Congratulations: Komet USA
dental student essay winners

Contest focused on women who inspired and guided career choice

By Komet Staff

Komet USA recently announced the top three entrants in its “Women in Dentistry” dental student essay contest. Komet received entries from throughout the country. All entrants will receive recognition and the company plans to continue working with dental students on this topic and others as it progresses in its own work in the field of dental rotary instruments.

The first-place entrant is Rebecca Tom (University of California, San Francisco School of Dentistry). Tom will receive a one-month (up to $250) supply of dental burs and a specially engraved custom bur block.

Below is Tom’s entry to the essay contest. Other entries will be published over time on the Komet USA Facebook site in recognition of how all of the essays contribute a unique vision regarding the influence of women in the field of dentistry.

First-place essay

From daughter to DDS

By Rebecca Tom

University of California, San Francisco School of Dentistry

Growing up, everyone would always tell me how much I looked like my mother. I hated it. I wanted to be my own individual without growing up in my mom’s shadow. Now, don’t get me wrong; my mom is a wonderful person! However, living in a community where my mom is a relatively well-known dentist who has looked into the mouths of my classmates, my teachers, and school administrators, everyone would look at me, the only daughter of Burbank’s friendly local female dentist, and automatically think that I was going to do everything she does.

Maybe I sound like I went through a crazy rebellious adolescent phase, but I don’t think I did. In fact, it was because I looked up to my mom so much that I wanted to make a good name for myself on my own accord. I wanted to meet the expectations and high achievements my mother made without needing to copy her. However, the circumstances that usually occur in our lives often tend to be very different than we anticipate.

My mother attended UCLA for her undergraduate education, so I obviously had to go to Los Angeles’s rival school, USC. I remember in my senior year of high school when I was applying for college, even then I felt the pressure of needing to have my future completely planned out. It seemed as if the first question out of any adult’s mouth would be, “What are you doing after high school? What are you going to study? Are you going to be a dentist like your mom?” It was extremely hard for me to believe that at the young age of 17 I should already know the trajectory of my life, and I also wanted to avoid taking the easy road of saying “yes, I’ll be a dentist like my mom” by default.

By the time I was in my freshman year of college, I quickly learned that undergrad was a lot harder than I originally anticipated. Unprepared for the giant competitive lecture-based courses, I was nearly failing some of my classes, so I did what any new college student would do: I called my mom. I remember being so nervous that she would be disappointed with me, and I didn’t want to let her down.

I had no reason to be anxious about that phone call. My mom completely empathized with me, remembering how hard undergraduate classes were, especially when first transitioning into them. She encouraged and reassured me, reminding me that she was supporting me the whole way, even and especially when things got tough. Needless to say, I did survive that semester, and I know I couldn’t have done it without the support of my mom.

A few months later, I was at home for summer vacation when my mom came home with a huge smile on her face. “Rebecca,” she told me, “I got this cool letter in the mail, sent to me by one of my patients! For the longest time, this woman was unhappy with the way her teeth looked. She would keep her mouth closed while smiling, and she would cover her mouth when she talked, but she was scared of getting any treatments done to fix it. Then, when she was planning on flying to go to a large reunion, she finally decided to give it a shot and get veneers. Today in the mail, I got these pictures of her with a huge smile on her face with all her friends. She said that they all kept mentioning how beautiful she looked, and it was the happiest she had felt in a long time.”

That story resonated with me, and I honestly believe it contributed to my view of dentistry, even through today. Dentistry is a healing profession, in more ways than simply treating physical disease, dentists are able to change the way that people view and express themselves and facilitate those relationships that are so important for the way that we live as social creatures. However, the incredible thing about our role as dentists also lies in the opportunity to use our own abilities and strengths to provide care to our patients.

I began seeing how the unique personality traits I’ve seen of my mom as her daughter contributed to the way she acts as a dentist. Similar to the way that she was understanding with me as I struggled in my freshman year of college, she nurtures and sympathizes with her patients and truly listens to their concerns. It is with that heart that she is able to develop deep relationships with her patients and help them out of their own compassion, and that is something I find deeply inspiring about my mom.

It was then that I realized that being in my mom’s shadow meant a lot more than just following the same career path as her. It was about how the things that I appreciated and admired the most about my mom — the same qualities that she exemplifies daily as a dentist caring for patients — are incorporated in everything she does. I slowly realized my heart was changing. I shouldn’t be looking at the prospect of also becoming a dentist to mean I was giving up and just following my mom’s footsteps; rather, I could carve my own path alongside her with her new transitioning into a professional mentor to look up towards every step of the way. Even in dental school now, I know it isn’t easy. But in those times when I am frustrated with my outline form not being perfect or the amalgam setting too quickly in my typodont, I can stop and remember how I was inspired by my mom’s love for her patients to bring me to dental school and how this training will prepare me to do the same — and I am so excited for that.
‘A shot that patients, practitioners love’

Anutra Local Anesthetic Delivery System offers simple platform for buffering

By Anutra Medical Staff

"I didn’t even know you gave me a shot," Barb said as Dr. Kelly picked up his handpiece and went to work immediately. For decades, the idea of getting a dental injection has terrified patients. Quite frankly, the uncertainty, unpredictability and long onset time of local anesthetic equally terrifies the practitioner.

The Anutra Local Anesthetic Delivery System redefines local anesthetic delivery, according to the company. It radically enhances patient experience and comfort while transforming a practitioner’s efficiency, profitability — as well as the profundity and predictability of local anesthetic.

Age-old science made simple

Buffering is an age-old science that has been used in the medical community for decades. Buffering is simply taking something acidic, mixing it with something more basic to neutralize the acid. So why does this matter in dentistry? Lidocaine with epinephrine has a low pH, meaning it is extremely acidic. In fact, its pH is close to that of citric acid, which is found in limes and lemons. Could you imagine injecting lemon juice into someone’s mouth? We simply would not do that.

Much of the burning and stinging sensation comes from the fact that local anesthetic is very acidic. The Anutra Local Anesthetic Delivery System makes buffering simple. By loading an Anutra Cassette at the beginning of the week, clinicians can simply buffer anesthetic for every patient by twisting the knob on the Anutra Dispenser. It could not be easier.

Can also deliver powerful topical anesthetic effect prior to injection

What adds to the power of buffered anesthetic is a topical effect that is a result of a CO2 microbubble that is formed when local anesthetic is mixed with sodium bicarbonate. Many practitioners report dropping a small amount on the mucosa prior to injecting for a very powerful topical anesthetic.

Not only is patient comfort increased with buffered anesthetic, a practitioner’s efficiency is dramatically optimized. Since buffered anesthetic is raised to physiologic pH, the anesthetic crosses the nerve membrane more readily, meaning a patient can reach pulpal anesthesia in as little as two minutes, even with blocks.

Additionally, anywhere from 4,000–6,000 times the active molecules of anesthetic will cross the nerve membrane, making it more profound than normal lidocaine as well as increasing the predictability that a patient will get numb the first time, even on those hard-to-numb patients.

Disposable, multidose, one-handed

Not only does the Anutra Local Anesthetic Delivery System provide a simple platform for you to buffer in your practice, it also introduces the first-known, FDA-approved, multidose, one-handed aspiration syringe that is fully disposable.

So what does that mean? It means that you can hold up to 6 mL of anesthetic in one single syringe. There is no need to reload cartridges; one syringe can hold the equivalent of at least three traditional 1.8 mL dental cartridges.

According to the company, with its affordable cost, revolutionary new syringe, simple dosing system and long shelf-life, the Anutra Local Anesthetic is a no-brainer for every dental practice.
To simplify the daily work of clinical staff in terms of the mixing, dosing and dispensing of single- and two-component materials, the Swiss company Sulzer Mixpac develops optimally coordinated systems solutions: dispenser, cartridge, mixing cannula and application nozzles, all from one source. Quality and the patient’s safety are prime concerns. Martina Strasser, head of sales/healthcare at Sulzer Mixpac, summarizes the products as follows: “Our MIXPAC™ products are convincing because of their ergonomic and user-oriented design, their safe application, and precise results.” As leading manufacturer of primary packaging systems, Sulzer Mixpac manufactures all components under strict cleanroom conditions.

**INDUSTRY NEWS**

**A new generation of core buildup material**

Visalys® Core, the new product from Kettenbach LP (www.kettenbachusa.com), represents the next generation of core buildup materials, according to the company. The most recent addition to the Visalys family is a dual-curing core buildup material with unique Active-Connect Technology (ACT) to ensure a reliable bond with all common adhesives without an additional activator. The product was unveiled at the 2015 International Dental Show (IDS) in Germany.

Visalys Core is the first core buildup material from Kettenbach. The fluoride-containing, dual-curing composite was developed for the fabrication of radiopaque core buildups and core fillings and for cementing root posts.

According to the company, the Active-Connect Technology enables the material to bond actively with all common light-curing and dual-curing, single-step and multistep adhesives, without an additional activator. The advantage for users is that it enables them to use the bonding agent they are used to — whether it is light-curing or dual-curing — or a single- or multi-bottle system.

Firm foundation: Stable and precise

According to the company, the technology simply provides a firm foundation — stable and precise. The company reports that Visalys Core ensures easy and reliable handling with “excellent positional stability.” At the same time, it exhibits good flowability and low extrusion force. The compressive strength results in a stable monoblock and a secure bond.

Optional light-curing allows the procedure to be continued immediately. Reliable self-curing provides for dependable strength even on the cavity floor and in root canals. Excellent polishing characteristics ensure precise preparation, even without light-curing, the smear layer is minimal. The product is also free of Bisphenol A and its derivatives.

Visalys Core is available in dentin and white shades in a 5 ml double syringe and in a 25 ml cartridge. For detailed information about Visalys Core, visit the Kettenbach website at www.kettenbachusa.com.

**About Kettenbach**

Kettenbach (Huntington Beach, Calif.) is the exclusive U.S. distributor for Kettenbach GmbH & Co. KG (Eschenburg, Germany). Founded by August Kettenbach in 1944, Kettenbach GmbH was created for the development and marketing of medical and dental products.

Today, the company is one of the leading international producers of dental impression materials and is also known in other surgical areas of medicine. Brands include Panasil VPS Impression Material, Identium VSXE Impression Material, Futar Bite Material, Silginat Alternative Alginate, Visalys Temp Material, Mucopren Resilient Liner and Visalys Veneers.

For more information about Kettenbach LP products, you can call (877) 532-2123 or visit www.kettenbachusa.com.

(Source: Kettenbach)
New intraoral camera sleeves offer custom fit at economical price

By Flow Dental Staff

Flow Dental, exhibiting in booth No. 660, is introducing exciting new products at this year’s CDA Presents in Anaheim.

The new Perfect Fit is the first fully adjustable intraoral camera sleeve to hit the market. Perfect Fit sleeves enable you to create a custom-fit sleeve for virtually any size camera. It’s fast, easy to use and economically priced, according to the company.

You can easily adjust horizontal and vertical tension to achieve a custom-like fit — so your sleeve will stay on every time, and the area above your lens will always be wrinkle free. Nothing fits your camera like new Perfect Fit from Flow Dental, according to the company.

Flow Dental representatives report that the Perfect Fit sleeves are 30 percent less expensive than other custom-fit camera sleeves.

Flow also is introducing All Bite, a universal bitewing holder for all size sensors. Not only does All Bite flex to hold all sizes, but its unique snap-on/snap-off bite block enables you to switch on-the-fly in seconds from a horizontal to a vertical bitewing — at chairside. All Bites are economically priced, too, according to the company.

Finally, Flow also will have its new Deluxe Cushies at CDA Presents. Apply your Deluxe Cushie to the long or short side of your sensor, PSP plate or film to create a soft, cushiony surface that your patients will appreciate. The unique key-way design makes positioning Deluxe Cushie quick and easy too, according to the company.

Flow Dental President William Winters said, “We understand imaging from a workflow and case-management perspective. Our goal is to enhance yet simplify any aspect of the process that we can, by whatever degree we can. We make products that are easy to use, easy to adapt — and that are a benefit to both the patients and the practitioners.”

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Cordless, compact LED DayLite WireLess can work with all of your loupes and frames

Designs for Vision’s new LED DayLite® WireLess™ not only frees you from being tethered to a battery pack, but the simple modular design also uncouples the “WireLess” light from a specific frame or single pair of loupes. Prior technology married a cordless light to one pair of loupes via a cumbersome integration of the batteries and electronics into the frame. The compact design of the DayLite WireLess is independent of any frame/loupes.

The patent-pending design of the LED DayLite WireLess is a new concept: a self-contained headlight that can integrate with various platforms, including your existing loupes, safety eyewear, lightweight headbands and future loupes or eyewear purchases. The LED DayLite WireLess is not limited to just one pair of loupes or built into a single, specific eyeglass frame. The LED DayLite WireLess can be transferred from one platform to another, expanding your “WireLess” illumination possibilities across all of your eyewear options.

Half the weight of integrated cordless systems

The LED DayLite WireLess weighs only 1.4 ounces and, when attached to a pair of loupes, the combined weight is half the weight of integrated cordless lights/loupes. The LED DayLite WireLess produces more than 40,000 lux at high intensity and 27,000 lux at medium intensity. The spot size of the LED DayLite WireLess will illuminate the entire oral cavity. The function of the headlight is controlled via capacitive touch.

The LED DayLite WireLess is powered by a compact, rechargeable lithium-ion power pod. It comes complete with three power pods. The charging cradle enables you to independently recharge two power pods at the same time and clearly displays the progress of each charge cycle. Designs for Vision has been showing the Micro Series together for the first time this winter. The Micro 3.5 EF Scopes use a revolutionary optical design that reduces the size of the prismatic telescope by 50 percent and reduces the weight by 40 percent, while providing an expanded-field full-oral-cavity view at 3.5x magnification.

The new Micro 2.5x Scopes are 23 percent smaller and 36 percent lighter than traditional 2.5x telescopes, and enlarge the entire oral cavity at true 2.5x magnification. The Micro Series is fully customized and uses the proprietary lens coatings for the greatest light transmission.

You can “See the Visible Difference®” by visiting the Designs for Vision booths, No. 1204 or No. 846, at CDA Presents the Art and Science of Dentistry in Anaheim, May 12–14. Or arrange a visit in your office by calling (800) 345-4009 or emailing info@dvimail.com.

(Source: Designs For Vision)

‘The company invests in demanding and innovative safety procedures.’

The company invests in demanding and innovative safety procedures. “Users of our components do not only avoid unnecessary risks, they can also trust the consistent and reliable quality of compatible components and our experience in dental medicine,” Strasser said.

Original MIXPAC products can be identified by their logo, the specific retaining rings of the mixing tip, and the six typical colors. The Clinicians Report Foundation® and the Dental Advisor awarded Sulzer’s MIXPAC T-Mixer in the categories “Best Product” and “Best Value” for the first and third time, respectively.

The experts emphasized the significant saving of dental material while ensuring consistent mixing quality and compatibility with the existing MIXPAC® products.

(Source: Sulzer MIXPAC)
Seven simple steps to implant success

Approaching a straightforward, single-unit implant case involving a tooth that has fractured or otherwise failed

By Paresh B. Patel, DDS

Implant therapy is an accessible mode of treatment that can be executed with a high degree of predictability by following some simple steps and techniques. A common source of straightforward, single-unit implant cases are patients who present with a tooth that has fractured or otherwise failed after receiving endodontic treatment. The treatment protocol to place and restore an implant in these situations is quite approachable and can be broken down into seven simple steps.

Step 1: The tooth should be removedatraumatically, taking care to preserve as much of the buccal plate and surrounding bone as possible. After using a very fine diamond bur to trace around the root, periodontal incisions can be situated between the root and the bone to aid atraumatic removal.

Step 2: To simplify the eventual placement of the implant, it is important to preserve the bone by grafting the socket. Any granulation material should be carefully removed from the socket. The site should be irrigated and the walls scraped to initiate some bleeding. The socket is then filled up to the crest of bone with grafting material and sutured.

Step 3: The extraction socket is allowed to heal for approximately four months. During this time, the grafting material helps maintain the bone volume that is essential to a simple, predictable implant placement procedure and an aesthetic, functional outcome.

Step 4: After the socket site has healed, the patient returns for placement of the implant. The site can be evaluated intraorally, radiographically and with a periodontal probe to verify sufficient bone volume for implantation and determine the diameter of the implant.

The flapless implant placement is an excellent, minimally invasive option for many of these cases. To begin the flapless surgical procedure, a tissue punch is used to create an opening for the osteotomy, noting that the implant should be situated 1.5 mm from the adjacent teeth, with 1.5-2.0 mm of bone on the facial aspect.

The osteotomy is created following the manufacturer-recommended sequence of surgical drills for the diameter and length of implant being placed, with proper angulation and positioning confirmed radiographically during the procedure. It is advantageous to place an implant with a pronounced thread design like the Hahn™ Tapered Implant System, which helps the clinician maintain directional control during insertion and establishes high primary stability. A tapered implant design is also beneficial, as the tooth-root-like shape is easier to situate within the available bone.

The implant is first threaded into the osteotomy site using a handpiece driver and then a torque wrench so stability of the implant can be determined.

Step 5: After verifying adequate primary stability, a healing abutment, rather than a cover screw, can be delivered at the time of implant placement. Delivering a healing abutment is advantageous as it helps contour the soft tissue to form a healthy, esthetic transmucosal emergence as the implant integrates and avoids the need for a second surgical procedure to uncover the cover screw.

Step 6: Approximately three months after implant placement, the patient returns for the final impression. After removing the healing abutment, an impression coping is connected to the implant and a closed-tray impression is taken using a vinyl polysiloxane material, such as Capture® (Glidewell Direct, Irvine, Calif.). The dental lab fabricates the definitive restoration based on the final impression.

Step 7: BruxZir® screw-retained crowns are esthetic, predictable, extremely durable, easily retrievable and avoid the task of cementing the restoration over an abutment. After removing the healing abutment, the screw-retained crown is seated, the prosthesis screw is tightened, and the access hole is filled with Teflon tape and sealed using composite.

Conclusion
With so many patients requiring single-unit extractions presenting for treatment, the properly trained general dentist has every reason to provide implant treatment to such patients directly. This expands the services and quality of care offered by the practice and gives the patient a better long-term solution to the problem of a missing tooth.

After extracting the untreatable tooth, augmenting the bone and allowing the site to heal, a Hahn Tapered Implant was placed in ideal position for the final screw-retained BruxZir crown. Photo/Provided by Dr. Paresh B. Patel

‘The properly trained general dentist has every reason to provide implant treatment to such patients directly’

Dr. Paresh Patel is a graduate of the University of North Carolina at Chapel Hill School of Dentistry and the Medical College of Georgia/AAD MaxiCourse. He is cofounder of the American Academy of Small Diameter Implants and a clinical instructor at the Reconstructive Dentistry Institute. Patel has placed more than 2,500 small-diameter implants and has worked as a lecturer and clinical consultant on mini implants for various companies. He belongs to numerous dental organizations, including the ADA, North Carolina Dental Society and AACD. He also is a member and president of the Iredell County Dental Society in Mooresville, N.C. Patel can be contacted at pareshpateldds2@gmail.com or www.dentalminimplant.com.

(Dental Tribune U.S. Edition | May 2016 ©2016 Inclusive magazine)
ZERO-G™ / Liquid Magic™ Case Presentation
Photography and Dentistry by: Ross Nash, DDS

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The industry’s first book dedicated to combined restorations and removable prostheses was released in October. Its title: “Techno-clinical aspects of fixed removable prosthesis.”

The book helps illustrate how the combined prosthesis now offers the edentulous or partially edentulous patient comfort that was unthinkable a few years ago. The combined prosthesis is a valuable solution but only if done by experts in the field of clinical dentistry working with dental technicians with in-depth knowledge of clinical anatomy, occlusion, gnathology and dental materials.

The idea for the book came from a desire to provide guidelines to all those who want to learn this branch of dentistry and who want to deepen their knowledge of techniques and protocols. To create the book, a team of dentists and dental technicians skilled in multiple solutions and techniques were invited to contribute. The result is a resource previously unavailable in a single text.

The book involved 27 authors and 23 cases. The introduction was written by three professors from three Italian universities: Siena, Milan and Turin. The book is intended to be read by an international audience; it has been written in Italian, English and Spanish.

The authors are Prof. Andrea Borracchini, University of Siena; Dr. Alessio Casucci and Prof. Gianfranco Gassino, University of Turin; Dr. Massimo Pasi, University of Milan; Dr. Luca Ortenesi, Dr. Caterina Perra, Dr. Ugo Torquati Gritti, Dr. Daniele Vrespa, Dr. Gabriele Rosano, Dr. Riccardo Stefani, Dr. Gerardo Schiatti, Dr. Mauro Colombo, Dr. Umberto Ferrone, Dr. Eugenio Guidetti, Dr. Marco Montanari, Dr. Massimo Pedrinazzi, Dr. Alessandro Iorio Siciliano, D.T. Luca Ruggiero, D.T. Giuliano Bonato, D.T. Armando Buongiovanni, D.T. Carlo Borromeo, D.T. Vittorio Capezzuto, D.T. Salvatore Chimenz, D.T. Rodolfo Colognesi, D.T. Davide Nadalini, D.T. Marco Ortenesi and D.T. Giancarlo Riva.

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(Source: Rhein83)

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Visit us at the CDA Anaheim
Booth #760
TAUB Products has been a pioneer of industry materials for the dental lab and dental practice. The company started as George Taub Dental Ceramics Laboratories in the 1930s, specializing in the design and creation of bridgework and porcelain crowns. Today, according to the company, TAUB Products is a hybrid company cross-serving two dental markets and understanding the needs of communication and association between the dental laboratory and dental practice during treatment planning. Some recent highlights in innovation:

2014
- **FUSION-Zr™** cements offer self-adhesive properties for permanent cementation of all-ceramic restorations, zirconia, lithium disilicate, CAD/CAM materials, veneers, crown and bridge, inlays/onlays, FFM, metal, titanium and fiber posts. Bonding agents can be used but are not required. FUSION-Zr cements offer self-adhesive strength to zirconia and other restorative substrates. According to the company, practitioners will enjoy highly favorable handling characteristics and color stability, while producing a remarkably fast and easy clean-up. Trusted by renowned clinicians, FUSION-Zr cements are implemented into lectures and educational curriculums.

2015
- **ZERO-G** is a dual-cure implant cement and is recommended for intermediate to long-term cementation of implant-retained restorations. This cement can also be used for traditional crown and bridge restorations. The company reports that light-curing for 20 seconds enables complete margin curing. Self-cure working time is 1 minute and 45 seconds. Set time is 2 minutes and 30 seconds. According to the company, ZERO-G provides excellent radiopacity for good visualization after cementation to document complete clean-up, as well as diagnostic examination upon follow-up.

2016
- **Ca-Lok Flowable Adhesive Calcium Base/Liner** is a light-cured, calcium-filled resin with adhesive properties to dentin and seamless compatibility to other restorative materials. Ca-Lok is radiopaque and releases fluoride. It is used as a protective liner and can be placed under restorative materials and cements for all deep cavity preparations. With its flowable viscosity and hydrophilic/hydrophobic properties, precise placement and control is achieved once light cured.

According to the company, Ca-Lok creates adhesion that seals out micro-leakage and eliminates sensitivity. Larry Taub, one of the original members of the TAUB team, said, “I am pleased to see the advancements made in the use of resin-modified calcium adhesive base/liners. TAUB is still at the forefront of this important dental technology.”

**Liquid Magic™** is a light-cured, resin barrier for implant and cosmetic dentistry. According to the company, Liquid Magic is recommended for filling and protecting abutments as an alternative to having to use multiple products for the same result. The company reports that Liquid Magic can be used to protect the screw head from cements and composite restoratives — and to seal the screw access hole on abutments and screw-retained restorations. It also can be used on screw threads and internal implant components to provide temporary protection during recall and debridging. When cured, Liquid Magic is a flexible, soft material allowing for easy removal when desired, often in a single piece, making clean-up fast and complete, according to the company.

**Tomorrow**
Taub Products reports that it diligently continues to work on new innovative products, and it encourages practitioners to watch for new products coming soon.

(Source: TAUB Products)
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NuSmile celebrates 25 years with 20 percent discount

Pediatric restorative dentistry company offers discount at AAPD 2016 meeting

By NuSmile Ltd. Staff

NuSmile Ltd. is celebrating its 25th anniversary by offering a “25th Anniversary 20 Percent Discount” to the customers who have made its quarter-century of pediatric restorative dentistry leadership possible. Any U.S. dental practice placing an order with the company at the upcoming American Academy of Pediatric Dentistry (AAPD) 2016 Annual Session in San Antonio, Texas, will receive the discount.

“We’re the only company in the world that can say our crowns have been selected for use in more than 4 million aesthetic pediatric-crown restorations,” said NuSmile founder and CEO Diane Johnson Krueger. “We take great pride in being able to say that, but we wouldn’t be able to if it weren’t for many thousands of talented, caring and loyal customers.”

Krueger credits NuSmile’s customers for more than choosing NuSmile products — she credits them for being the inspiration behind the unprecedented quality and innovation of those products, according to the company. “All of our products were developed and refined based not only on our in-depth understanding of dental materials science, but on the insights we’ve received from the dentists who use our products every day,” she said.

For example, when exploring entry into the market for pediatric zirconia crowns, Krueger and other NuSmile team members conducted an exhaustive investigation of published and internal research while also asking pediatric dentists what they most wanted in a zirconia crown.

Many dentists said they were concerned about the fact that saliva and blood contamination occur 100 percent of the time when the zirconia crown is placed on the tooth during the trial fit stage. These informed dentists realized that the phosphates in saliva strongly adhere to zirconia, significantly impairing cement bond strength and risking cementation failure.

NuSmile’s unique solution: The NuSmile ZR zirconia pediatric crown system, featuring reusable pink Try-In crowns that are identical in size and shape to the actual zirconia crowns. Try-In crowns eliminate the need to place the zirconia crowns in the mouth prior to cementation.

“The first time our NuSmile ZR crown enters the patient’s mouth is also the last time, which makes blood and saliva contamination impossible,” Krueger said. “Prior to our introduction of this system, the clinician’s only option was to use the actual zirconia crown for trial fitting, which adds time-consuming cleaning steps or risks cementation failure. Listening to our customers’ concerns was critical to our ability to solve this dilemma with our unique Try-In crown system.”
Single-bottle adhesive self-cures with no light activation

**Futurabond M+ needs only one coat and 35 seconds**

By VOCO Staff

VOCO recently introduced Futurabond M+, a universal single-bottle adhesive. Futurabond M+ versatility enables it to be used in self-, selective- or total-etch mode without any additional primers on virtually all substrates. Futurabond M+ achieves total-etch bond strength levels with all light-, self- and dual-cure resin-based composites, cements and core buildup materials. With a dual-cured activator, Futurabond M+ will self-cure without any light activation, which, according to the company, offers a big advantage for endodontic applications such as post cementation where it avoids the pooling effect, a problem with light-cured adhesives. Futurabond M+ also adheres well to metal, zirconia and ceramic, making extra primers unnecessary.

Futurabond M+ needs only one coat and takes 35 seconds from start to finish. Its low film thickness of 9 microns makes bonding margins invisible (i.e. no “halo” effect) and prevents pooling problems. Additionally the material does not need to be refrigerated. Further Futurabond M+ benefits include its indication as a desensitizer for use under amalgam restorations or on hypersensitive tooth necks, as a protective varnish for glass ionomers as well as an intraoral repair of ceramic restorations.

For more information on Futurabond M+ you can visit the VOCO website at [www.voco.com](http://www.voco.com).

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Calcicur: A ready-to-use radiopaque water-based calcium hydroxide paste

High pH for anti-microbial effect, promotion of secondary dentin formation

By VOCO Staff

VOCO recently introduced Calcicur, a radiopaque water-based calcium hydroxide paste. According to the company, Calcicur is an ideal material for direct pulp capping and after pulpotomies as well as indirect pulp capping in cases of deep decay. Containing 45 percent calcium hydroxide, Calcicur provides high pH values (>12.5) for an anti-microbial effect and the promotion of secondary dentin formation. Calcicur’s high pH values also allow for the indication of temporary root canal fillings, the disinfection of root canals and the lining of cavities to prevent exposure to acid media when using cements.

Calcicur’s endo tip makes root canal treatment easy, minimizing time and effort. Calcicur can be applied immediately and underneath any lining or restorative material and is available in a ready-to-use 2.5g syringe that prevents moisture loss.

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