxism appliances
- Bleaching trays
- Athletic mouthguards



275200 COUNTER-FIT 2-pack 2-50ml cartridges COUNTER-FIT, 6-7.5 Mixing Tips, Instructions, MSDS

275512 COUNTER-FIT 12-pack
12-50ml cartridges COUNTER-FIT, Instructions, MSDS * Mixing tips not included

275536 COUNTER-FIT 36-pack

36-50ml cartridges COUNTER-FIT, Instructions, MSDS * Mixing tips not included

275380 COUNTER-FIT MegaMix Cartridge

-380ml cartridge COUNTER-FIT, Instructions, MSDS

Mixing tips not included

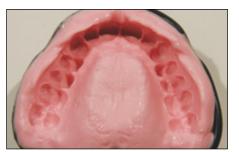
CLINICAL TECHNIQUE



1. Counter-Fit loaded directly into stock tray.



2. Counter-Fit impression of upper arch with a setting time of 2:30 minutes.



3. Superb replication of detail in the Counter-Fit impression which can be poured up whenever convenient.







The QUAD-TRAY® Xtreme™ is dentistry's best-selling metal dual-arch, disposable impression tray. Thanks to many clinically significant features, it has been improving impression accuracy for dentists worldwide for decades.

The Problem with Plastic Trays

If your impression is poor, your crown or bridge will fit poorly too. Most plastic trays are inadequately designed, incorporating features that make impression distortion common. For instance, due to their elastic nature, plastic dual-arch trays flex easily. What's more, when a patient closes into the impression material, the plastic tray deforms and, upon removal of the impression, the tray's elastic memory works against the impression material, again, often resulting in a distorted impression.

The QUAD-TRAY Xtreme is made from rigid aluminum so it will not distort when placed intraorally or upon removal. Considering the costs and time involved with taking an impression, seating it, then repeating the process because of a poor fit (add in additional lab fees, too), it makes sense to use the only tray designed and proven to consistently prevent distortion, and create predictably accurate, dual-arch impressions - the QUAD-TRAY Xtreme.

QUAD-TRAY Xtreme ADVANTAGES

Inflexible

The tray's rigid aluminum construction is memory-free and dead soft. It simply will not flex or rebound.

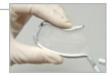
Wide arch

The wide arch design prevents burn through of the teeth, a common problem with most plastic trays.



Customizable

Adjust the tray's arch width to suit virtually any patient's arch size.



Low sidewalls

This design feature prevents palatal impingement and axial roll of the tray wall, common causes of distortion.



Thin distal bar

To prevent distortion due to impingement in the retro molar pad area, the distal bar is thin and tapered.



Short lingual wall

Without limiting the number of teeth you can impress (up to four), the QUAD-TRAY Xtreme features a short lingual wall to prevent impingement on the lingual of the patient's anterior teeth, particularly in smaller mouths.



Retention bars

Two upper and two lower retention bars along the inside of the buccal and lingual tray walls help lock the impression material to the tray, preventing material dislodgement.



Attached mesh

With no loss of rigidity, the QUAD-TRAY Xtreme is the only metal tray with attached mesh. This design detail prevents impression material from dripping and ensures it flows around the distal wall, forming a secure lock between the material and the tray.



Extended mesh

The mesh extends slightly toward the handle to ensure the accurate capture of up to four teeth.



| | QUAD-TRAY XTREME |
|--------|------------------|
| 047500 | 50-pack |

047100 100-pack # 047250 250-pack

> OLIAD-TRAY TRIAL KIT 20 QUAD-TRAY XL. 20 QUAD-TRAY Xtreme 10 ANTERIOR QUAD-TRAY X2



040152



047500



RADER STRAIN ON G

Introducing the QUAD-TRAY® XL (Xtra Long) impression tray, designed to provide the same distortion-free benefits of the QUAD-TRAY Xtreme yet in a full quadrant design. Now you can provide your laboratory with more case information, allowing for even more precision when creating crowns, small bridges, inlays, and onlays.

The arch of the QUAD-TRAY XL extends to the dental midline and features a perforated, tapered buccal/facial wall that will encompass the full length of anterior teeth. It also has a slotted lingual wall that is designed to help lock the impression material to the tray, yet won't impinge on the palate. The QUAD-TRAY XL is constructed of ultra rigid aluminum that prevents distortion, a thin distal bar to prevent retromolar pad impingement and a wide, customizable arch to provide an ideal fit for virtually any arch. Its extended length provides more lateral

• Superb tray rigidity
No distortion upon tray removal

rigidity and reducing impression flex.

support for the impression material, increasing

- Adjustable arch
 Customize to suit virtually any arch size
- Wide arch design
 Prevents tooth burn through
- Perforated tray walls
 Encompasses full height of teeth, locks impression material to tray



041400

FOR FULL QUADRANT IMPRESSIONS





041400 QUAD-TRAY XL 40-pack

0152 *QUAD-TRAY TRIAL KIT* 20 QUAD-TRAY XL,

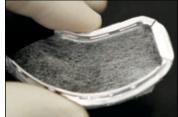
20 QUAD-TRAY Xtreme, 10 ANTERIOR QUAD-TRAY X2



Slotted lingual wall helps lock the impression material to the tray, but doesn't impinge on the palate



Perforated, tapered buccal/facial wall encompasses the full length of anterior teeth



Adjustable arch allows the tray to be customized to suit the unique arch size

100% recyclable • economically priced • award-winning • endorsed by leading clinicians

BUADATRAY

LONG

New full quadrant design, same inflexible construction. Captures multiple preparations and greater occlusal detail.

INFLEXIBILTY runs in the family.

We're inflexible on this point: You shouldn't be adjusting occlusion. It breaks the integrity of the crown and erodes your profitability.

Choose any QUAD-TRAY from our family of three, and you'll discover that a distortion-free, rigid aluminum tray delivers accuracy so extreme that your final prosthesis will fit as you and your lab intended it to, most often without occlusal adjustment.

Try it to believe it.

Award-winning, inflexible posterior tray. No impingement, anywhere. No distortion, ever.

Five Star Award

REALITY'S
CHOICES



Inflexible anterior tray, for accuracy where it matters most esthetically.

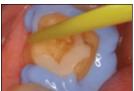
CLINICAL TECHNIQUE

Consistently Accurate Impressions

QUAD-TRAY



Try-in tray, adjust size if necessary. Prepare the tooth, achieve hemostasis, and tissue retraction, and clean preparation.



Affinity Light Body HF is applied in a 360° motion twice. Be sure to keep impression tip submerged to avoid air entrapment.



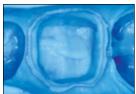
Use ample amount of Light Body HF. In order to ensure ideal coverage, be sure to allow the material to lead the way while syringing.



Simultaneously, the Quad-Tray Xtreme (Quad-Tray XL can also be used) is loaded with Affinity InFlex Maximum Support Tray Material. Enough material is used to encompass the tray walls on the buccal and lingual.



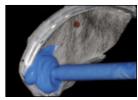
The tray is seated and the patient is instructed to fully, but passively, close. A passive closed position is held for 3 minutes from tray insertion.



Dentistry and photography courtesy of Dr. Robert Margeas

The opposing arch is removed first by holding the tray against the prep side while the patient slowly opens. Then, in a rocking motion to prevent tearing of the impression material, remove the preparation side. The margins are easily recognized – an extremely accurate prosthesis will be the final result.

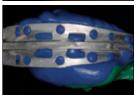




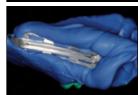
InFlex is loaded onto both sides of the Quad-Tray XL tray.



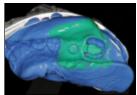
After syringing Affinity Light Body RF (Regular Flow) around the inlay preparation and implant site, the Quad-Tray XL encompasses the full quadrant.



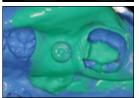
Perforated buccal wall locks impression material to the tray.



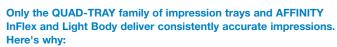
InFlex flows through the Quad-Tray XL's slotted lingual and buccal walls to lock the impression material and tray together.



Notice how InFlex has displaced the Light Body without over-displacing it from the prep sites.



Precise detail is achieved every time.



- Total rigidity with absolutely no tray or material distortion every time
- A seamless, ridgeless interface between wash and tray materials every time
- Preparation site captured in light body, not tray material every time
- A flawless fit for the final prosthesis every time





With all dual arch impressions, eliminating distortion is absolutely crucial as tray deflection of any sort will result in a seating challenge or failure. The market leading aluminum Quad-Tray Xtreme is well proven, with over 10 million impressions, to dramatically reduce the incidence of posterior impression distortion. Now, the same clinical benefits are available for anterior impressions with the NEW Anterior Quad-Tray® X2 impression tray.

When taking an impression of anterior teeth and utilizing a dual arch impression tray, stability is important. Beyond stability, the impression tray should provide adequate space to impress as far back as the second premolar to insure enough occlusal information is recorded. This allows the dental laboratory to properly articulate their stone models and deliver accurate restorations. Further, wall height of the impression tray must be adequate to encapsulate the full height of anterior dentition. Removal of the cured impression offers the opportunity for separation between the cured impression material and the tray walls. When this occurs, it is virtually impossible for the laboratory to pour an accurate model. Many anterior trays available today have insufficient handles, often too small, which makes delivery from the assistant to the dentist, to the patient, cumbersome and often messy.

042502 ANTERIOR QUAD-TRAY X2 50-pack

040152

QUAD-TRAY TRIAL KIT 20 Quad-Tray XL, 20 Quad-Tray Xtreme 10 Anterior Quad-Tray X2



At CLINICIAN'S CHOICE, we took all of these common clinical challenges into consideration when designing the new Anterior Quad-Tray X2. The Anterior Quad-Tray X2 features an ultra rigid, aluminum construction that will never flex, as well as high, perforated side walls to capture anterior teeth effectively while retaining the impression material. You'll love the wide, key-shaped handle designed to allow passing the tray between the assistant and dentist easy and effortless. Upon the removal, the handle allows you to gain a strong grip on the tray to minimize torque and possible impression material tearing.

Experience the many benefits of the new Anterior Quad-Tray X2. If you don't notice improved anterior impression results, return them within 30 days for a full refund.

CLINICAL TECHNIQUE



1. This case involves preparations for four anterior all ceramic crowns.



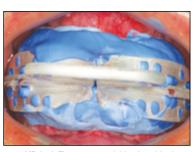
2. Gingival retraction and hemostasis is achieved utilizing Ultradent's tissue management system. A two cord technique is shown using Ultrapack #00 as the first cord at the bottom of the sulcus, and Ultrapak #1 as the top cord around the preparation margin.



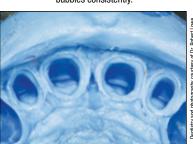
3. After careful removal of the #1 cord, Affinity Light Body High Flow hydroactive impression material is placed. Particular attention must be placed on avoiding air entrapment. Keeping the impression tip submerged and allowing the light body to lead the way prevents air bubbles consistently.



4. Poor impressions often result when too little light body is placed on the dentition. Often the tray material over-displaces the light body resulting in the impression being taken with mostly tray material, which has less accuracy than light body. Affinity Light Body flows beautifully without slumping.



5. Affinity InFlex tray material is placed in the new Anterior Quad-Tray X2 and inserted into the patient's mouth. InFlex becomes very rigid and supporting of the dual arch tray. The new Anterior Quad-Tray X2 has high perforated side walls which retain the impression material nicely.



6. Notice the fine detail in the final impression. Specifically, all margins are clearly visible and easy to read. The preparations are also covered in Light Body rather than tray material. Affinity, combined with the Anterior Quad-Tray X2 will provide consistently accurate impressions for numerous anterior restorative cases.

HEATMAVE

Four Star Award

CUSTOMIZABLE IMPRESSION TRAYS

HEATWAVE® customizable trays provide the clinician the ability to easily self-customize the thermoplastic trays after immersing them in water for 60 seconds at 158°F/70°C. The tray can then be shaped by hand and moulded to a patient's particular arch size and contour. After adaption, the tray will resume its normal rigidity at room temperature or by running under cold water, allowing for a precise impression.

The ability to adapt the tray chair-side provides a significant advantage whether you are making everyday slight adjustments or need extensive contouring for difficult cases like mal-positioned teeth or tori. Best of all, you only need 4 tray sizes (upper and lower) to fit all cases. HEATWAVE mouldable trays also eliminate the patient discomfort caused when stock trays get caught up on bony anatomical variances.

Because HEATWAVE trays provide a better, more anatomical fit, impression space is limited which means you'll also use less impression material, similar to a custom tray technique. Moreover, this precise fit creates optimal dynamic pressure around the arch during insertion which greatly reduces the risk of impression distortion. Having trays that are customizable means you can reduce inventory costs, and they are disposable so there's no clean-up or sterilization required. Salmon-coloured trays are designed for the upper arch; yellow trays for lower arch.

CLINICAL TECHNIQUE



1. Using the calipers provided, measure the patient's arch width by placing the caliper tabs on the lingual of the 1st molar and 2nd bicuspid.



2. Place the calipers on the size chart to determine appropriate tray size.



3. Select the relevant tray and immerse selected tray in a water bath of 158°F/70°C for 1 minute.



4. Once heated, the tray can be adapted by hand.



5. Keep desired form stable for 5 seconds. Check fit in the mouth and repeat the moulding procedure if needed. If fit is achieved, run the tray under cold water for 5 seconds to set form.



6. The resulting final impression.





Also available in a quadrant tray!





HeatWave Quadrant Pack # 188710

| # 188932 | HeatWave Intro Kit |
|----------|---|
| | 32 trays (4 each size, upper & lower) measuring caliper & size chart |
| | HeatWave Refill (10 trays/box) |
| # 188142 | Size 42 Upper Tray |
| # 188143 | Size 43 Upper Tray |
| # 188144 | Size 44 Upper Tray |
| # 188145 | Size 45 Upper Tray |
| # 188151 | Size 51 Lower Tray |
| # 188152 | Size 52 Lower Tray |
| # 188153 | Size 53 Lower Tray |
| # 188154 | Size 54 Lower Tray |
| # 188710 | HeatWave Quadrant Pack 10-pack (5 right trays, 5 left trays) |

PROVISIONALS



The Customizable, Distortion-Free, Disposable, Metal Temporary Tray

While it may seem like an insignificant tool, the tray you choose can be the deciding factor in whether the procedure you're about to undertake is a success or failure – and temporary procedures are no exception.

When fabricating a matrix for a temporary, you need a tray that is customizable, can be used anywhere in the mouth, won't distort, and is cost-effective. TEMPTRAY™, from CLINICIAN'S CHOICE®, offers all this and more.

There are several unique benefits that 'single out' TEMPTRAY:

- A single tray with extreme versatility. Designed for 1-3 teeth, the tray can
 be used in any position, anterior or posterior, and on either the upper or
 lower arch. The sidewalls of the tray are high, to encompass virtually any
 crown length.
- Designed for sectional arch impressions which means it's not prone to the distortion commonly associated with insertion and removal of a plastic dual-arch tray. TEMPTRAY also features a quick grip lip for easy removal.
- No retakes. You'll get a perfect matrix in a single take. Why? Because TEMPTRAY is customizable, rigid, and versatile. Simply widen or narrow the sidewalls to suit your patient's particular arch dimension and/or mal-aligned teeth. When used with TEMPLATE® Ultra Quick Matrix Material, your matrix will be perfect the first time because your tray was ideally suited to your patient and your technique.
- Designed and priced for single use. TEMPTRAY is perforated to stabilize
 and retain the matrix material. Make the matrix in the tray, fabricate and
 seat the temporary, then dispose of the tray (TEMPTRAYs are recyclable).

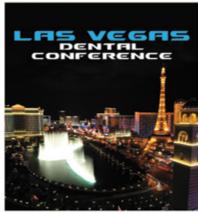
Combine TEMPTRAY with TEMPLATE for the most efficient method of making a matrix for temporary crown and bridge fabrication.

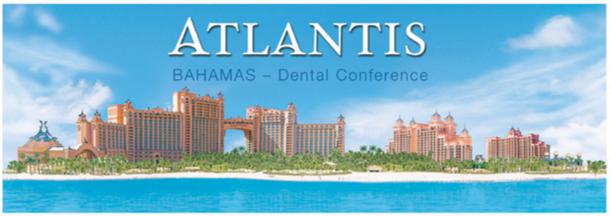
| | # 046050 | TEMPTRAY (50-Pack) |
|---|----------|---------------------|
| | # 046100 | TEMPTRAY (100-Pack) |
| C | # 046102 | TEMPTRAY (250-Pack) |



CE Destination Conferences









ULTRA QUICK MATRIX MATERIAL

Take a Template Before You Temporize

Many dentists use alginate, putty, bite registration material or a vacuum form material to create a matrix for temporary fabrication. Time and accuracy, however, are sacrificed when these techniques are used: they either take too long, or they lack the detail to prevent flash formation during the temporary procedure.

The best solution for your next temporary matrix is TEMPLATE® Ultra Quick Matrix Material, a silicone matrix material that provides far superior detail and accuracy. Best of all, it sets in 30 seconds - no vacuum, no hand-mixing, and no flash! TEMPLATE will flow into the embrasure areas and into the finest morphology, yet when cured, it will release easily and maintain its stable form indefinitely.



Take a TEMPLATE of the lingual!

Most dentists repair Class III and IV defects only to find themselves struggling with finishing the lingual aspect of the restoration - and during the struggle the clock keeps ticking! Now, when you use TEMPLATE and the Lingual Matrix Technique, you can pre-shape and refine the lingual surface while you're restoring the tooth, leaving only the polishing step to complete the restoration.

CLINICAL TECHNIQUE

Temporary Crown Technique



1. TempTray is loaded with Template.



2. TempTray and Template are seated intraorally (30 seconds).



3. An accurate and detailed matrix is created. Notice the sharp interproximal detail.

continued on page 16

CLINICAL TECHNIQUE

TEMPLATE Lingual Matrix Technique



1. Apply a thick layer of Template on the lingual 2. New Class IV preparation with long bevel. aspect of the centrals and laterals. Be sure Template flows over the incisal edge.





3. Replace Template matrix and hold in position.



4. Renamel Universal Microhybrid, Occlusal White (Cosmedent) is packed against the Template matrix to form the lingual shelf.



5. Renamel is light-cured for 20 seconds.



6. Renamel Microfill (Cosmedent) is placed to complete the restoration, cured, then polished.





TEMPLATE 4-pack

| # 028904 | TEMPLATE (4-Pack) 4-50ml cartridges, 12 mixing tips, instructions, MSDS. |
|----------|---|
| # 018912 | TEMPLATE (12-Pack) 12-50ml cartridges, instructions, MSDS. |
| # 018936 | TEMPLATE (36-Pack) 36-50ml cartridges, instructions, MSDS. |

TEMPTATION & TEMPTATION THE EXEXIBLE TEMPORARY MATERIAL

Using acrylic temporary material is time-consuming and can produce significant heat during fabrication. Worst of all, they often shrink, making seating difficult. Bisacryl temporary materials work far better than acrylic by offering easy mixing, ideal VITA shades, and an efficient technique with no heat and zero shinkage. However, many bisacryl temporaries fracture when used for bridges.

Bisacryl-based temporary material, TEMPTATION® and TEMPTATION® NOW have a lower modulus of elasticity when compared to other temporary materials (fig 1). Where other materials fracture under normal occlusal forces, TEMPTATION flexes slightly under load and resists fracture, much like a flowable composite. The original formulation of TEMPTATION can be removed from the mouth in as little as 2:15 minutes and fully cures extra-orally in just minutes. Ideal for single crowns or 3-unit bridges, TEMPTATION NOW Fast Set Temporary Crown and Bridge Composite features a mouth removal time of just 45 seconds to 1 minute and a total cure time of 4:30 minutes.

TEMPTATION is available in 76g cartridges in VITA shades A1, A2, A3.5 and B1. TEMPTATION NOW is available in 76g cartridges and 8g handheld syringes in shades A1, A2, and A3.

TEMPTATION C&B Material MODULUS OF ELASTICITY 5000 4000 3000 2000 1000 MPa LIMATERIA R. INTEGRITY LI



Temporary Crown Technique

continued from page 15



4. Temptation is loaded into Template matrix and reseated in patient's mouth.



5. Temptation temporary crown prior to trimming.



6. Final temporary crown before cementation.



7. Glisten Provisional Resin Glaze *(pg. 18)* is applied to the temporary and light-cured for 30 seconds.

Dentistry and photography courtesy of Dr. Robert Margeas

CLINICAL TECHNIQUE

TEMPTATION Temporary Cantilever Bridge Technique



1. Preparation of the cuspid prior to extraction of the lateral for cantilever bridge.



2. The pre-operative alginate is loaded with Temptation. Immediately, Temptation is also injected into the freshly extracted socket. The pre-operative alginate loaded with Temptation is then placed in patient's mouth and allowed to remain for 2 minutes.



3. Polished Temptation cantilever.



4. Temptation cantilever is cemented with temporary cement.

Dentistry and photography courtesy of Dr. Robert Marge

TEMPTATION

TEMPTATION Cartridge

(76g cartridge, mixing tips, instructions, MSDS)

152101

152102 A2 # **152103** A3.

152104 B1

152000 TEMPTATION Dispensing Gun (10:1)

TEMPTATION 76g Cartridge Mixing Tips

153100 100-pack # 153500 50-pack

153500 50-pack # 153250 25-pack

TEMPTATION NOW

152451 A1 76g cartridge

152501 A1 8g handheld syringe

152452 A2 76g cartridge

152502 A2 8g handheld syringe

152453 A3 76g cartridge

152503 A3 8g handheld syringe

Includes mixing tips

10ml Mixing Tips

153825 25-pack

153810 100-pack

PROVISIONALS



Modern provisional composites are very effective at providing ideal form, function and tissue support; however, attempting to polish such materials is very time-consuming and often results in a less than ideal shine. At CLINICIAN'S CHOICE," we believe in making provisional restorations strong, esthetic, functional, and equally as important, efficient to fabricate.

GLISTEN™ Provisional Resin Glaze minimizes your polishing time while providing a beautiful glistening shine on your provisional veneers, crowns, bridges, inlays and onlays. GLISTEN can be applied and cured either extra-orally or intraorally due to its resin-based formula. GLISTEN can be applied in a very thin layer and once cured makes the provisional "glisten", just like a natural tooth. Compared to other temporary glazing materials, GLISTEN is thinner, can be cured intraorally and with any curing light, and it provides a superior shine.

> # 151207 GLISTEN 1-5ml bottle







2. The drop of Glisten is painted over the entire surface and air thinned.



3. Final shine after light-curing Dentistry and photography courtesy of Dr. Brad Carson and Dr. Len Boksman



1. Anterior four unit temporary bridge after trimming with burs and discs



2. A fine, thin coat of Glisten is applied eliminating the polishing step.



3. When fully cured the temporary is polished, shows less wear, smoother to the patient's tongue and easier to clean.



Premature dislodgement of temporary crowns and bridges disrupts the daily routine of many dental practices. Accommodating a patient for a retro fit, resetting an operatory...why do you put up with this clinical challenge?

CLING2® is a temporary cement you can get attached to! With a zinc oxide, non-eugenol formulation and optimized with a small amount of carboxylate resin, temporaries cemented with CLING2 simply won't come off until you need them to. And when it's time for removal, the temporary comes off easily, with minimal clean up of the preparation. CLING2's unique properties also make it bacteriostatic, reducing gingival plaque retention and inflammation in the sulcus – with CLING2 ideal tissue health is always the result. CLING2 will not breakdown and provides ideal adhesion and sealing properties, when the patient returns, you will not encounter smelly old cement or irritated tissue. CLING² actually soothes the tooth, helping to prevent sensitivity.

CLINICAL TECHNIQUE



1. Cling2's automix syringe makes dispensing easy.



2. After placement of Cling² and a short 90 second set time, excess material is effortlessly removed.



3. Provisional in place. Cling2's resin reinforced chemistry delivers incredible retention - temporaries are secure and will not dislodge prematurely.



4. At time of final cementation of the crown, four weeks post temporization, tissue is healthy and free from bacterial contamination, making cementation easier and more predictable.

Dentistry and photography courtesy of Dr. David Newkirk



CLING² 5ml Dual-Syringe
1-5ml syringe (base & catalyst), mixing tips, instructions, MSDS

CLING2 10ml Dual-Syringe

1-10ml syringe (base & catalyst), mixing tips, instructions, MSDS

Mixina Tips # 153825 25-pack #153810 100-pack



From the AFFINITY™ line of 3rd Generation impression material comes

AFFINITY Crystal, an advanced silicone matrix material designed for easy

fabrication of temporary veneers. Clear as crystal, it's the only clear matrix material to utilize branched resin chemistry, providing greater durability, a higher tear strength, and predictable results - every time. Add to this the ability to light-cure provisional veneer material right through the matrix, and it's easy to see why AFFINITY Crystal should be your clear choice when fabricating temporary veneers with a light-cured composite.

Easy to place, AFFINITY Crystal prevents the formation of interproximal flash by flowing into, and duplicating, the embrasure areas. Gingival flash is also avoided. Because it is completely transparent, you can place the filled matrix intraorally and inspect for voids and bubbles prior to curing. And unlike many other clear matrix materials, AFFINITY Crystal's clarity is maintained for the life of the

With a working time of 0:45 seconds and intraoral cure time that can be as short as 0:90 seconds (for a maximum procedure time of only 2:15 minutes), AFFINITY Crystal is far more efficient than traditional procedures using putty, alginate, and vacuum splints. You and your patients will appreciate the shorter chair time.

Functional, esthetic, and durable temporaries are just as important as the veneers themselves. For predictable results, say good-bye to less efficient, less accurate alginate and vacuum splint impressions. Choose AFFINITY Crystal.





021400 AFFINITY Crystal 2-pack 2-50ml cartridges, mixing tips, instructions, MSDS

AFFINITY Crystal 6-pack 6-50ml cartridges, mixing tips, instructions, MSDS

010912 AFFINITY Crystal 12-pack 12-50ml cartridges. instructions, MSDS

CLINICAL TECHNIQUE

Temporary Veneer Technique



1. Two mottled centrals with a diastema to be treated with porcelain veneers. Length of #11 to be increased with electro surgery.



2. Fill a clear, non-perforated tray with Affinity Crystal.



3. Place tray and Affinity Crystal on diagnostic stone model and leave to cure (1:30).



4. Affinity Crystal trimmed on labial 5mm past gingival margin and lingually 1mm past anticipated lingual cavo-surface margin.



5. Syringe a thixotropic flowable material directly into the facial aspect of the clear matrix. Start at the incisal edge, working toward the cervical.



6. Spot etch preps for retention. If there are 4 preps or less, spot etch each tooth for 20 seconds. Rinse and dry. Apply a Bond Resin across entire prep surface and light-cure for 10 seconds per tooth.



7. Gently place the matrix intraorally and adapt with both light incisal and labial pressure. Light-cure each preparation from the facial side of the matrix for 5 seconds per preparation. Remove the matrix.



8. Any excess flash can be removed with a bladed instrument. Light-cure again for 20 seconds/unit.



9. Temporary veneers shown with excess flash peeled off.

Dentistry and photography courtesy of Dr. Brad Carson

CLINICIAN'S CHOICE

- · Clear, non-perforated impression trays
- · Designed for use with AFFINITY Crystal to create a clear matrix for veneer temporaries
- Available in: Universal Anterior, Full Arch Upper, and Full Arch Lower
- · Available in 6- or 25-packs



Full Arch Upper (medium)

036601 25-pack

Full Arch Lower (medium) # 036602 # 036252 25-nack

Universal Anterior (upper/lower) # 036603

25-pack

036253



1-800-265-3444

MACRO-LOCK POST

ILLUSION" X-RORTD

Enhanced Micro AND Macro Retention

The MACRO-LOCK ILLUSION X-RO features a rough surface topography, similar to etched enamel, to provide outstanding micro retention of the luting cement and core material. The MACRO-LOCK ILLUSION X-RO also incorporates several macro retentive features which include: circumferential grooves in the post parallel section to retain the core, two flat sides in the head design to prevent post rotation under load, and spiral grooves in the apical third of the post for an improved cement lock.

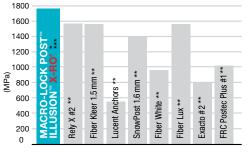
Unsurpassed Strength

MACRO-LOCK ILLUSION X-RO's flexural strength is at least 1800 MPa, making it the strongest fiber post composition on the market today (fig 1). MACRO-LOCK ILLUSION X-RO's incredible flexural strength coupled with an elastic modulus close to dentin (18 GPa) ensures the post will flex slightly under load to prevent post fracture and, more importantly, reduce stress on the root - helping to

Color-On-Command Illusion Technology

The 4 sizes of MACRO-LOCK ILLUSION X-RO posts are colour-coded for easy post/drill identification. Equally as important, the post colour disappears after cementation; the post actually becomes translucent, providing ideal esthetics. In addition, this translucency guarantees optimum light transmission deep into the canal to ensure complete polymerization of the cement. Should the post ever need to be removed, simply access the end of the post and spray cold water on it - the colour instantly reappears. This colour illusion technology provides you the exact size of the post to be removed, as well as the exact post location, so you can drill it out without removing any excess tooth structure.

Flexural Strength



591920 Macro-Lock Illusion Post X-RO Intro Kit (20/5) 20 - Macro-Lock Illusion X-RO Posts (5 each #1, #2, #3, #4) 6 Drills (2 universal, 1 each of #1, #2, #3, #4) Accessories # 591432 Macro-Lock Illusion Post X-RO Trial Kit 3 posts (#2), 1 Finishing Drill (#2), 1 Universal Drill Macro-Lock Illusion X-RO 10-Pack Refills # 591411 Macro-Lock Illusion X-RO 10pk #1 Post # 591412 Macro-Lock Illusion X-RO 10pk #2 Post # 591413 Macro-Lock Illusion X-RO 10pk #3 Post # 591414 Macro-Lock Illusion X-RO 10pk #4 Post Finishing Drill #1 # 590222 Finishing Drill #2 # 590223 Finishina Drill #3 Finishing Drill #4 # 590203 Universal Starter Drill #2 Universal Drill



Circumferential grooves for core retention.

Color Illusion MACRO-LOCK ILLUSION POST X-RO color-coded at room temperature 72°F

> - for ease of use and identification

MACRO-LOCK ILLUSION X-RO turns transparent during

> Spiral serrations for a mechanical lock with the cement.

cementation 98°F

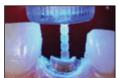
CLINICAL TECHNIQUE



1. Gutta percha is removed and the canal is prepared with X-RO showing the Illusion a size appropriate colour co-ordinated drill.



2. Try-in of the Macro-Lock colour which disappears at body temperature.



3. The post is inserted into the dual-cured resin cement after bonding with a compatible bonding agent and light-cured.



4. The post is now ready for the core build-up with the same material used for the cementation process.



5. As post reaches intraoral temperature, the Macro-Lock Illusion X-RO post colour becomes translucent.



6. Facial view. The colour of the Macro-Lock Illusion X-RO post has disappeared to ensure esthetics are not compromised.

FIBERCONE

Indications For Use:

- Extremely flared canals where large amounts of cement/core material would otherwise be needed (Fibercone is placed beside the master post)
- · Ovoid shaped canals and Figure 8 shape canals
- In cases where there is minimal tooth structure and extra canals have been obturated. Using FiberCones in the small auxiliary canals increases retention of the core and prevents rotation.

591200 FiberCone 20-pack



Anatomical Oval Fiber Post

The ELLIPSON is a fiber post of ovoid shape, specifically designed to address the clinical challenges that ovoid canals present. Used in synchronicity with a piezo-electric ultrasonic tip, the ELLIPSON post is translucent for good light transmission, and features a low modulus of elasticity (similar to dentin), and a high flexural strength of 1600 MPa. The 70 micron diamond-coated ELLIPSON oval ultrasonic preparation tip has easy-to-read depth markings and can be used to simultaneously remove gutta percha, clean, and shape the canal to receive the ovoid post.





Does Your Core Material Stack Up?

Scanning the market, you may think you have a lot of choices. But did you know that not all core materials perform equally in every clinical situation? Some core materials claim to be dual-cure, but they actually lose significant strength if they are not light-cured. So in restorations where the curing light depth of penetration is limited, strength may be compromised. We believe that's a risk you can't afford.

Always Strong.

ZIRCULES* is different from other core materials. The ZIRCULES chemistry maintains high strength regardless of whether it's used in a dual-cure or self-cure technique. Some core materials lose significant strength if they are not light-cured – so in situations where curing light penetration is limited, you can be confident that the cores you build with ZIRCULES will remain strong, regardless of the clinical situation. (See charts below.)

It Flows. It Stacks.

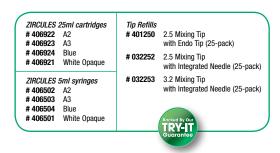
ZIRCULES' ideal flow consistency is excellent for any core build-up, simple or complex. When you're cementing a post and then building the core, ZIRCULES flows easily into the post space, yet it is stackable so that you can build a sufficient amount of core material without the material slumping.

A Cut Above.

Zirconium nano-filler gives ZIRCULES significant benefits over other core materials, including higher radiopacity and improved hardness. Once polymerized, ZIRCULES cuts beautifully, just like dentin. The resulting transition from core material to natural tooth is smooth and free from gouging. You'll even find that with ZIRCULES, refining the margins is easier, faster, more precise and more accurate.

Ready For Anything.

ZIRCULES is available in two esthetic shades (A2, A3), as well as White Opaque and Blue. The benefit of the contrast shades (White Opaque, or Blue) is that it is easily identified at the junction between the tooth and the core material as the margin preparation is always required on tooth structure.





Post preparation to receive a Macro-Lock Illusion XRO #1 post. Try-in.



MIRCULES

Post cemented with
Zircules and core build-up
performed with direct
application of Zircules using
auto-mixing tip. Note that
the material stays in
place after delivery
without slumping.

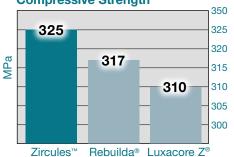


POST & CORE

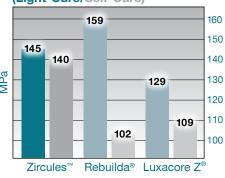
Final preparation for a PFM crown with proper ferule effect.
Note the smoothness of preparation with perfect blending between dentin and Zircules.
Also, no ditching is present on preparation due to the the mechanical properties of Zircules which cuts "just like dentin".

Dentistry and photography courtesy of Dr. Gildo Santos

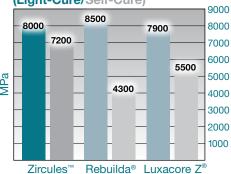
Compressive Strength



Flexural Strength (Light-Cure/Self-Cure)



Modulus of Elasticity (Light-Cure/Self-Cure)



Only ZIRCULES maintains high strength when light-cured or self-cured In-house data

Rebuilda is a registered trademark of Voco. Luxacore Z is a registered trademark of DMG-America.

BONDING



A multi-purpose desensitizer, G5 will:

- ncrease the bond strength of some
- Eliminate post-operative sensitivity in posterior composite restorations
- Eradicate sensitivity under temporary crowns & bridges Desensitize roots





All Desensitizers Are Not Created Equal

Post-operative sensitivity with posterior composite restorations is an ever-present clinical problem. G5™ is an all-purpose desensitizer and re-wetting agent that effectively eliminates post-operative sensitivity, with clinically predictable results.

A glutaraldehyde-based desensitizer, G5 also contains water and HEMA. With its glutaraldehyde component, G5 acts by coagulating plasma proteins within the dentinal tubules and thus, can intrinsically block dentinal tubules with coagulation plugs seen to a depth of 200 microns¹. Glutaraldehyde has been shown to provide a significant decrease in sensitivity² on hypersensitive teeth, while statistical analysis shows no difference in bond strength between treated surfaces and controls3. G5 has little or no effect on the retention of crowns luted with zinc phosphate, glass ionomer, or resin modified glass ionomer cements⁴ and is one of only a very few desensitizers that does not adversely affect the bond strengths of resin cement to dentin5.

G5 is also an excellent desensitizer for use under dental amalgams. In addition, glutaraldehyde with HEMA shows profound in-vivo antibacterial effect that seems to prevent bacterial growth in tooth/ restoration interfaces⁶ and can produce gap free margins7. G5 is the answer to your clinical challenges for virtually all causes of sensitivity.



G5's glutaraldehyde-based formulation has been proven to help obturate dentin tubules by coagulating plasma proteins.

For Direct Bonded Restorations

For use with one bottle or multi-bottle (4th or 5th generation) adhesive systems that employ wet bonding with the traditional all-etch approach, G5 should be applied as a re-wetting agent after acid etching and before priming. Etch the preparation with phosphoric acid, rinse thoroughly, lightly dry with air or blot with a cotton pellet to remove the water without desiccation, and apply G5 uniformly to the dentin with a MULTI-BRUSH until a glistening surface appearance is achieved. Do not dry G5. Finally, apply your adhesive system as per manufacturer's instructions.

Desensitizing Crown & Bridge Restorations

For desensitization of crowns, scrub G5 into the preparation for 30 seconds to penetrate the smear layer, dry the preparation (or keep tooth wet with G5, depending on the requirements of the cement being used) and cement normally. Rinsing of the tooth after application is optional.

G5 is not recommended for use with self-etch cements.

226110 G5 10ml bottle # 226105 G5 5ml bottle



- Shupach P, Lutz F, Finger WJ. Closing of dentinal tubules by Gluma desensitizer. Eur J Oral Sci. 1997 Oct;105(5 Pt 1):414-21
- Dondi dall'Orologio G, Maferrari S. Dese teeth. Am J Dent 1993 Dec;6(6):283-6
- Reinhardt JW, Stephens NH, Fortin D. Effect of Gluma bond strength. Am J Dent 1995 Aug;8(4):170-2
- EJ Swift Jr. AH Loyd, DA Felton The effect of resir retention. JADA Vol 128, Issue 2, 195-200
- Cobb DS, Reinhardt JW, Vargas MA Effect of HEMA-containi strength of a resin cement. Am J Dent. 1997 Apr;10(2):62-5
- Felton D, Bergenholtz G, Cox CF. Inhibition of bacterial growth under composite restorations following GLUMA pretreatment. J Dent Res 1989 Mar;68(3):491-5
- 7. Hansen EK. Asmussen E Comparative study of dentin adhesives. Scand J Dent Re-1985 Jun-93/3)-280-7



FROST[™] has a 37% concentration of phosphoric acid which represents the gold standard in achieving a consistent, micro-mechanically retentive enamel and dentin surface for virtually all bonding procedures. Many dentists continue to use 10% H3PO4 and risk reduced bond strength along the most important interface, the enamel margin. Unlike many etchants, FROST is polymer thickened which results in a smooth flowing etch that provides superior contact with the tooth, especially in deep occlusal grooves. In addition, FROST rinses quickly leaving a clean etched surface behind and no residual pigment or filler that may affect the adhesive integrity.

Apply FROST to both dentin and enamel for 15 seconds, then rinse, for a deep, micro-mechanically retentive surface.



345501 5ml syringe # 345301 30ml syringe



Maximum Performance

MPa[™] Maximum Performance Adhesive utilizes scientifically proven chemistry, developed to eliminate post-operative sensitivity using a simple technique, while providing unrivalled bond strength to both light and self-cure composite. MPa provides consistent results, long-term retention, and at a fraction of the cost of other adhesives.

Prevention of Post-Operative Sensitivity

Other adhesives require multiple adhesive coats and are very sensitive to dentin moisture prior to application. MPa is simple – just a single coat is all you need! Since its film thickness is slightly higher than other systems, you can evenly coat all adhesive walls with a single application. Systems that require multiple coats are more prone to insufficient dentin coverage, which leads to post-operative sensitivity. Where the air-drying stage of other adhesives is very sensitive, with MPa, we want you to be more aggressive with air thinning to help spread the adhesive to an even coat. Once you notice the resin stop moving, that is your indicator that you have air-dried the surface properly. With other systems, all you can do is hope that you haven't over-thinned the adhesive.

MPa simply coats the bonding surface better and more easily, dramatically reducing the risk of post-operative sensitivity.

Superior Bond Strength RESEARCH PROVEN

In a study conducted at the University of North Carolina, MPa outperformed all other adhesives in its class, and to both light and self-cure composites (fig 1). Most clinicians do not realize that many adhesives lose significant bond strength when a self-cure composite or core material is used. With MPa you will achieve high bond strength to either type of composite with a simple adjustment in technique for self-cure materials. By removing the MPa oxygen inhibited layer (with alcohol) after curing, and before composite placement, you will create extremely high bond strengths, which is especially important for core retention.

50

40

30

20

10

OptiBond Solo + is a trademark of Kerr Corporation. One-Step Plus is a registered trademark of SingleBond Plus is a trademark of 3M ESPE. Prime & Bond NT is a registered trademark of Den

Zero Post-Operative Sensitivity - The G5 Difference

To further prevent post-operative sensitivity from occurring, the MPa Kit includes G5™ All-Purpose Desensitizer, a glutaraldehydebased desensitizer with a formula proven to help obturate dentin tubules. G5 is especially effective in Class I and II restorations (see previous page).

266900 MPa Kit
1-5ml bottle MPa, 1-5ml syringe FROST,
1-5ml bottle G5 All-Purpose Desensitizer, tips,
mixing wells, applicator brushes

266505 5ml Refill Bottle



Pa outperformed all other adhesives in its class, and to onot realize that many adhesives lose significant bond sed. With MPa you will achieve high bond strength to use for self-cure materials. By removing the MPa oxygen posite placement, you will create extremely high bond FIG 1 Bond Strengths to Dentin Light-Cure Composite and Self-Cure Composite 41.1 38.9 35.7 33.2 41.1 38.9 35.7 33.2 41.1 38.9 35.7 33.2 41.1 38.9 35.7 33.2 41.1 38.9 35.7 33.2 41.1 38.9 35.7 33.2 41.1 38.9 35.7 38.9 35.7 38.9 35.7 38.9 35.7 38.9 35.7 38.9 35.7 38.9

Maximum erformance

CLINICAL TECHNIQUE Total-Etch Technique



1. Prepare tooth.



Etch 20 seconds using Frost 37% Phosphoric Acid Etchant.



3. Rinse thoroughly 5 seconds. Apply G5 All-Purpose Desensitizer (optional).



4. Apply MPa 10 seconds.



Air thin and evaporate MPa solvent 10 seconds.



6. Light-cure 10 seconds.





COARSE ANATOMY TRIMMERS

Create Some Contour With CONTOURS

These 90 micron aluminum oxide coarse anatomy trimmers are designed to create secondary anatomy on your microfill or hybrid composite restorations. After you've created the gross anatomy with carbide or diamond burs, use CONTOURS™ for refining the gross anatomy, removing striations, and creating secondary grooves, mamelons, and characterization in the restoration.

Conventional polishers are inefficient and prone to premature wear. CONTOURS are unique in that they trim composite quickly, without significant degradation. As well, CONTOURS are autoclavable and can be reused several times.

We've made these long-lasting coarse anatomy trimmers available in the same 6 shapes made popular by D•FINE™ Polishers for Hybrid Composites (see below), so there's a CONTOURS shape perfectly suited for every anterior or posterior restoration you undertake.









078912

CONTOURS 12-pack 12 trimmers – 2 of each shape

0782 + 2 digit code of of desired shape CONTOURS 20-pack 20 trimmers – single shape (specify shape)







D•FINE™ Diamond Polishers for Hybrid Composites offer you the best in polishing: a high gloss finish, a wide selection of polishers proven clinically to be long-lasting, extreme cost-effectiveness, and a technique so efficient you'll find time on your hands. Polishing hybrid composite could not get any better.

High Gloss

Great polishing is the first line of defense for negating premature restorative failure and preventing staining, marginal breakdown, and microleakage. D*FINE Diamond Polishers for Hybrid Composites contain 20 times more diamond particles than traditional polishing points, allowing you to achieve an ultra high gloss finish.

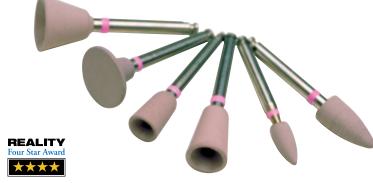
Long-Lasting

Unlike conventional silicone polishers, D•FINE Diamond Polishers are designed to withstand multiple sterilization cycles without compromising performance. You should expect to get a minimum of 20 uses from each polisher! Just follow the D•FINE technique to maximize performance.

With D*FINE's six shapes, you can polish all hybrid composite surfaces effectively and efficiently while maximizing intraoral access.

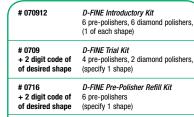
Time-Saving

It's no news to you that the growing demand of patients for enhanced esthetic results makes finding time to achieve the ultimate polish and shine increasingly difficult. If you're spending more than 60 seconds to obtain a high gloss finish, you're spending more than you need to!





Use a light wiping motion with the grey pre-polisher to create a smooth surface topography. You'll see a silky gleam in 15-30 seconds. Next, using the same wiping motion, create an ultra-high shine with the diamond polisher (pink ring on shank, shown).



0723 + 2 digit code of of desired shape

D-FINE Diamond Polisher Refill Kit 3 diamond polishers (specify 1 shape)



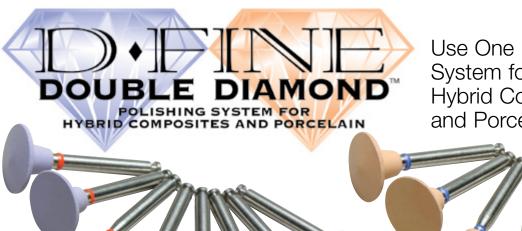
D•FINE Introductory Kit # 070912



D+FINE Trial Kit # 070906

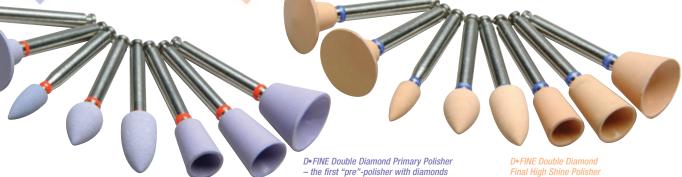






Use One Polishing System for Both Hybrid Composites and Porcelain





Gone are the days of stocking one polishing system for porcelain and a different one for hybrid composites. D◆FINE Double Diamond™ Polishers give you the freedom to effectively polish both surfaces with the same polisher. Really!

Dentistry's First Diamond Primary Polisher

Each Primary Polisher (purple) is embedded with diamond particles (average particle size 45 microns) to help you create a smooth surface topography on hybrid composites and porcelain and to get a great initial shine in one easy step.

High Shine At Double The Speed

After the initial polish comes the final high shine polish. With an abundant diamond concentration, D+FINE Double Diamond Final High Shine Polishers (orange) also have a small 5 micron diamond particle size giving you a better shine in less time.

Unmatched Flexibility

D*FINE Double Diamond polishers are designed to be flexible. When applied properly, the polishers will splay, closely hugging the surface topography and polishing (without the risk of ditching) the gingival margins.

Increased Cost-Efficiency

While many polishers wear out quickly after only a single use, D+FINE Double Diamond Polishers are autoclavable up to 275°F, and each polisher is designed to give you multiple polishes without compromising the performance. Using gentle pressure will extend the life of the polisher.

| # 130916 | DOUBLE DIAMOND Starter Kit 8 primary polishers, 8 final high shine polishers (1 of each shape) | DEFINE. |
|---|---|---------------|
| # 1309 + 2 digit code of of desired shape | DOUBLE DIAMOND Trial Kit 6 primary polishers, 6 final high shine polishers (specify 1 shape) | 12:1 INT |
| # 1315 + 2 digit code of of desired shape | DOUBLE DIAMOND Primary Polisher Refill Kit 12 primary polishers (specify 1 shape) | delet delet |
| # 1325 + 2 digit code of of desired shape | DOUBLE DIAMOND Final High Shine Polisher Refill Kit 12 final high shine polishers (specify 1 shape) | lefele tetele |





CLINICAL TECHNIQUE

D+FINE Double Diamond Porcelain Crown Technique



embedded for a clean initial polish.

1. Occlusal adjustment of restorations exposes a rough, irregular and untreated surface, leaving an area that can be irritating to a patient's tongue. It may also be the cause of unconscious para-function that can be harmful to the restoration or patient.



2. Using a light wiping motion, the D-Fine Double Diamond Primary Polisher (45 micron diamond particles) is used to create the initial polish.



3. The initial polish demonstrating a smoother contact surface.



4. Using light pressure with the D-Fine Double Diamond Final High Shine Polisher creates the final high-gloss finish. Water spray is recommended.



5. The D-Fine Double Diamond final high shine achieved in about a minute of chair time.





Define, Shape & Create Shine With a Single Polisher!

A perennial REALITY favorite since its introduction, the CLINICIAN'S CHOICE® D•FINE line of diamond polishers has been expanded to include D•FINE SHAPE & SHINE™ Single Step Diamond Polishers. These time-saving diamond impregnated polishers allow you to effortlessly shape, contour, and polish cured composite material, all in a single step!

D•FINE SHAPE & SHINE polishers feature 45 micron size diamond particles that can conservatively contour composite when additional pressure is applied. During polishing, these diamond particles continuously break down, getting smaller in just seconds. The breakdown of microns creates submicrons which result in a high luster, unrivalled finish on all hybrid and nanofilled composite materials. With SHAPE & SHINE, slight contouring and polishing adjustments can now be made easily!

D•FINE SHAPE & SHINE Single Step Diamond Polishers are durably designed, providing between 6 to 10 uses per polisher, and can be autoclaved at 270°F to 275°F.

Available in 6 shapes to facilitate all restorative requirements.

CLINICAL TECHNIQUE



1. Renamel Nano Light Cured Nanofill Composite (Cosmedent) veneer adapted and light-cured.



3. To mimic the adjacent central, the Shape & Shine #02 wheel is used to create a flat surface topography.



2. Initial labial lobe form shaping to contour with pointed #08 Shape & Shine.



4. Final high luster composite surface created using the Shape & Shine polishers.



| # 415906 | Trial Pack 12 polishers, 2 of each shape | |
|----------|---|--|
| # 4155 | Refill Pack | |



Trial Pack # 415906

Dentistry and photography courtesy of Dr. Robert Margeas





A Perfect Polish in 30 Seconds...Groovy!

GROOVY Diamond* Polishing Brushes from CLINICIAN'S CHOICE* are diamond impregnated bristle brushes that create an ultra-high shine by polishing the surface grooves and detailed anatomy that you spend valuable chair time creating. The GROOVY Diamond Polishing Brush technique is fast and efficient and won't leave behind that lifeless flat surface that often occurs with disc finishing systems.



GROOVY Outpolishes

GROOVY Diamond Polishing Brushes work faster than silicone rubber brushes and provide a higher shine. What's more, they will not lose their bristles like other polishing brushes. And with GROOVY, there's no need for multiple steps or messy polishing pastes.

GROOVY Outlasts

GROOVY brushes can be autoclaved and re-used dozens of times. You'll get more polishes per brush and a better result each time when you choose GROOVY Diamond Polishing Brushes over silicone rubber brushes or other conventional polishers.

GROOVY Outperforms

GROOVY Diamond Polishing Brushes work on all hybrids, porcelain, and bisacryl temporaries. They're truly universal!

GROOVY Mid-Size

A smaller version of the original cup, GROOVY Mid-Size permits access to interproximal areas, small restorations, and cervical restorations, all the while minimizing the risk of damage to surrounding soft tissue.

GROOVY Occlusal

Ideally suited for polishing occlusal and interproximal surfaces on Class III and IV restorations.

GROOVY Universal

Easily polishes facial and lingual surfaces.

GROOVY Wheel

Extremely versatile, the GROOVY Diamond Polishing Wheel is truly a universal polisher. The GROOVY Diamond Polishing Wheel is ideally suited for polishing the central fossa and occlusal surface of posterior restorations – adapting to every ridge and fossa, as well as the texture, rolling anatomy, and interproximal embrasures of direct veneers and Class IV restorations.





GROOVY Universal 6-pack # 650601



2. Light, intermittent pressure with Groovy Universal brush to create polish.

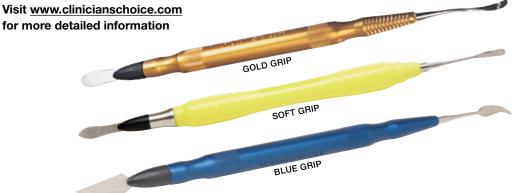


3. Final high lustre shine created by Groovy Polishing Brush.

| # 650623 | GROOVY Mix-Packs 6-pack (2 Universal, 2 Mid-Size, 2 Occlusal) |
|----------|--|
| # 650124 | Tri-Pack (4 Universal & 4 Occlusal, 4 Mid-Size) |
| # 650601 | GROOVY Universal (6-pack) |
| # 650602 | GROOVY Occlusal (6-pack) |
| # 650604 | GROOVY Mid-Size (6-pack) |
| # 650605 | GROOVY Wheel (6-pack) |

CLINICIAN'S CHOICE

ESTHETIC CONTOURING INSTRUMENTS



| # 063103 | CLINICIAN'S CHOICE Esthetic Contouring Instrument (Gold Grip) |
|----------|--|
| # 063104 | Replacement Tip |
| # 063105 | CLINICIAN'S CHOICE Esthetic Contouring Instrument (Soft Grip) |
| # 063104 | Replacement Tip |
| # 063106 | CLINICIAN'S CHOICE Esthetic Contouring Instrument (Blue Grip) |
| # 063107 | Replacement Tip |

PLEASE NOTE: Once instruments are opened, they cannot be returned.

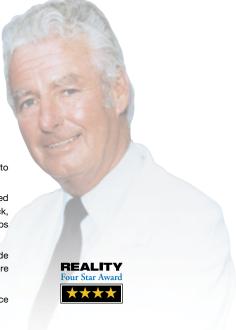
Conald Jordan COMPOSITE INSTRUMENT SERIES

Stainless steel instruments - even when new - typically contain micro-sized scratches that will cause composite material to stick to the instrument, making placement difficult and tedious.

Combining original concepts of Dr. Ronald Jordan (that dramatically changed direct restorative esthetics) with advanced material, the DR. RONALD JORDAN COMPOSITE INSTRUMENT SERIES provides enhanced handling, no material pull back, and perfect placement. Made of proprietary stainless steel and coated in non-porous Titanium Nitride, the instrument tips provide strength, flexibility, and a non-stick, smooth surface that allows for easy composite placement.

All eight of the DR. RONALD JORDAN COMPOSITE INSTRUMENT SERIES feature oversized, contoured handles made of non-slip Radel, so they'll perform predicatably with gloved hands, and will not discolor. The larger handle size is more comfortable, provides enhanced tactile control, and alleviates hand and muscle fatigue during longer procedures.

Used individually or as a set, the DR. RONALD JORDAN COMPOSITE INSTRUMENT SERIES will dramatically enhance your efficiency in posterior and anterior restorations.



REJ #01

ANTERIOR INSTRUMENTS:



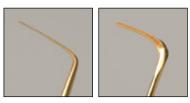
REJ #01

- "Hockey stick" and "beaver tail" shaped blades allow for placement of material in a more delicate
- Superior flexiblity makes this perfect for labial, lingual, and gingival sculpting



RFJ #02

- · Recommended for initial labial compaction and sculpting
- · Blades are slightly longer and wider than REJ#01



RFJ #03

- · Thin, flexible blade reaches under margins to hone and sculpt
- Ideal for working interproximally and packing retraction cord
- · Perfect for delicate composite placement in any critical location



- · Designed for interproximal shaping (not for packing composites)
- · Ideal for shaping composite and embrasure areas of diastema closure restorations

ANTERIOR/POSTERIOR INSTRUMENT:





- · Paddle and condenser ends with a blade slightly longer and wider than REJ #02
- Designed for condensing into box preparations and carrying syringe material into preparation site, but also excellent for contouring

POSTERIOR INSTRUMENTS:

Rounded tips spread composite material better and prevent pull back from sharp internal line angles.



- The double-ended condenser is ideal for condensing material in all box form preparations and if applying composite via compule
- Two condenser sizes (small and large) to facilitate macro and micro packing techniques



A double-ended condenser. Often after the composite has been inserted into the tooth, an instrument change may be required as the width of the cavity changes from the depth of the box into an extention of one of the fissures. REJ #21 eliminates the need to search for another separate instrument





RF.I #22

- · The rounded end is designed for use on occlusal anatomy and is ideal for sculpting composite and pulling excess away from the cavo surface margin
- The pointed end allows for delicate shaping of the inclines

060908 REJ Complete Set # 060101 REJ #01 # 060102 RF.I #02 # 060103 REJ #03 # 060104 REJ #04 # 060110 REJ #10 # 060120 REJ #20 # 060121 REJ #21 # 060122 REJ #22

IMPORTANT: Due to the thin and flexible nature of REJ #03 and REJ #04, ultrasonic cleaning of these instruments is not recommended. When using a protective cassette, do not heat above 350°F/176°C. Sterilize only with devices of a similar metal content and wash with a non-corrosive, low sudsing, neutral detergent.

PLEASE NOTE: Once instruments are

Lumipro

Tired Of Working In The Shadows?

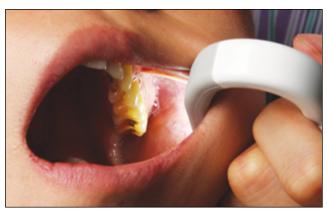
The mouth is a dark place in which to operate and trying to achieve proper illumination can be difficult. Overhead lights require constant adjustment to avoid shadows.

Introducing LUMIPROP™, a portable, multi-purpose illumination device. Designed to provide 4 hours of continuous, ultra bright intraoral illumination, LUMIPROP's built-in mouth prop offers optimum patient comfort, relieving stress and fatigue especially during long procedures. Simply snap on the appropriate sized mouth prop (XS, small, medium or large), insert LUMIPROP into the patient's mouth, and with the press of a button, the oral cavity is completely illuminated. LUMIPROP is versatile - even having the capacity to illuminate buccal areas by simply removing the mouth prop, inserting the hook buccally, and gently retracting the cheek.

LUMIPROP is ideal for diagnosis, hygiene, and in most restorative procedures - providing more light to the working area, and dramatically improving both efficiency and accuracy.



Ultra bright intraoral illumination with the press of a button



Effortless illumination of buccal areas





| 1-LumiProp unit, 1-LumiProp cra 1-Mini USB cable, 1-USB adapto | r, |
|---|-------------------|
| 1-silicone LED Cover, 1-silicone I | Mouth Prop small, |
| 1- silicone Mouth Prop medium, | |
| 1- silicone Mouth Prop large | |
| ACCESSORIES | |
| Mouth Prop Xtra Small | 375107 |
| Mouth Prop Small | 375101 |
| Mouth Prop Medium | 375102 |

Mouth Prop Large......375103 LED Cover......375104

. 375900

LumiProp



Mouth props • Available in Xtra Small, Small, Medium, Large





CONVEX TOFFLEMIRE™ MATRIX BANDS





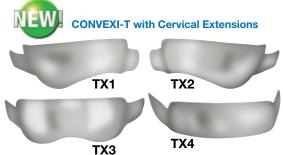
Produce Naturally Contoured Interproximal Form and Contacts

Using regular matrix bands to restore interproximal restorations is always difficult because most matrix bands are flat occluso-gingivally. Even when the contact is burnished, the matrix band seldom holds its shape. This leads to flat interproximal contours, where the contact point is translocated high occlusally. This contact is often broken when creating occlusal embrasure form, or prematurely breaks down under normal occlusal forces.

CONVEXI-T™ Convex Tofflemire™ Matrix Bands are pre-contoured buccal/lingually and occlusal/ gingivally and are available in two options. The original CONVEXI-T matrix bands are 0.025mm thin and are dead soft, allowing them to be further contoured if necessary. The new CONVEXI-T S2 (stainless steel) matrix bands are slightly more rigid at 0.030mm thick, facilitating easy placement when preparations are tight - even having the ability to push through a partially closed preparation. Both options will provide a tighter and more naturally contoured contact with your Class II restorations.

Both versions of CONVEXI-T matrix bands, available in widths of 5.5mm and 6.3mm, facilitate the creation of interproximal contours necessary to recreate the contact areas and natural convex anatomy of the interproximal area. When used with a Contact Pro Plus (page 34) to adapt and cure composite resins in Class II restorations, proper contact and contour are ensured.





We realize that some restorations are deeper than others are. Now available in both molar and pre-molar sizes, more contours make all-new Anatomical CONVEXI-T more universal. Introducing four new CONVEXI-T shapes with cervical extensions!

CONVEXI-T Convex Tofflemire Matrix Bands 0.025mm thin

206101 6.3mm 100-pack

206102 5.5mm 100-pack

CONVEXI-T S2 Stainless Steel Convex Tofflemire Matrix

Bands 0.03mm thin # 206103 6.3mm 100-pack

206104 5.5mm 100-pack

Anatomical CONVEXI-T with Cervical Extensions

Molar Pre-Molar # 206520 # 206516 # 206519 TX2 # 206513 TX2 # 206518 TX3 # 206514 TX3 # 206517 # 206515



MOD Composite Restoration



1. Lower second premolar with mesial and distal caries after rubber dam isolation.



2. MOD cavity preparation with wide distal box.



3. 6.3mm Convexi-T band applied showing contact and convex embrasure forms.



4. MOD composite restoration on tooth #29 with ideal contact and embrasure form.

CONTOU

CLINICIAN'S CHOICE® CONTOURED WOOD WEDGES have precise anatomical contour and can help you develop great posterior contacts.

- Made from maple, for strength and compressibility
- Prevents dislodgement or movement of the matrix band during composite placement and packing
- Available in 11mm and 12mm, the smallest wood wedge sizes available in dentistry. Also available in 13mm, 15mm, and 17mm.
- Can be trimmed without splintering for a custom fit
- · Wedges' color coding agent will not discolor the tooth or restoration

11mm

12mm

13mm

095940

15mm

17mm





400 wedges: 150 x 11mm (pink), 100 x 12mm (blue),

100 x 13mm (green) 50 x 15mm (vellow)

Assorted Starter Kit

CONTOURED WOOD WEDGES Refills

0951 + 2 digit code 100 wedges

11mm (pink) 12mm (blue)

13mm (green) 13 15mm (yellow)

0954 + 2 digit code 400 wedges 15 17mm (white)

> 17mm (white) wedges are only available in refill packs.

Composi-Tight3D XR 38 1600 Garrison Dettal Solutions

The NEW 3D XR system has taken all the benefits of the original 3D system and built upon them. The tenacious grip, along with enhanced Soft Face™ technology and Dynamic Tip Angle,™ makes the new Composi-Tight 3D XR system the best choice for all Class II restorative procedures.

• Eliminates ring "Spring-Off" on short, malpositioned or pedodontic teeth

• Significantly improves retention between the canine and first bicuspid

• Ensures true matrix band adaptation, vastly reducing flash and finishing time, while improving the quality of contacts



Slick Bands have a micro-thin coating that reduces bonding agent adhesion by 92% making band removal is a breeze!

Super smooth coating makes bands easier to insert interproximally. High contrast colors to better visualize preparation margins.







30-SXR200, 5-SXR300, 2-3D500, 1-3DXR, 100 Wedge Wands (Opaque),

1 Ring Placement Forceps

3D XR Complete Kit with G-Wedge 30 SXR100, 5-SXR150, 30-SXR175, # 202931

30-SXR200, 5-SXR300, 2-3D500, 1-3DXR, 100 G-Wedge (Opaque), 1 Ring Placement Forceps

202530 3D XR Soft Face Ring 2-pack

3D XR Slick Refills: # 20253# 60-pack Bicuspid with extension

100-pack Bicuspid 60-pack Large with extension 100-pack Molar 100-pack Mid-molar





1. Pre-operative view of 21 with distal caries.



2. WedgeWand in place with sectional matrix.



3. 3D matrix placed to separate teeth and adapt matrix proximally.



4. Ultra-Etch (Ultradent) 15 second application.



5. Adaptation of composite prior to removal of matrix.



6. Final restoration after removal of matrix and rubber dam



CONTACT PRO Plus

The unique CONTACT PRO Plus produces ideally shaped and positioned interproximal contacts quickly and consistently in direct Class II composite restorations. The features of the CONTACT PRO Plus include:

- Angled ends (one mesial, one distal) are ideal for pushing or pulling composite material toward the contact.
- A rounded ball positioned mid-handle
 increases the ease with which you apply
 pressure against the matrix band. The ball on the large instrument is elongated
 so that it can be easily distinguished from the small round ball on the
 small instrument.
- A cone-shaped tip features a light concentrator. As you apply pressure against
 the matrix band, place the curing light tip on the convex lens at the top of the
 cone and light-cure. The refractive and reflective elements of the cone will
 channel the light energy into the deepest regions of the proximal box.
 CONTACT PRO Plus offers two sizes of tips, the smallest of which is reduced
 to accommodate small preparations, even in children.
- · A resilient coating reduces the potential for breakage.

With CONTACT PRO Plus' ergonomic design and light-channeling features, you'll literally be a pro at making contact!

NOTE: Your CONTACT PRO Plus instrument should last 80-100 uses.

172900

CONTACT PRO PLUS 2-pack
1 small (biscuspid), 1 large (molar)

172301

CONTACT PRO PLUS 3-packs Small

Large

CLINICAL TECHNIQUE



1. Composite is placed and condensed up to the level of the pulpal floor in the proximal box of a Class II preparation.



2. Insert the Contact Pro Plus into the composite. Adjust the handle until the neck of the Contact Pro Plus is parallel to the occlusal plane. Apply pressure against the matrix band, and light-cure.



After withdrawing the instrument, surrounding cured composite is left behind, maintaining the contact and contour.



4. Continue to fill the remaining areas of the restoration with composite and cure.

UNI-BAND

Advant Edge-L

Carbide/Diamond Tipped Sectional Matrix Band Forceps

Visit <u>www.clinicianschoice.com</u> for more detailed information



Grip the center of the matrix band with the Uni-Band AdvantEdge-L when placing the band from the occlusal aspect.



The carbide upper jaw and diamond dusted surface of the lower jaw penetrate the steel matrix band when closed, creating a powerful grip.



To remove the matrix band, use the full length of the jaws to grip the band at the buccal or lingual aspect. Fully depress the forceps at the front of the handle. Rotate the forceps a 1/4 turn and lift in a forward/upward direction to disengage the band.

202306 AdvantEdge-L Forceps

COMPO-JECT"

You use unit-dose compules because they're efficient and clean-up is a cinch. And really, you've never thought much about your dispensing gun. After all, a gun is a gun...isn't it?

If a gun is a gun, then why are you spending so much time replacing your cracked and broken plastic dispensing guns? Let's face it, plastic dispensing guns are not durable. Most are too big and bulky to fit into your hand correctly, and they are not designed well enough to secure the compule in place. Plastic guns also force the compule tip downward during extrusion, requiring you to adjust your hand and arm angles during material placement (fig 1).

COMPO-JECT[™] is a unique metal compule dispensing gun designed for all brands of composite compules. COMPO-JECT features an ideal design that allows for a comfortable grip (regardless of your hand size), a locking mechanism to prevent inadvertent dislodging of the compule (*fig 2*), as well as a smooth and effortless trigger mechanism that helps to maintain control of the compule tip (*fig 3*).

Stop spending a fortune in time and money on plastic dispensing guns, and start enjoying the use of the lightweight and durable COMPO-JECT – the last dispensing gun you will ever want to buy.

IMPORTANT NOTE: COMPO-JECT is designed for manufacturer pre-filled compules only.



Other dispensing guns force the tip downward during extrusion, requiring you to adjust your hand and arm angles during material placement.



COMPO-JECT locking mechanism prevents inadvertent dislodging of the compule.



COMPO-JECT maintains tip control during extrusion.

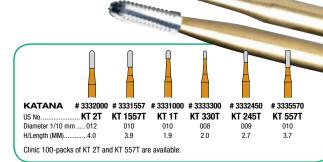


5-YEAR WARRANTY

160101 COMPO-JECT

ULTRA BLADE CARBIDE BURS

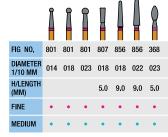
Tough substrates like metal and ceramics require a significantly more aggressive carbide to cut efficiently. With KATANA" Ultra Blade Carbide Burs, the cutting blades (or flutes) are designed with a more aggressive -2° "rake angle", as compared with other conventional metal cutting carbides which vary from -5° to -10°. A higher degree of rake angle is directly related to diminished cutting efficiency. What's more, KATANA's unique single-piece carbide construction results in a smoother cut when compared with 2-piece constructed carbides. You and your patients will notice less vibration and chattering when using the KATANA.



Predator[®] Zirconia

Predator Zirconia diamond burs are manufactured using a robust bonding technology process that provides maximum cutting efficiency and effortless access through tough Zirconia for both endodontic treatment and crown removal. Each bur has a unique black protective coating which insulates the nickel plating ensuring a significant reduction in friction and heat build-up while ensuring superior cutting efficiency by allowing the diamond particles to remain bonded to the bur shank. Often only one Predator Zirconia bur is required to access or remove a Zirconia based restoration.







| | # 3309401 # 3309814 | | # 3309827 # 3309807 | | # 3309462 # 3309862 | |
|---|--|--------|--|--------|---|----------|
| | Z801-018 # 3309821 | Fine | Z856-018 # 3309826 | Fine | Z878K-021 # 3309178 | Fine |
| | # 3309801 <i>Z801-023</i> # 3309301 # 3309823 | Fine | # 3309856 <i>Z856-022</i> # 3309256 # 3302856 | Fine | # 3309878 Z368-023 # 3309328 # 3309368 | Fine |
| ۱ | 00000=0 | modium | # 000E000 | Modium | # 0000000 | itiouiui |

ENDODONTICS

Apex•NRGXFR"

The Most Advanced Apex Locator Of Its Kind Using DSP (Digital Signal Processing)

The APEX NRG XFR™ is the most advanced digital apex locator available, incorporating innovative Digital Signal Processing (DSP) technology plus Xtra Fine Resolution (XFR) to provide extreme accuracy and superior reliability for endodontic treatment. Measuring the distance to the apex during root canal procedures, this latest generation locator is guaranteed to provide an accurate reading in wet, dry, and even bleeding canals.

Compact and lightweight (only 36g), the APEX NRG XFR is the most advanced apex locator of its kind. Based on DSP (Digital Signal Processing) technology, it provides superior reliability and quality. Other comparable locators use an analog signal that is transmitted over long cables – diminishing the signal and increasing the probability of distortion. The APEX NRG XFR uses sophisticated, proprietary software that converts the analog signals to digital and transfers them through short cables – preventing external influences and distortions of weak and sensitive signals thereby allowing a clear and accurate display of information. The multi-frequency measuring system accurately calculates the average of the signals received.

The depth of the file's progress is represented on the APEX NRG XFR by 8 multi-colored LEDs, with indicators distributed every 0.25 millimeters. An audible alarm starts at 0.5mm and alarm frequency increases as the biological apex is approached.



232906 APEX NRG XFR



Powder-free and manufactured from extra-strong non-latex rubber, the PARO® is one of the most durable and tear resistant dams in dentistry.

- Purest rubber dam available
- Eliminates allergic reactions and contamination to the preparation
- Quality manufacturing process ensures rubber dam contains zero sensitizing proteins
- · Highly tear-resistant
- Not dissoved by solvents
- Autoclavable



838080 20-pack (6" x 6")



After initial penetration, this long, safe-ended Tungsten Carbide FG Access Bur opens up the pulp chamber to a precise tapered form. The rounded, non-cutting tip prevents perforation of the pulp chamber floor and the canal walls. Other endo burs have a distinct sharp edge between the safe tip bulb and the end of the primary cutting portion of the bur. With EDGE™ Endo burs, the safety tip is dome shaped – so there is no sharp lip to cause a perforation. Available in 28mm length for better visibility.







828230 P5 Newtron XS LED # 828123 P5 Newtron XS Ultrasonic Generator with HF

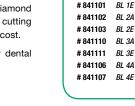
A true innovation in ultrasonics for endodontics

For more than 15 years, clinicians have used diamond-surfaced tips with ultrasonics for conventional and micro-endodontic procedures such as calcified canals, post removal and all retreatment techniques. The challenges of tip breakage, rapid wear, and high cost were not addressed...until now.

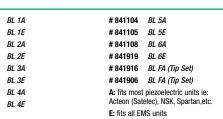
Uniform micro-projections outlast diamonds

Instead of diamonds, sharp abrasive micro-projections are uniformly integrated into the main body of each BL Tip. Used with the same ultrasonic unit, for the same endodontic tasks, and in the same manner, BL Tips effectively engage the tooth structure, outperforming diamond tips in biocompatibility (cutting with uniform micro-projections proves friendlier than cutting with diamonds of varying particle size), longevity (low-wear and high durability), and cost.

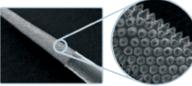
Use BL Tips on the low setting (10% - 30% of the maximum intensity) of your dental ultrasonic unit.

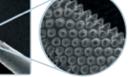


841100













BL Tips micro-projections

Conventional endo tips with diamond-coating

- · Crafted from Titanium-Niobium: the exclusive alloy for performing minimally-invasive, safe, non-surgical endondontic re-treatment.
- · Specially designed for the retrieval of separated instruments.
- Enhanced transmission and better control of ultrasonic vibration.



820737 Endo Success Kit # 828017 FT 18D ET 20 FT 40 # 828012 # 828013 ET 20D # 828020 ET BD # 828018 ET 25 # 828024 ET 25S # 828019 FT PR # 828022 ET 25L

Irri-Safe Tips

Passive Ultrasonic Irrigation Instruments

Manual irrigation of the canal is challenging due to the complexity of the root anatomy. Ultrasonic irrigation is clinically proven to provide efficient cleaning and disinfection of the canal. Irri-Safe Tips are designed for the safe removal of the smear layer, dentin debris, and bacteria from the canal (with sodium hypochlorite). Removal of smear layer and dentin debris enhances the sealing ability of new resin-based sealers.

- · Minimally invasive protocol
- Micro-cavitation and micro-streaming increase efficiency of the irrigant (thermal effect)
- · Can be used with any Satelec piezo-electric ultrasonic unit
- 1-3 minutes of irrigation at the end of the root canal preparation (inserted 1mm short of working length)
- Tips are small, parallel-shaped and non-cutting





823806





- · Unique 3, 6, & 9mm diamond coated lengths
- · Protocol for micro apical surgery
- Addresses all clinical applications
- · Enhanced diamond coating for greater efficiency





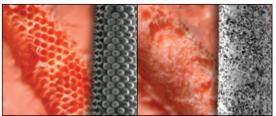
JETip Surgical Tips E



Endodontic Micro-Surgical Ultrasonic Tip with Micro-Projections

- JETips are used for the removal of root canal filling material (Gutta Percha/Resilon) and root end preparation of the resected root during periradicular micro-surgery.
- JETips have a unique micro-projection at the end of the tip that allows for greater efficiency and efficacy in the root end preparation.
- JET tips are available in a JT-1 series with a 120° tip body bent angle for the anterior only, as well as the JT-2 series, indicated for anterior or posterior, with a 150° tip body bent angle. JETips feature straight, left and right designs, as well as the unique Bendable tip, which allows you to make your own custom bends to suit your surgical needs.

Micro-Projections VS Diamond Coating







842501 JETip Straight Tip # 842905 JETip Full Set # 842502 JETip Left JETip Right # 842503 # 842504 JETip Bendable # 842909 JT 2B # 842908 JT 2R # 842907 JT 2L # 842906 JT 2F Full Set

TUNNEL VIS ON

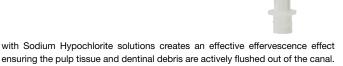
ENDODONTIC LUBRICANT & CHELATING GEL

Introducing TUNNEL VISION $^{\text{\tiny M}}$ a water soluble, viscous 19% EDTA peroxide free formulation for the effective lubricating, chelating and debridement of root canal preparations.

TUNNEL VISION has a high pH of 11-12 which aids in quickly and effectively chelating (chemically dissolve the mineral portion of the dentin to aid instrumentation) the root canal. It effectively removes the smear layer ensuring the dentinual tubules are open thereby improving tubular penetration of endodontic medicaments and sealers.

The 19% EDTA water-soluble formulation assists in reducing file separation by reducing friction on the instrument as it pre-softens the dentin and when used in conjunction

VISION



As TUNNEL VISION is a peroxide free formulation it will not affect the set of resin sealers and is syringe delivered via a EndoFlex tip enabling direct placement into the root canal.

| # 873900 | TUNNEL VISION 4-pack 4-1.2ml syringes, 10 EndoFlex tips, instructions, MSDS. |
|----------|--|
| # 871200 | EndoFlex Tips 20-pack Refill |
| # 871500 | EndoFlex Tips 50-pack Refill |

EndoFlex Tip



When hand instrumentation is used exclusively for creating a path to the apex of the root, often the canal can become transported or ledged. This is especially common when progressing from a #10 to a #15 file. This 50% increase in file diameter can make initial instrumentation to the apex very difficult and time-consuming.

X-PLORER™ files are a set of unique canal navigation NiTi files. X-PLORER files will help you negotiate working length quickly and efficiently. Use the X-PLORER series after a #8 or #10 hand file. The first X-PLORER file, 15/.01, is more flexible than a #15 hand file and half the taper. You may then proceed with X-PLORER files 20/.01 and 20/.02 for an excellent reproducible glide path.

- #15/.01 taper file to negotiate working length quickly and efficiently.
- More durable than typical glide path instruments, capable of negotiating tortuous anatomy
- Follow with #20/.01 and #20/.02 X-PLORER files for an excellent reproducable glide path
- #15/.01 is also available as a hand file





X-PLORER in use in an extremely tortuous canal



X-PLORER files greatly help in executing a reproducible glide path in complicated anatomy

| X-PLORER | Rotary File 6-pa |
|----------|------------------|
| #319002 | 15/.01 25mm |
| #319003 | 15/.01 21mm |
| #311001 | 20/.01 21mm |
| #311002 | 20/.02 21mm |
| #311023 | 20/.01 25mm |
| #311024 | 20/.02 25mm |
| #311007 | 25/.02 21mm |
| #311029 | 25/.02 25mm |

ASSORTED (2 each) #319900 21mm

15/.01, 20/.01, 20/.02 ASSORTED (2 each) #319901 25mm

15/.01, 20/.01, 20/.02 X-PLORER Hand File 6-pack #319001 15/.01 25mm #319004 15/.01 21mm

15/.01 20/.01 20/.02



Keeping endodontic files, particularly rotary instruments, clear of debris and bacteria is an essential but often overlooked part of successful cleaning and shaping of the root canal. Developed based on the "Parashos Validated Protocol™, which is a validated protocol for cleaning and re-using rotary NiTi files, FileFoam™ from CLINICIAN'S CHOICE® provides a triple-action solution; cleaning, scouring and disinfecting endodontic instruments like no other sponge on the market.

FileFoam uses a patented, triple-layer foam construction consisting of a thin, low density foam layer, an extended 4mm thick scour layer, and a 25mm thick high density foam layer. In a clinical setting, when used on patients, FileFoam is intended for single use. The foams can be autoclaved up to 137° Celsius if required, prior to use.

A multi-functional tool for your practice, FileFoam can also be used on standard hand files, providing superior cleaning action when compared to standard foam products. The sponges are available in economically priced packages of 49.

i P Parashos, P Linsuwanont, HH Messer. A cleaning protocol for rotary nickel-titanium endodontic Instruments Australian Dental Journal 2004;49:1.



830201 FileFoam (49-pack)
830202 Foam Stand (Black)



Without Question, NiTi Endodontic Files Revolutionized Root Canal Therapy Almost Two Decades Ago.

The flexibility of traditional NiTi files were a great improvement over stainless steel files, allowing curved canals to be addressed more easily. Further, the advent of rotary handpieces used with NiTi files formed the armamentarium of choice for virtually every endodontist and a large percentage of general dentists.

Also without question, NiTi files and rotary handpieces have shortcomings, the two most common being file separation and over instrumentation of the canal. These, in fact, are why some general dentists choose against rotary driven endodontics in their practices.

Infinite Flex Without the Memory

TYPHOON Infinite Flex NiTi Files are constructed with revolutionary Controlled Memory NiTi™ Technology, which exhibits virtually no memory. While traditional NiTi files are flexible, they will always try to straighten when flexed within a canal. This causes unbalanced lateral cutting forces along the canal wall and often results in ledging as well as excess tooth structure being removed unnecessarily. When you choose memory-free TYPHOON files, the lateral forces are balanced throughout the length of the file. Canal navigation is effortless, regardless of the curvature of the canal, because TYPHOON files adapt perfectly to the canal path for precise and conservative removal of tooth structure.

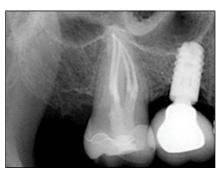
Aggressive and Safe

Cyclic fatigue and torsional stress are the two primary causes of file separation. The inherent memory of traditional NiTi files accentuates torsional forces and promotes cyclic fatigue. In the past, the more aggressive cutting ability of a NiTi file has always corresponded to a higher propensity for file separation due to stress points created along the file. Not any more!

In a recently published university based study that directly compared TYPHOON files with a leading traditional NiTi file, TYPHOON files proved to be at least 300% more resistant to fatigue stress. TYPHOON files do cut aggressively, but thanks to memory-free CM NiTi Technology, they have up to three times the torsional strength, so the risk of separation is dramatically reduced. With TYPHOON, you'll experience far superior cutting to what you are accustomed to, and you'll gain significantly more confidence, especially in cases with curved canals.

Better Access for Posterior Teeth

Here's one more significant clinical advantage: TYPHOON files can be pre-curved to allow easier canal access in posterior teeth. Bend the file just as you would a stainless steel file. You'll be in for a pleasant surprise, because you certainly can't do this with traditional NiTi files!



Finished case instrumented with Typhoon.

Dentistry and photography courtesy of Dr. Garrett Guess

1 Ya Shen, DDS, PhD, Wei Qian, DDS, PhD, Houman Abtin, BDS, Yuan Gao, DDS, PhD, and Markus Haapasalo, DDS, PhD Fatigue Testing of Controlled Memory Wire Nickel-Titanium Rotary Instruments. JOE – Volume 37, Number 7, July 2011

2 A.E. Abide*, V. Himel, J. Hagan. Effects of Manufacturing Techniques on Cyclic Fatigue of Nickel-Titanium Rotary Endodontic Files OR15 Abstract of Research Presented at the 2011 annual session of the American Association of Endodontists



Unlike traditional NiTi files, Typhoon files flex without rebounding

| .04 | | .06 | |
|----------|-------------|-------------|-------------|
| # 312141 | 20/.04 21mm | # 312161 | 20/.06 21mm |
| # 312241 | 20/.04 25mm | # 312261 | 20/.06 25mm |
| # 312142 | 25/.04 21mm | # 312162 | 25/.06 21mm |
| # 312242 | 25/.04 25mm | # 312262 | 25/.06 25mm |
| # 312143 | 30/.04 21mm | # 312163 | 30/.06 21mm |
| # 312243 | 30/.04 25mm | # 312263 | 30/.06 25mm |
| # 312144 | 35/.04 21mm | # 312164 | 35/.06 21mm |
| # 312244 | 35/.04 25mm | # 312264 | 35/.06 25mm |
| # 312145 | 40/.04 21mm | | |
| # 312245 | 40/.04 25mm | CROWN D | OWN PACK |
| # 312146 | 45/.04 21mm | 1 ea: 35/.0 | 6, 30/.04, |
| # 312246 | 45/.04 25mm | 25/.06, 20 | /.04 |
| # 312147 | 50/.04 21mm | # 312921 | 21mm |

312925 25mm

312247 50/04 25mm

Choosing Your File Size and Sequence

While several different instrumentation sequences are possible, the following is



You'll get the best results from cycling back through the sequence until the desired coronal and apical shape is achieved. The advantages of filing in this manner are far-reaching. First, alternating tapers will help you to avoid "taper lock", and you can shape the canal using only 3-4 instruments. Perhaps most important, this sequence achieves adequate apical shape without sacrificing undue middle and coronal tooth structure

More Tips for Your Next Endo Case

- Establish a glide path first with hand files up to a #10 hand file, followed by X-PLORER rotary files 15/.01, 20/.01, 20/.02 (see previous page).
- You may wish to use a chelating/file lubricating agent (ie: Tunnel Vision Endodontic Lubricant & Chelating Gel).
- Irrigation with sodium hypochlorite should be repeated throughout the shaping process. High volume and frequent exchange are recommended.
- Throughout the procedure, maintain canal patency using hand instruments.
- Clean and inspect the file after each and every insertion.
- Use a light touch. Never force the instrument apically.
- Recommended handpiece speed: 400 RPM
- Torque: 200-275 GCM for all sizes

INSTIGATOR TYPHOON ORIFICE OPENER

Designed using revolutionary CM technology, and featuring a triangular cross section and a 12mm cutting flute, the INSTIGATOR 25/.08 Orifice Opener File beautifully and efficiently shapes and enlarges the coronal area of the root canal. INSTIGATOR files can be used in place of a Gates Glidden drill and are available in a 21mm length.

.08 Instigator Orafice Opener # 312182 25/.08 21mm



Stropko Irrigator

Take irrigation, air thinning and drying to a whole new (microscopic) level.

The STROPKO IRRIGATOR is designed for precise control of air and/or water in any procedure that requires irrigation or drying during the process (including endodontics, crown and bridge, restorative, periodontics, surgical, and implants). The STROPKO IRRIGATOR replaces the comparatively large standard syringe tip of the air/water syringe so that it can be adapted for use with smaller tips. It is ideal for precise air-thinning during bonding procedures, for keeping the field clear during endondontic access, and for rinsing off etchants in the canal when bonding fiber posts. Grab your loupes to fully appreciate the action of this indispensible device.

A word to the wise.

Many practitioners are seeing the wisdom of having a dedicated air-only syringe on their dental delivery unit. Combination air/water syringes often leak or draw water even when the air button is pressed, which has the potential to severely compromise effective bonding.





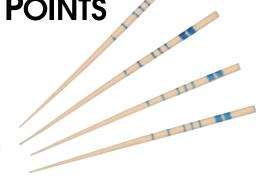
835120 Original 2" # 835135 XL 3.5"

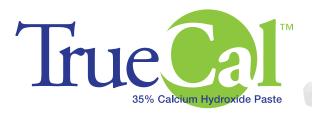
Irrigate and dry completely, with precision

EndoEssentials ABSORBENT PAPER POINTS

- · Uniformly rolled to strict tolerance
- · Consistent in size and shape
- Highly absorbent and sterilized by Gamma-Ray* (*sterile-cell packaging only)
- Calibration marks at 16, 18, 20, 21, 22, and 24mm for easy length determination* (*not available on non-standard or F1, F2, F3 sizes)
- · Available in all common sizes

Please inquire with a customer service representative 1-800-265-3444





Introducing TrueCal[™] an aqueous, 12.5pH, syringeable, radiopaque calcium hydroxide paste for use as an endodontic treatment dressing.

TrueCal is ideal for use as a superior antimicrobial agent for apexification procedures and as an intermediate inter-appointment canal treatment dressing.

TrueCal contains 35% calcium hydroxide which facilitates more than twice the calcium ion diffusion through the dentinual tubules when compared to conventional Ca(OH)² products. This combined with a high pH, provides the optimal antimicrobial effect potentially stimulating the faster healing of bone. Unlike many competitor products TrueCal's paste formulation is aqueous which facilitates effective, easy and thorough removal of calcium hydroxide deposits from the root canal with Citric Acid. TrueCal is also radiopaque rendering superior diagnostic capability.

TrueCal is syringe delivered via a EndoFlex tip enabling superior delivery control and precise placement into the root canal.

872900 TRUECAL 4-pack
4-1.2ml syringes, 10 EndoFlex tips, instructions, MSDS.

871200 EndoFlex Tips 20-pack Refill
871500 EndoFlex Tips 50-pack Refill





Precise Temperature Control.

You control the heat with ALPHA A2's digital temperature setting. The temperature you select, typically in the 200-230°F range, is reached within seconds, and is accurately and consistently maintained until you change it or turn the unit off.

Any Tooth, Any Technique.

#30/04

Regardless of tooth size, root structure or which warm gutta percha technique you employ, ALPHA A² and its many tips and pluggers (below) offer everything you need for efficient 3-dimensional obturation of the root in question.

"The continuous wave of condensation technique resulted in a significantly greater density compared with cold lateral compaction. Warm vertical compaction using the continuous wave of condensation technique in acrylic blocks resulted in a greater gutta-percha fill by weight compared with standard cold lateral compaction."

Lea CS, Apicella MJ, Mines P, Yancich PP, Parker MH. J Endod. 2005 Jan (31)1:37-9.



#55/08

ALPHA A2 tips are compatible with HOT TIP." SYSTEM B. and TOUCH'N HEAT SYSTEMS*

#55/06

Although ALPHA A² is compatible with a variety of pluggers and instruments, durable, high-grade stainless steel A² Tips/Pluggers offer the largest tip selection to cover any warm gutta percha obturation in canals of all shapes and sizes. Six hexagonal keyholes allows for easy plugger changes, while safely securing the plugger in place and preventing rotation. A² tips deliver precise temperature control from ALPHA, then cool quickly once the unit is turned off.

#55/10

#60/12

*HotTip is a trademark of Discus Dental, System B and Touch'N Heat are Sybron Endo products.

#35/04

#40/04 Taper #45/04





Results that speak for themselves. 3-dimensional warm gutta percha obturation using Alpha A2 and Beta (see next page).

840900 Alpha A2 Starter Kit # 840901 Alpha A2 Replacement Battery # 840500 Alpha A2 Thermal Tester # 840902 Alpha A2 Plugger Protector Sleeve # 843004 A2 Taper Plugger 30/04 # 843504 A2 Taper Plugger 35/04 # 844004 A2 Taper Plugger 40/04 # 844504 A2 Taper Plugger 45/04 # 845506 A2 Taper Plugger 55/06 # 845508 A2 Taper Plugger 55/08 # 845510 A2 Taper Plugger 55/10 # 845518 A2 Taper Plugger LT 55/08 # 846012 A2 Taper Plugger 60/12 # 840501 A2 Endo Spreader (Narrow) # 840502 A2 Endo Spreader (Standard)

(Standard)

BETA CORDLESS OBTURATION

Cordless Control for Your Warm Gutta Percha Technique.

Most clinically accepted warm gutta percha techniques require the clinician to backfill at least the top two-thirds of the root canal. The BETA Cordless Obturation Gun answers all associated clinical challenges while delivering (literally) the new standard in injectable gutta percha.

Cordless, Compact,

With a battery that lasts days on a single charge*, the BETA is the ultimate in portability. The BETA eliminates both the drag of a 6-foot cord as well as the counter clutter that accompanies previous generation units requiring a constant power source. The small footprint of the BETA charge cradle makes the unit both convenient and compact.

Ergonomic. Practical.

Lightweight and balanced for comfort, the BETA packs its punch in durability, withstanding the wear and tear of repeated use in the busiest of endodontic practices. This virtually maintenance-free unit handles easily in large or small hands and features a well-insulated heating chamber that keeps the gun surface cool to the touch for your comfort as well as your patient's.

Designed for Better Dentistry.

With the BETA in hand, you are in control. At any time during use you may adjust the temperature and/or your access angle to maintain ideal obturation flow.

4 TEMPERATURE SETTINGS - With four accurate temperature pre-sets and an instant on/off at your fingertips, you control the consistency and temperature of the gutta percha or Resilon at all times during obturation, without wasting battery power.

360° SWIVEL NEEDLE - The primary clinical challenge with all injectable obturation procedures is the angle of entry to the canal, especially on maxillary cases. The BETA's patented 360° swivel needle permits the clinician to access the canal at any angle with ease. No more awkward gun or hand positions, no more stopping midway through the procedure to adjust the needle angle, and no more needle breakage.

*On full charge, the BETA delivers 4 hours of continuous operation. Even the busiest endodontist will find that the unit can last for days on a single charge.

Resilon™ is a trademark of Resilon Research LLC.



in Soft, Regular and Hard



L 11111111

Needles available in: 21mm, 22mm, 24mm, 28mm, and 50mm lengths and 20, 23, and 25 gauges.

BETA Injectable GP Gun # 84801# Gutta Percha Pellets (soft, reg, hard) 100-pk # 848210 21mm Needle, 23g # 848220 22mm Needle, 20g # 848225 22mm Needle, 25g 24mm Needle, 23g # 848243 # 848245 24mm Needle, 25g # 848250 50mm Needle, 20g 28mm Needle, 20g # 848280 # 848283 28mm Needle, 23n # 848105 Thermal Protectors 3-pk # 848109 Needle Bender/Wrench

BL CONDENSER

The BL Condensers have been designed specifically for warm gutta percha techniques with these important design features:

- A .04 taper NiTi end for apical condensation as well as a larger stainless steel end for middle and coronal third condensation
- A size 35 for smaller canal diameters
- NiTi end navigates even extremely curved canals and is manufactured with the highest grade Nickel Titanium
- Lightweight anodized aluminum handles
- · Ergonomically placed finger rests for efficient condensing
- · Laser-etched markings on the NiTi end to identify the depth of the condenser

847000 BL Condenser 35/70 # 847001 BL Condenser 40/80 # 847002 BL Condenser 50/100 BL Condenser 60/120 BL Condenser Set (35, 40, 50, 60) # 847900



EndoEssentials GUTTA PERCHA POINTS

- · Calibration marks for easy length determination* (*not available on non-standard or F1, F2, F3 sizes)
- · Guaranteed consistency and radiopacity
- · Uniformly rolled from the finest Gutta Percha to strict tolerances
- Available in a variety of tapers to match popular rotary systems, including F1, F2, F3
- Suitable for all obturation techniques, including heated gutta percha
- Excellent radiopacity
- · Available in all common sizes



Please inquire with a customer service representative 1-800-265-3444

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STROPKO IRRIGATOR40

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ISO 13485 certification signifies that Clinician's Choice has developed and implemented an uncompromising quality system, encompassing every aspect of our business.



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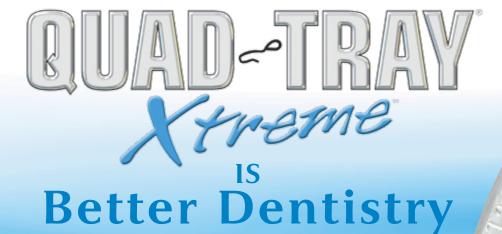
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Better fit

Patient comfort





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