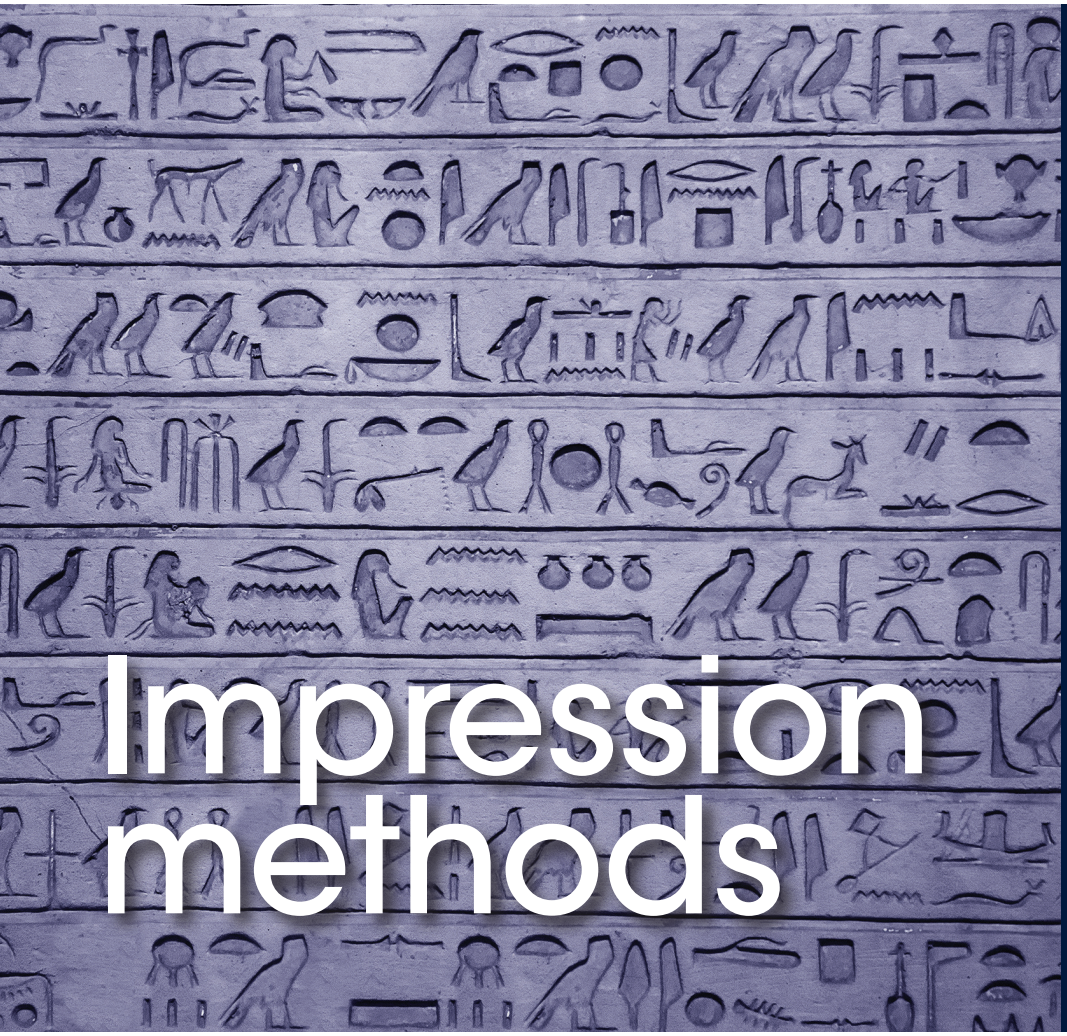
MARCH-APRIL 2018
Vol. 35, No. 02

DENTAL ADVISOR™

Product insights you can trust.



Impression methods

2 **MAIN TOPIC**
Impression Methods

CLINICAL EVALUATIONS

6 GLO Science Professional Dual-Whitening System
(In-office and take-home whitening system)

9 SoloCem®
(Dual-cured, self-adhesive resin cement)

10 Evanesce™ Universal Restorative
(Nano-enhanced esthetic composite)

12 EsFlow
(Nanohybrid, flowable composite)

EDITOR'S CHOICE

7 Beautifil II LS
(Low-shrink universal hybrid composite)

8 GingiCaine® Gel Syringes
(20% benzocaine gel in a syringe delivery)

11 Nupro® Revolv® Slim Disposable Prophy Angle
(Ergonomically-designed prophy angle with a shorter head and slender neck)

DENTAL ADVISOR
Product insights you can trust.

FROM THE DESK OF
Dr. Sabiha Bunek, Editor-in-Chief

MAR./APR. 2018
VOL. 35, NO. 2
PUBLISHER: DENTAL CONSULTANTS, INC.
John W. Farah, D.D.S., Ph.D.
John M. Powers, Ph.D.
Sabiha S. Bunek, D.D.S.

EDITOR-IN-CHIEF
Sabiha S. Bunek, D.D.S.

EDITOR EMERITUS
William A. Gregory, D.D.S., M.S.

EDITORIAL BOARD
Gary Bloomfield, D.D.S.
Julius Bunek, D.D.S., M.S.
Eric Brust, D.D.S., M.S.
Michelle Elford, D.D.S.
Brent Kolb, D.D.S.
Nizar Mansour, D.D.S., M.S.
James Olsen, D.D.S.
Kathy O'Keefe, D.D.S., M.S.
Brad Stieper, D.D.S., M.S.
Peter Yaman, D.D.S., M.S.
Mark Zahn, D.D.S. M.S.

CONTRIBUTING AUTHORS
Fiona M. Collins, B.D.S, M.B.A., M.A.
Shelby Crawford, D.A.

EXECUTIVE TEAM
Mary E. Yakas, B.A., C.M.C.
Jackie Farah, M.A.Ed.

RESEARCH
Amer Tiba, M.S., M.Sc., Ph.D.
John A. Molinari, Ph.D.
Matt G. Cowen, B.S.
Peri D. Nelson, B.S.

DESIGN
Jim Dombrowski
Jenni Heller, B.A.

CIRCULATION
Heidi L. Graber

SALES
Dave Molnar, B.S.
Christopher Voigtman

Please send inquiries and address changes to:
DENTAL ADVISOR
3110 West Liberty, Ann Arbor, MI 48103
Call: 800.347.1330 - 734.665.2020
Fax: 734.665.1648
Email: connect@dentaladvisor.com
Website: dentaladvisor.com

No unauthorized duplication or reprints may be made. Inquiries concerning duplication may be directed to the publisher. Copyright ©2018, Dental Consultants, Inc. All rights reserved. Printed in the U.S.A. (ISSN 0748-4666) by Print-Tech, Inc.

This publication is printed on paper that is 50% recycled and has 25% post-consumer content.

VISIT US ON SOCIAL MEDIA
FACEBOOK
FB.COM/THEDENTALADVISOR
INSTAGRAM
@THE_DENTAL_ADVISOR
TWITTER
@DENTALADVISOR
LINKEDIN
/COMPANY/DENTAL-ADVISOR

As new digital impressioning technology is introduced, I continue to get the same question during lectures: "Is it worth the investment?" I personally utilize both traditional and digital impressions in private practice, but place a higher value on the benefits of digital impressions. In the last couple of years, intraoral digital impression systems have gained momentum as scanners have become more portable, precise and easy to use. More importantly, manufacturers are developing new technology fully aware that, in order for adoption rates to increase, the technology must be affordable and fit with the flow of clinical practice.

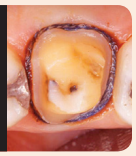
Still, we see clinicians reluctant to enter this digital marketplace. As we uncover contributing factors such as cost, learning curve, and workflow changes, we are now met with the introduction of desktop impression/model scanners. This technology is a great alternative to intraoral digital impression systems, and an entry point for clinicians who want to explore the digital impressioning landscape without a large investment.

In this issue, we compare soft tissue management techniques, review different impressioning methods, discuss technology new to market, and provide clinical tips to minimize errors for both clinicians and team members. We are grateful for your support as we celebrate 35 years as an educational resource for the dental community! As always, we look forward to hearing from our readers and welcome your comments and suggestions; you can reach me at drbunek@ dentaladvisor.com.

— Sabiha S. Bunek

Setting the stage: Soft Tissue Management

Regardless of technique, traditional and digital impressions require an accurate ***capture and record of the gingival margin*** and area slightly apical to the margin, the prepared tooth, and adjacent teeth. When restorative margins are placed equi- or subgingival, proper soft tissue management is essential to ***capture all details.*** Options for soft tissue management include retraction cord, retraction paste, and surgical management via a soft tissue diode laser.



1 GINGIVAL RETRACTION CORD WITH HEMOSTATIC AGENT

Advantages
- Most popular method due to cost and familiairity
- Cord is available in multiple sizes and types, allowing adaptation to any type of tissue
- Hemostatic agents can be infused into retraction cord, saving a step and assisting with heavy bleeding

Disadvantages
- Technique sensitive
- Deeper preps may require more than one cord
- Cord can fray or shred and debris can interfere with achieving a crisp margin
- Hemostatic agents must be thorougly rinsed to minimize interference with impression set time
- Patients can experience discomfort
- Risk of damaging the epithelial attachment

2 RETRACTION PASTE

Advantages
- Quick and easy to use
- Minimal trauma
- Gently displaces soft tissue
- Comfortable for patients
- Can be used in conjunction with cord where necessary for the double corded technique

Disadvantages
- Can interfere with the set of impression materials if not properly rinsed
- Often provides excellent hemostasis but not enough retraction
- Can displace during application

3 DIODE LASER

Advantages
- Easy technique to mechanically remove soft tissue
- Does not require additional materials to achieve hemostasis
- Excellent and rapid healing
- Minimal to no post-operative sensitivity

Disadvantages
- Initial investment and training in new technology
- Requires use of additonal setup
- Improper use can lead to excess tissue removal
- Higher cost per tooth

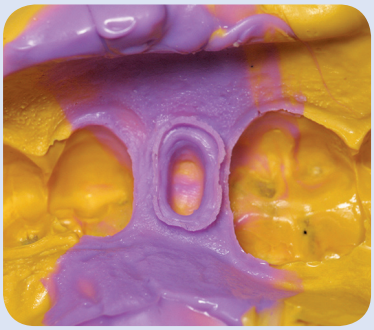
Impression methods

Digital Adoption Rates:
Clinicians vs. Dental Laboratories

Several intraoral scanners are commercially available and offer advanced technologies; however, ***adoption rates over the last several years have not increased due to price point and training,*** as clinicians are not necessarily willing to make the investment needed to change.

Digital desktop scanners offer a solution to clinicians reluctant to adopt intraoral scanning in practice. This technology eliminates the need to send a physical impression to a lab; the impression is placed in a "box", scanned, and emailed to the laboratory for fabrication. Digital desktop scanning technology is ***a great alternative to intraoral digital impression systems,*** and an entry point for clinicians who want to explore the digital impressioning landscape without a large investment.

With the increased request for ***milled monolithic restorations,*** dental laboratories have embraced the evolution of digital technologies. Contrary to what we see in clinical practice, laboratories are digitizing their workflow and ***fabrication process, eliminating steps and saving time and costs.*** These cost-saving measures also benefit the clinician because turn-around times are shorter, and in many cases fees are reduced, especially when model-less restorations are fabricated.

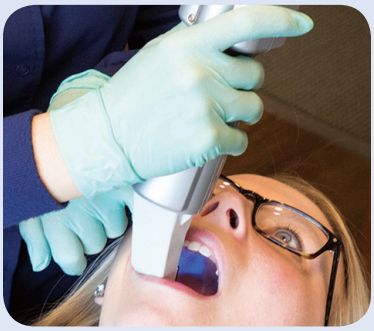


TRADITIONAL IMPRESSION

- (+) Highly Accurate
- (+) Tried-and-true method
- (+) Long term dimensional stability
- (+) Fast
- (-) Need to repeat procedure if margins are not captured
- (-) Potential distortion (tears, voids, bubbles)
- (-) Patient acceptance
- (-) Shipment fee

DIGITAL DESKTOP SCAN

- (+) No technique change for dentist
- (+) Ease of use
- (+) No model fee or shipment of case
- (-) Scan results dependent on impression quality
- (-) May require scannable impression material or powder
- (-) Time required to learn to scan impressions and send digitally



INTRAORAL DIGITAL SCAN

- (+) Immediate 3D result enlarged for review
- (+) Immediately sent to lab or designed to mill
- (+) Ability to reimpress/touch up scan quickly if necessary
- (+) No model fee or shipment of case
- (-) Initial investment and learning curve
- (-) Workflow changes necessary if milling in-office
- (-) Not ideal for every clinical case
- (-) Use of powder for some scanners

Changing the *landscape of impressions*

We have recently seen trends in materials where products are being developed to eliminate the need for retraction cord. As an alternative, light body materials are injected directly into the sulcus and on the occlusal surface, the idea being that the light body is forced into position for a more accurate impression. DENTAL ADVISOR is in the process of evaluating some of these products and techniques versus traditional and digital impression methods.

Saving time

digit Power® Dispenser: Dentsply Sirona

The ***digit Power Dispenser*** is a battery powered precision delivery system that improves the current impression-taking procedure step. The manufacturer reports that users can:

- Get up to 6.3% closer to the tooth prep for more control.
- Get up to 8.4% less force required to dispense than 50 ml systems.
- Get up to 6.4% less range of motion due to inadvertent wrist movement.
- Get up to 40% less weight to improve delivery and control.

Saving material

MIXPAC™ T-Mixer: Sulzer

Testing by DENTAL ADVISOR confirmed that 25%-40% less waste occurred by using ***MIXPAC T-Mixer*** compared to longer, standard mixing tips. It should be noted that the ***MIXPAC T-Mixer*** tips did not adversely affect the critical mechanical properties of elastic recovery and strain-in-compression for impression materials or flexural strength and modulus for the restorative materials tested.

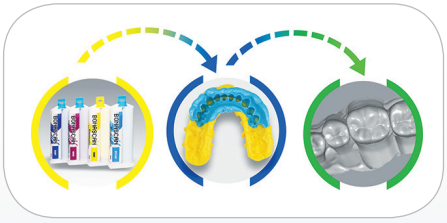
Saving time and cost

MiTi™ Impression System Kits: Dentaltree

Fluid-Displacement Impression-Taking System is a paradigm shift for crown, bridge, and veneer impressions - for wet, or dry fields, including areas of bleeding. Retraction and hemostasis is eliminated with fluid-displacement technology. This new, U.S. patented system never uses cord, astringents, or devices. The company reports that no gagging is experienced, even on reclined patients. This technique allows for accuracy in digital scans as well. The kit is reported by the company to be the fastest, most inexpensive way to take impressions. Kits are sold with all materials (***MiTi™ VPS*** heavy and light body, and ***MiTi™*** trays, along with specific instructions for the laboratory on managing the material.

Saving steps

BONASCAN: DMP



BONASCAN is a VPS impression material that gives you options! ***BONASCAN's*** powder-free scannability allows you to use digital technology without the hassle of operating CAD/CAM systems. The material is perfect for dentists who want to simplify their digital workflow, but prefer using traditional impression methods. Use ***BONASCAN*** to take your traditional impression and either scan in office using a desktop scanner or send it to your dental lab for scanning. ***BONASCAN*** reportedly speeds up the restorative process, improves lab communications, and eliminates potential for impression distortion during shipping, processing and model pouring stages. ***BONASCAN*** is compatible with all digital software giving you options to work with any material instead of limiting your choices to materials that are compatible with certain brands of CAD/CAM software. ***BONASCAN*** captures exceptional surface detail and outperforms the competition in the areas of tear strength, dimensional stability, and hydrophilicity. Results are available upon request.

Essential tips for a *great impression*

DENTAL ADVISOR Favorites

Dynamic mixer

These machines are automatic dispensers, particularly useful for heavy body materials. No more hand strain when dispensing heavy body! DENTAL ADVISOR has awarded ***Dynamix Speed*** (Kulzer) Top Dynamic Mixer five years in a row.

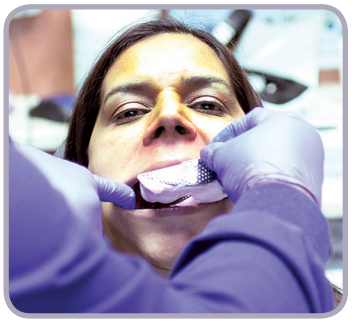
Intra-oral light body single-use syringes

Allow for direct placement into the sulcus without a larger bulky gun, which is more difficult to control. ***3M Intra-oral Syringes*** were selected as a DENTAL ADVISOR Clinical Problem Solver for their unique design and ease of use.

Trays designed with retention grooves and textured surfaces

These trays assist in keeping material exactly where it is placed, without runoff. The retention grooves act in place of an adhesive to ensure no distortion upon removal.

From the assistant side of the chair



- **Proper tray fit is essential for a successful impression.** Try in the impression tray before filling it with heavy body impression material. When using a triple tray, observe how the patient bites together to ensure the patient is biting correctly. If the patient's occlusion is not properly captured, the resulting crown will require multiple adjustments or the impression will need to be repeated.
- **If making a temporary matrix prior to preparation,** remove any excess residual temporary material from the prepared tooth and adjacent teeth with an alcohol wipe. Residual temporary material can disrupt the set of impression material.
- **Prevent tongue interference when inserting impression.** Cotton rolls placed lingually can assist in keeping the area dry and retracting the tongue.
- **Cheek retraction using an absorbent cheek pad is an excellent tool for digital impressions.** Using a mirror to retract the cheek during traditional impressions will reduce the chance of the cheek interfering with the buccal side of the impression.
- **Prevent gagging.** It is best to have the patient in a upright, seated position to avoid gagging. However, some patients are extremely sensitive to impression taking, even with digital impressions. Salt rubbed on the sides of the tongue or topical placed on the uvula and palate can prevent gagging during the impression. In extreme cases, Nitrous Oxide can also be used, even as a placebo to calm the patient.
- **Fill tray with heavy body material** no higher than the sides so excess material does not overflow into the oral cavity.
- **Instruct patient to bite down gently, slowly, and as naturally as possible.** This is the best way to ensure proper occlusion.
- **Keep accurate time and know your set times well for both heavy and light body.** Some materials can set faster once in the mouth. A good rule of thumb is to provide light body to the doctor first, then fill your tray if you are using the triple tray technique. If using a full arch, use a team approach with your doctor so that you have time to dispense heavy body before it sets.
- **Set times may vary.** Use a timer once the impression is fully seated in the mouth.
- **Stay with your patient during the impression process** in case of excess saliva, or difficulty with gagging or breathing.

GLO Science Professional Dual Whitening System

++++ ½

GLO Science Professional Dual Whitening System
www.glosciencepro.com

92% overall rating

Description

GLO Science provides a dual teeth-whitening system consisting of an in-office treatment and take home kit, providing the patient with the same patented technology used in the practice for continued whitening and maintenance at home. ***GLO Science Professional Chairside Kit*** includes a patented universally sized mouthpiece, patented lip-and-cheek retractor for optimal patient comfort, a gingival barrier that is painted on and light-cured, and hydrogen peroxide whitening gel. The award-winning innovation is in the closed-system mouthpiece which features *GLO Guided Light Optics* technology, combining LED light with built in heat-resistors to accelerate the whitening gel for fast results with little to no sensitivity. The device automatically shuts off at the end of each pre-timed, 8-minute application. The desensitizing whitening gel comes in a unique dual barrel syringe that keeps the formulation stable and active without refrigeration. It is available in 24% and 30% hydrogen peroxide concentrations. The *Patient Take-Home Kit* includes the same mouthpiece device that is used in-office. It also includes 9% hydrogen peroxide gel in a hermetically sealed delivery system with an easy applicator brush tip called *GLO Vials.* Each ***GLO Science Professional Chairside Patient Kit*** contains the following materials: *GLO Professional* gel syringe, light-cured gingival barrier syringe, lip and cheek retractor, GLO tooth shade guide, and a user manual. Each ***GLO Science Professional Take-Home Teeth Whitening Kit*** contains the *GLO device*, mouthpiece and case, 10 *GLO Vials* containing professional strength take home whitening gel, *GLO Lip Care,* a travel case, power adapter, USB cable, and user manual.

Indications

- In-office tooth whitening to treat intrinsic and extrinsic dental stain.
- At-home tooth whitening to treat intrinsic and extrinsic dental stain.

"THE MOST INNOVATIVE AND EFFECTIVE PRODUCT I HAVE SEEN IN A LONG WHILE."

Consultants' Comments

- *"Great results."*
- *"Easy to use and apply in-office."*
- *"My patients experienced no sensitivity and we liked that no impressions were needed."*
- *"Patients thought the light was cool and they liked that they could take it home."*
- *"The perceived extra value to the patient of the take-home kit is awesome."*
- *"The accessories in the kit made things a lot nicer - lip balm, mouthpiece and the gingival barrier material - the package was complete."*
- *"I would like a mouthpiece that extends further back."*
- *"The barrier material did not stay in place well and was sticky on teeth."*
- *"My patients had some sensitivity and discomfort."*
- *"Shade improvements were good - better after using the take-home kit."*

Clinical Tips

- Keep a *GLO control* on the dock charger so you are ready for in-office whitening all the time. Make sure to fully charge the unit before use – it takes up to 4 hours to charge.
- Make sure the gingiva is dry before you place the gingival barrier material.
- Block out and light cure small portions at a time.

Unique Features

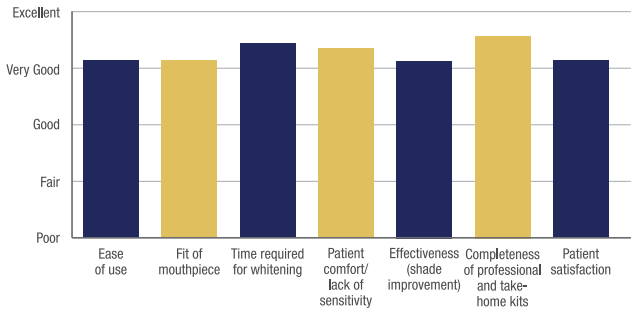
- Patented universally sized mouthpiece featuring *GLO warming heat and light* to activate and accelerate formulation.
- Does not require impressions or trays.
- Results in one visit.
- Fast results, less chairtime (24-32 minute treatment time).
- Devices are mobile and don't take up any space in the operatory, so every hygiene room can become a whitening room.
- Little-to-no sensitivity.
- Patient goes home with the same technology used in the dental office to stabilize and maintain their whitening results.
- Easy to use and high patient compliance.

Evaluation Highlights

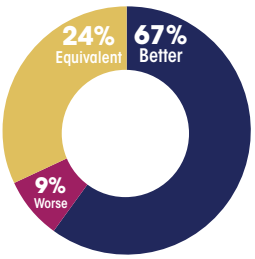
GLO Science Professional Chairside Kit and ***GLO Science Professional Take-Home Kits*** were evaluated by 21 consultants.

- Effective.
- Easy to use.
- Complete kit.
- Take-home kit and mouthpiece for continued whitening by patient at home.
- In-office version requires use of gingival barrier material.

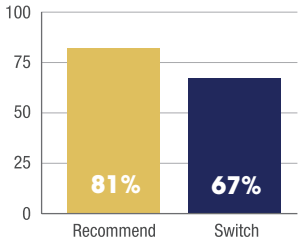
Key Features:



Compared to Competitive Products:



Percentage of Consultants Who Would:



Beautifil II LS

+++++

96% overall rating

Shofu
www.shofu.com

Description

Beautifil II LS is a universal hybrid composite with bioactive attributes, and the release/recharge of fluoride, strontium and four other beneficial ions. Formulated to minimize polymerization shrinkage and the associated shrinkage stress, this novel material is designed to offer high compressive and flexural strength, life-like esthetics, and it can be sculpted without slumping or sticking. ***Beautifil II LS*** is available in 4 g syringes and in unit doses, in 14 shades including, A1, A2, A3, A3.5, A4, B1, B2, B3, C2, C3, AO20, and AO30, as well as in incisal and bleach white shades.

Clinical Tips

- Do not rush placement of the material. Let the product flow to achieve the desired outcome.
- Easier to work with when warm—place it in a composite warming device before dispensing.
- If the material appears too translucent, mix it with or use a more opaque shade behind/under it.
- Be aware that it sets quickly in ambient light.

"RAPID FINISHING AND POLISHING TO A GLASS-LIKE FINISH AND MIRROR-LIKE LUSTER."

Consultants' Comments

- *"Easy bubble-free placement, non-sticky, packs well and easy to sculpt."*
- *"Works like a charm."*
- *"The caps on syringes were great. You cannot lose or drop them!"*
- *"Good sculptability and easy to shape the material, without slumping or pull-back afterwards."*
- *"The tip of the capsule was very beneficial in reaching areas in the box that are not easy to pack with universal composite."*
- *"I like that it releases and recharges with fluoride and has minimal shrinkage."*
- *"Excellent natural-looking artistic restorations that blended into the natural tooth structure."*
- *"After more than 20 years in practice I have finally found a composite that offers superior handling and esthetics."*
- *"A little stiff when first dispensed."*
- *"Blended fairly well with tooth structure but I found it too translucent for anteriors."*

Indication

- All anterior and posterior direct restorations (Classes 1 through V).

Unique Features

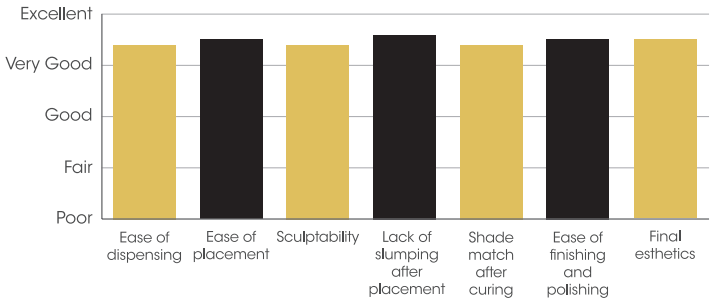
- Contains bioactive Giomer technology.
- Tooth-like esthetics with natural fluorescence and a chameleon effect.
- Rapid polish and high polishability.
- Exhibits anti-plaque properties and inhibits plaque accumulation.
- Release/recharge of fluoride, strontium and four other ions.

Evaluation Highlights

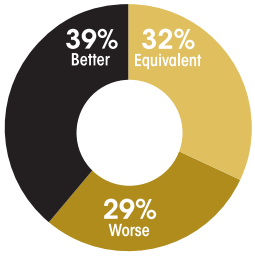
Beautifil II LS was evaluated by 31 consultants, with a total of 681 uses.

- Easy dispensing and placement.
- Packable.
- Easy to sculpt and adapt.
- Low shrinkage.
- Fluoride release and recharge.
- Good polishability.
- Esthetic.

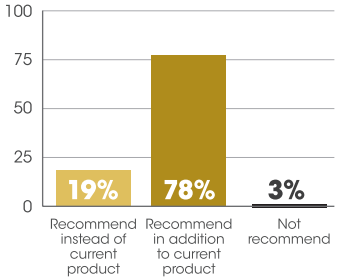
Key Features:



Compared to Competitive Products:



Percentage of Consultants Who Would:



GingiCaine® Gel Syringes

97% overall rating

PacDent International, Inc.
gingi-pak.com

Description

GingiCaine® Gel Syringes contain 20% benzocaine for use as a topical anesthetic. The onset time is 15 seconds for fast, safe and effective pain relief. The syringe is designed with a proprietary micro-needle tip with a 7 mm gauge mark and rounded end. This enables direct placement of topical anesthetic into the sulcus without damaging the sulcus. The gel is strawberry flavored. ***GingiCaine Gel Syringes*** are available in kits containing 20 syringes each with 1.2 mL of benzocaine gel and 40 micro-needle tips.

Indications

- Pain relief during scaling and root planing.
- Other procedures where topical anesthesia is beneficial.

Unique Features

- Micro-needle tip protects the sulcus during delivery.
- Direct delivery.

Clinical Tips

- Works very well for patients receiving scaling and root planing.
- Use it prior to gingival laser procedures.
- Worked well for numbing over-retained primary teeth that needed to be extracted.
- Use as a topical prior to infiltration anesthesia.
- For best results, wait longer than 15 seconds.

"EASY TO APPLY, FAST ONSET AND EFFECTIVE."

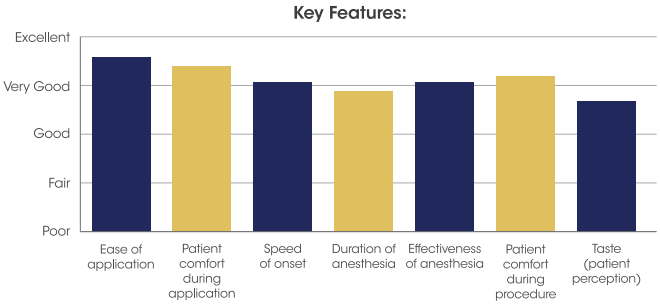
Consultants' Comments

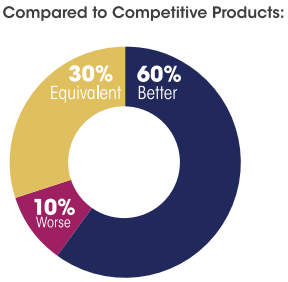
- *"I love this product for patients having scaling and root planing procedures."*
- *"Great delivery system. It was very easy to assemble the syringe, and there were fewer parts than our usual product's delivery system."*
- *"I liked being able to place it directly in the sulcus, and the ease of placing it at 1 or 2 teeth."*
- *"**GingiCaine** gel stays exactly where it's placed."*
- *"Anesthesia lasted during the procedure and beyond."*
- *"Predictable anesthesia for scaling and other gingival manipulation."*
- *"Most patients reported that they preferred the taste to other topicals - no strong odor."*
- *"Patients did not mind the taste and were receptive to its use."*
- *"I didn't find it as effective as other products, especially for very sensitive patients."*

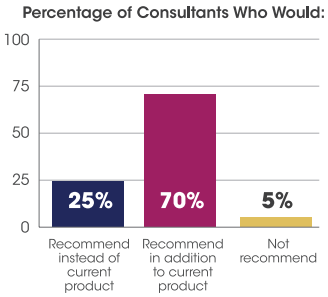
Evaluation Highlights

GingiCaine Gel Syringes were evaluated by 40 consultants, with 659 uses in total.

- Easy assembly of delivery unit.
- Easy and comfortable application.
- Predictable anesthesia.
- Fast onset.







SoloCem®

++++ ½

92% overall rating

Coltene Whaledent, Inc.
www.coltene.com

Description

SoloCem® is a radiopaque, dual-cured, self-adhesive resin cement. It contains MDP and 4-MET(A) monomers to help provide for strong retention without requiring a separate adhesive. This dual-cured cement offers high compressive and flexural strengths. The excellent bond strength of ***SoloCem*** offers reliable cementing to enamel, dentin, metal, zirconia and glass ceramics without the need of any additional primer. It provides enough working time with up to 60 seconds intraorally for a fast procedure, and can be tack cured in 3 seconds for easy clean-up. ***SoloCem*** is delivered in automix syringes with ready-to-use mixing tips. It is available in a kit containing two, 5 mL syringes (two each in dentin and translucent shades), together with 10 super fine and 10 short fine mixing tips. In addition, single 5 mL syringes together with 10 tips are available in white opaque, translucent and dentin shades.

Clinical Tips

- Take the cement out of refrigerator in advance to improve its flow.
- Work quickly when cementing posts.
- Warm it before placement.
- The enamel shade is nice for anterior teeth and somewhat translucent.
- Tack cure less than the recommended 3 seconds; otherwise, it is hard to remove excess cement.

Indications

- Permanent cementation of ceramic, metal and composite crowns, bridges, inlays and onlays.
- Cementation of implant abutments (zirconium oxide and titanium).
- Cementation of all types of endodontic posts.

"EXCELLENT SINGLE PRODUCT FOR CEMENTING CROWNS AND POSTS."

Consultants' Comments

- *"Nice viscosity. It is easy to mix, very smooth, and flows well."*
- *"Esthetic, with a nice range of cement shades."*
- *"A great multi-use product."*
- *"**SoloCem** is reliable, offers simplicity and is easy to use."*
- *"The really small tips are great for access and placement."*
- *"The procedure time is fast, since there is no need to etch and bond."*
- *"I like the inclusion of zinc oxide as a potential anti-bacterial agent."*
- *"You have to perform clean-up quickly, especially interproximal excess."*
- *"Tack cure is a little touchy. If you give it 1 second too long, it goes beyond the tack stage making it difficult to remove excess cement."*

Unique Features

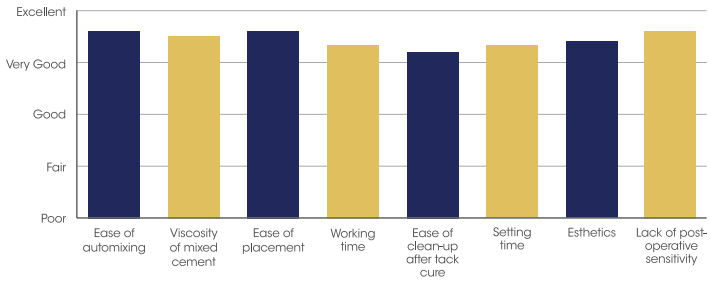
- One-step resin cement.
- Contains MDP and 4-MET(A) monomers for strong adhesion.
- Contains zinc oxide, which is antibacterial.
- Well-balanced mechanical properties.

Evaluation Highlights

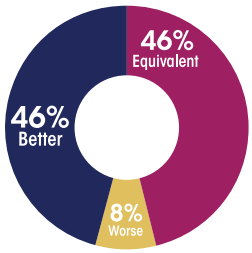
SoloCem was evaluated by 24 consultants, with a total of 377 uses.

- One-step self-etch and self-adhesive cement.
- Automix delivery system.
- Good consistency and reliability.
- Fast cure.
- Versatile.
- Esthetic.

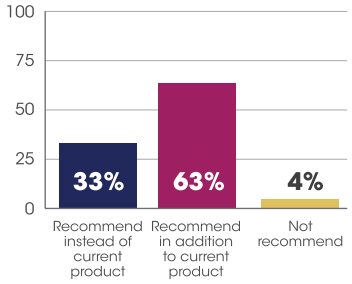
Key Features:



Compared to Competitive Products:



Percentage of Consultants Who Would:



Evanesce™ Universal Restorative

++++ ½

91% overall rating

Clinician's Choice
www.clinicianschoice.com

Description

Evanesce™ Universal Restorative is a nano-enhanced, light-cured, packable and esthetic resin-based composite. It is designed to blend with the surrounding hard tissues, offers high polishability, and can be used for simple and complex restorations. It contains rheological modifiers that provide for its putty-like handling and its ability to adapt to preparations and remain in place. ***Evanesce Universal Restorative*** is available in enamel (E), universal (U) and dentin (D) shades with 80%, 85% and 90% opacity, respectively, and also in three non-Vita Enamel FX shades. It is delivered in 4 g syringes and pre-loaded 0.25 g single-use tips in shades: A1U, A2U, A3U, A3.5U, A4U*, B1U, B2U, C1U*, C2U, C3U*, A1E, A2E, A3E, A3.5E, B1E, B2E*, C2E+, A1D, A2D, A3D, A3.5D, B1D, C2D, C4D*, as well as bleach shades BL1* and BL3*. Specialty shades available: Enamel FX Clear+, White+, and Incisal+.

* Available in single use tips only.
\+ Available in syringes only.

Indication

- All anterior and posterior direct restorations.

Unique Features

- The refractive index of its unique nano pigments and fillers are optimized through a proprietary process.
- Rheological modifiers provide for adaptability during packing and prevent slumping.

"THE BEST BLENDING COMPOSITE I HAVE EVER USED. IT BLENDS BEAUTIFULLY INTO THE TOOTH."

Consultants' Comments

- *"Great handling. Easy to dispense, packs very nicely and stacks very well."*
- *"I liked its putty-like consistency. It doesn't stick to instruments, pull back or slump."*
- *"Easy to sculpt, contour, finish and polish."*
- *"**Evanesce** handles with excellence. The final contour maintains its shape and blends into the natural tooth prior to light curing."*
- *"Good shade matches and polishability. Universal shades are excellent."*
- *"Nice polish and blends well. A good finish is achieved quickly."*
- *"Esthetics are exceptional. Great shade match incisally and very life-like."*
- *"I liked the opaque shades for masking dark areas and implant crown screw access holes."*

Evaluation Highlights

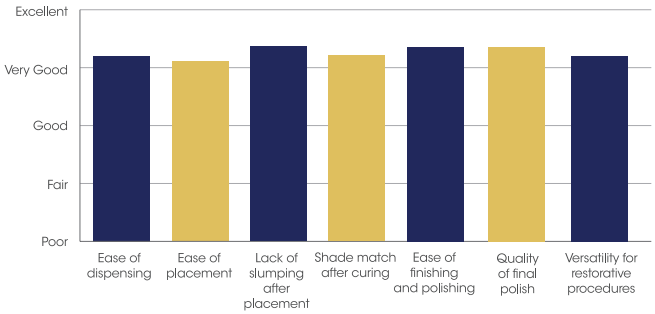
Evanesce Universal Restorative was evaluated by 34 consultants, with a total of 677 uses.

- Easy dispensing and manipulation.
- Putty-like, non-sticky consistency.
- Good polishability.
- Blends with tooth structure.
- Esthetic.

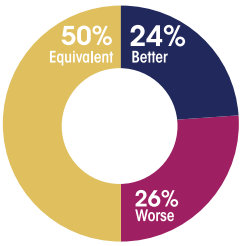
Clinical Tips

- The dentin and enamel shades in combination look great in the anterior region. It's worth using both of these shades.
- Great for posterior composites.
- Use the universal shade for medium-sized restorations.
- Over-build to contour it.
- Press down with a burnisher along the margins to adapt it.
- Warm it before placement.
- The enamel shade is nice for anteriors, somewhat translucent.

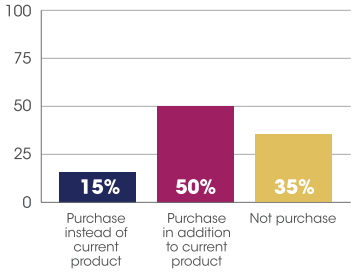
Key Features:



Compared to Competitive Products:



Percentage of Consultants Who Would:



Nupro® Revolv® Slim Disposable Prophy Angle

++++

EDITORS' DENTAL ADVISOR +++++ CHOICE

98% overall rating

Dentsply Sirona
www.dentsplysirona.com

Description

Nupro® Revolv® Slim Disposable Prophy Angle is a single-use, disposable prophy angle that is ergonomically designed to be comfortable for clinicians with smooth and quiet operation and improved maneuverability during polishing. It also has a shorter head and slender neck to improve access and visibility. The unique spiral cup is designed with internal webbing to reduce splatter and features outer spiral ridges for improved interproximal cleaning. ***Nupro Revolv Slim Disposable Prophy Angles*** are available in a lavender pearl color in boxes containing 200 prophy angles in a contra angle design with spiral cups and in a 90 degree angle design with spiral or soft cups.

Unique Features

- ***Nupro Revolv Slim DPAs*** can be used with low speed handpieces, including the *RDH Hygienist Handpiece* and *Nupro Freedom Slim DPAs* can be used with the *Nupro Freedom* and *MIDWEST RDH Freedom Cordless Prophy System.*
- 38% more slender than standard DPAs.
- Not made with natural rubber latex.

"EASY TO USE, EASY ACCESS, FLARES EASILY, AND ADAPTS WELL TO THE TOOTH."

Consultants' Comments

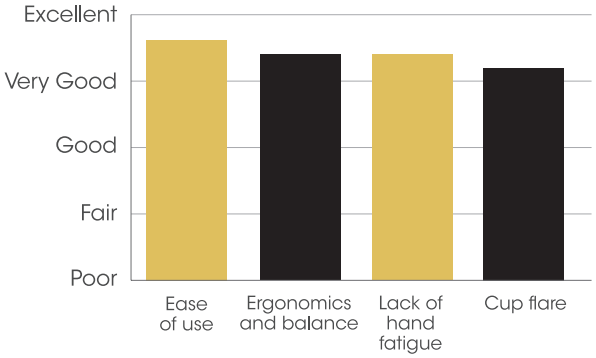
- *"Ergonomic and lightweight."*
- *"The cup doesn't collapse or fold when you apply some pressure."*
- *"The ribbed exterior makes for better interproximal cleaning."*
- *"The cup is the perfect size - small enough to reach the buccal surface of third molars."*
- *"Lack of splatter and I like that the prophy angle is disposable."*
- *"Very smooth and no vibration. Hugs the tooth perfectly as you polish."*
- *"Fits perfectly on my cordless handpiece."*
- *"The cup flared too much."*
- *"This prophy angle is heavier than I'm used to."*
- *"The cup was a bit stiffer than my usual prophy cup."*

Evaluation Highlights

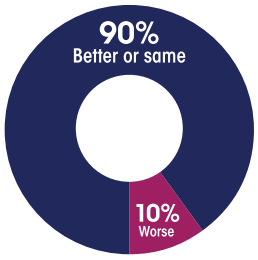
Nupro Revolv Slim Disposable Prophy Angle was evaluated by 31 consultants, and was used 2,256 times in total.

- Easy to use.
- Ergonomic and lightweight.
- Good adaptability, size and easy access.
- Flared, ribbed cup for adaptability and effective cleaning.

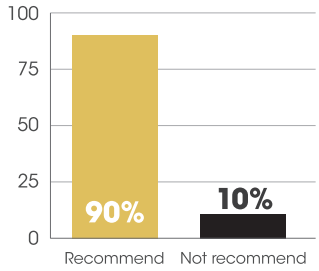
Key Features:



Compared to Competitive Products:



Percentage of Consultants Who Would:



EsFlow

++++ ½

Spident
www.spident.co.kr

95% overall rating

Description

EsFlow is a nanohybrid, flowable composite that is designed for esthetic results. It has a medium viscosity to allow the composite to flow into the preparation for easy handling and precise application. It is highly radiopaque. ***EsFlow*** is available in packs containing two, 2 g syringes in shade A1, A2, A3, A3.5, B1, B2, low viscosity LV A1, LV A2 or LV A3, together with 8 dispensing tips.

Indication

- Anterior and posterior direct restorations where a flowable composite is indicated.

Clinical Tips

- Move the tip a little more than usual for even placement as you extrude the material, as it is a little thicker than other flowables.
- Place in small increments of <2 mm.

Unique Features

- Contains high molecular weight urethane methacrylate monomer for compressive strength.
- Highly radiopaque.

"EXCELLENT VISCOSITY. EASY TO DISPENSE, CONTROLLED FLOW INTO PREP AND ADAPTS WELL."

Consultants' Comments

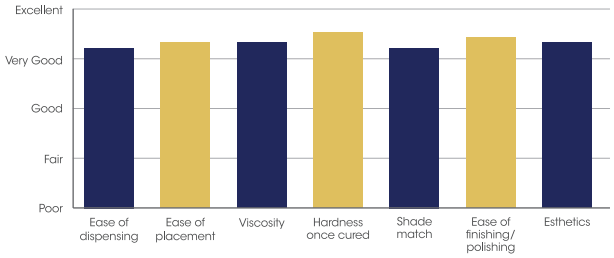
- *"Easy to place and did not slump with instrumentation."*
- *"Application is awesome - I loved the small tip."*
- *"Easy to finish, very good polish and final appearance."*
- *"Great variety of shades, good shade match. Blends well with most teeth."*
- *"Good radiopacity."*
- *"The shades are good; however, the opacity isn't always correct."*
- *"The LV seemed a little stickier than the regular viscosity."*

Evaluation Highlights

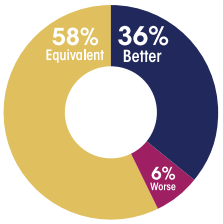
EsFlow was evaluated by 31 consultants, with a total of 672 uses.

- Good flowability.
- Precise application with dispensing tips.
- Easy handling and instrumentation.
- Quick placement.
- Good radiopacity.

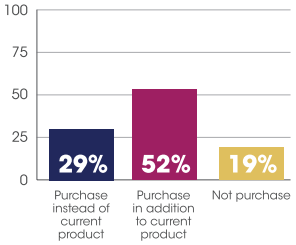
Key Features:



Compared to Competitive Products:



Percentage of Consultants Who Would:



SPECIAL THANKS TO:

Select Senior Clinical Consultants (Over 20 years):

R. Fisher, OH · E. Katkow, MD · J. Lockwood, MI · J. Mayer, OH · W. Nagy, TX · G. Poy, MI · J. Shamraj, MI · R. Trushkowsky, NY · P. Yaman, MI

Senior Clinical Consultants (15-19 years):

K. Baker, TX · F. Berman, PA · J. Bostic, OH · L. Brimhall, MT · M. Briskin, NY · L. Brown, MI · W. Brownscombe, MI · R. Ciccone, MI · C. Colbert, MI · M. Conrad, PA · J. Dingman, WI · R. Dost, VA · J. Doueck, NY · M. Dwoskin, MI
M. Eannaccone, NY · R. Engle, IL · K. Fairbanks, MI · M. Feinberg, NY · K. Fischer, IN · G. Franco, NY · N. Garlisi, OH · K. Goodman, MI · S. Graber, IL · P. Grandsire, NY · E. Gutman, NY · D. Haas, Ontario · K. Hamlett, TX · S. Harlock, MI
G. Hart, OH · R. Herwig, KS · J. Kaminski, MI · R. Kaprielian, NJ · M. Kastner, OH · D. Keren, NY · M. LaMarche, WA · J. Leitner, MI · S. Lever, MD · R. Lezell, MI · M. Livernois, NC · M. Man, NY · B. Manne, FL · N. Mansour, MI
N. Markarian, CA · C. McLaren, MI · J.W. Mikesell, IL · R. Mizrahi, NY · G. Mosso, PA · E. Mosso, PA · J. Nash, MI · A. Nazarian, MI · R. Oshrain, NY · J. Paris, TX · D. Parris, GA · M. Patel, MI · D. Peterson, MD · T. Pieper, WY
D. Pitak, MI · V. Plaisted, NY · D. Qualliotine, NC · G. Raichelson, Ontario · C. Reed, MI · G. Reskakis, NY · K. Schwartz, FL · J. Shea, MO · B. Shumaker, NJ · B. Sims, NY · P. Symeonides, NY · H. Tetalman, OH · C. Trubschenck, CA
S. Ura, NH · W. Walcott, MI · M. Waranowicz, MI · L. Wee, MI · H. Yeung, CA · M. Zahn, MI · P. Zanetti, MI · S. Zimmer, MI

Clinical Consultants (14 years or less):

A. Albright, NY · B. Argersinger, NC · P. Arsenault, MA · G. Ash, MI · A. Bagchi, MI · B. Barricklow, OH · L. Bartoszewicz, MI · J. Bechtel, MI ·A. Becker, MI · C. Bhatti, MI · L. Bishop, MI · T. Bizga, OH · G. Bloomfield, MI ·C. Brown, LA
E. Brust, MI · S. Bunek, MI · J. Bunek, MI · T. Burns, MI · J. Bush, PA · H. Cadorette, MI · P. Campo, NY · A. Cates, MI · P. Cracchiolo, MI · D. Chacko, TN · P. Chaiken, IL · D. Chenevert, MI · R. Cherry, FL · M. Connelly, MI · S. Crawford, MI
W. K. Dancy, GA · C. Dietz, OH · S. Dillingham, NY · K. Dobracki, MI · J&E Duski, MI · A. Dutko, MI · M. Elford, MI · O. Erdt, MI · M. Evers, OH · F. Facchini, MI · F. Falcao, FL · L. Feldman, NJ · D. Finnerty, MI · M. Frankman, SD
M. Glovis, MI · C. Goldin, MI · M. Grant, MI A. Green, MI · R. Green, MI · B. Greenwood, UT · J. Griffin Jr., MO · K. Grindling, MI · P. Gronet, KY · R. Grossman, PA · H. Gulati, MA · C. Gutierrez, MI · G. Haddad, CA · J. Haddad, MI
J. Hastings, CA · J. Hengehold, MI · B. Herrmann, CA · A. Hodges, NC · C. Huang, CA · M. Huberty, WI · P. Indianer, MI · J. Ireland, MI · C. Jaghab, MI · J. Jaghab, MI · R. Juluri, IL · M. Kachi-George, MI · D. Kapp, NY · J. Karam, MI
E. Kelly, GA · J. Kelly, GA · L. Kemmet, MN · D. Kinra, MI · M. Koczarski, WA · B. Kolb, MI · C. Laird, OR · R. Le, NC · I. Levine, NY · E. Lowe, BC, CAN · J. Lusby, MI · C. Manduzzi, MIK. Mantzikos, NY · E. McCarty, MI · T. McDonald, GA
J. McLaren, MI · M. McMullin, MI M. Migdal, MI · J. Minsky, CA · L. Montes, NY · M. Murphy, MI · L. Musgrave, MI · M. Nasif, MI · N. Nealis, IL · J. Neuman, MI · A. Newman, MI · J. Olitsky, FL · J. Olsen, MI · F. Orlando, NY · S. Owens, MI
P. Panchal, NC · M. Paquette, MI · J. Parrott, MI · D. Perkins, MI · S. Picazio, NJ · C. Pike, MI · C. Piontkowski, MI B. Pittsley, MI · T. Poirier, MI · D. Radtke, MI · G. Ramos, NY · C. Ramsey, FL S. Reddy, MI · T. Reeves, TN · N. Rego, CA
J. Riggs, MI · J. Rowe, AR · J. Rubin, DC · D. Ruhlig, MI · A. Saddy, MI · S. Salhadar, MI · P. Scalia, MI · C.Scanlon, MI · J. Schau, MI · L. Seluk, MI · R. Selvan, NJ · Y. Shaheen, MI · M. Shapiro, MI · E. Shaw, MI · A. Shemesh, IN
S. Simos, IL · B. Silver, MI · S. Simpson, MI · J. Smith, MI · C. Stevens, OK · B. Stevenson, MI · B. Stieper, MI · S. Tamber, MI · G. Tarantola, FL · T. Teel, IN · C. Thompson, MI · C. & L. Thorpe, MI · A. Valentine, MI · Lyn. Vandelaar, MI
H. Vann, MS · K. Vaught, MI · H. Whitt, MI · L. Williams, MI · K. Wilson, MI · D. Wolf, MA · W. Wright, CA N. Yaeger, MI · S. Yun, MI · D. Young, MI · J. Zanetti, MI

Laboratory Consultants:

Apex Dental Milling, MI · Bullinger Dental Lab, MI · Centric Dental Laboratory, TX · Cornerstone Dental Studio, Inc., MI · David's Dental Laboratory, NY · Expertec Dental Lab, MI · Heritage Dental Laboratory, IL
Technique Crown and Bridge, Inc., NC