

THE DENTAL ADVISORTM

"Improving Patient Care Through Research & Education"



Photography by Rosalyn L. Kin, Orchard Lake, Michigan

Dental Lasers

The first dental laser was cleared to market by the Food and Drug Administration (FDA) in May of 1990. Since then the FDA has granted around 300 marketing clearances for almost 150 lasers covering all different wavelengths from more than 60 companies. If a dentist is in the market to purchase a laser, the process could be very intimidating if he/she is unaware how to evaluate the technology. Considering that dental lasers cost between \$10,000 and \$70,000 or more, it makes sense for the dentist to be well informed before purchasing one.

This issue of THE DENTAL ADVISOR discusses laser basics, clinical tips, and integration into the office and lists nine manufacturers of dental lasers.

2007

Vol. 24, No. 3
April

DENTAL LASERS 2

CLINICAL EVALUATIONS

3-YEAR CLINICAL PERFORMANCE

TESCERA ATL 6
(Indirect composite system)

Denti-Foam 6
(Fluoride foam)

3-YEAR CLINICAL PERFORMANCE

3M ESPE Lava Crowns and Bridges 8
(CAD/CAM system)

SafeTouch Dental Dam 9

3-YEAR CLINICAL PERFORMANCE

LUMINEERS By Cerinate 10
(Pressed ceramic system)

Cavitron JET Plus 12
(Ultrasonic scaler/air polisher)

Great White Ultra Crown and Bridge Preparation Kit 12

Aegis Pit & Fissure Sealant 14

Beyond Temporary Crown & Bridge System 14

Soft T Cleanse 15
(Hand sanitizer)

EDITORS' CHOICE

SOFRELINER TOUGH 16
(Soft denture reline material)

EDITORIAL

Assistant Editor Profile 11
Kathy L. O'Keefe, D.D.S., M.S.

LECTURES

Dr. John Farah Lecture Schedule 16

Ratings

Excellent	+++++
Very Good	++++
Good	+++

EDITORS

John W. Farah, D.D.S., Ph.D.
John M. Powers, Ph.D.

ASSOCIATE EDITORS

William A. Gregory, D.D.S., M.S.
Peter Yaman, D.D.S., M.S.
Lori K. Brown, D.D.S.
Santine E. Anderson, D.D.S.
Charles I. McLaren, D.D.S., M.S.
John D. McLaren, D.D.S., M.S.
Larissa K. Bishop, D.D.S.

ASSISTANT EDITORS

Mert N. Aksu, D.D.S., J.D., M.H.S.A.
Mark T. Waranowicz, D.D.S., M.S.
Darren R. Marsh, D.D.S.
William T. Stevenson, D.D.S.
Robert Stevenson, D.D.S.
Nizar Mansour, D.D.S.
Sabiha S. Bunek, D.D.S.
Kathy L. O'Keefe, D.D.S., M.S.

CONTRIBUTING AUTHOR

Terry D. Myers, D.D.S.

ADVISORY BOARD

John O. Burgess, D.D.S., M.S.
Karl F. Leinfelder, D.D.S., M.S.
John A. Molinari, Ph.D.
Frederick A. Rueggeberg, D.D.S., M.S.
Edward J. Swift, Jr., D.M.D., M.S.
Charles W. Wakefield, D.D.S.

EXECUTIVE DIRECTOR

Stephanie D. Farquhar

DIRECTOR OF RESEARCH

Ron Yapp, M.S.

CREATIVE DIRECTOR

Lynn St. Pierre

EDITORIAL STAFF

Annette M. Frederick
Tricia G. Price
Darlene E. Meyer

EDUCATION MANAGER

Cara L. Voss

ADMINISTRATIVE STAFF

Kathryn L. Jackson

PUBLISHER

Dental Consultants, Inc.

SUBSCRIPTION INFORMATION

\$99 one year/10 issues
\$187 two years/20 issues
\$258 three years/30 issues
Canada add \$10 per year
Airmail overseas add \$20 per year

Please send inquiries and address changes to: **THE DENTAL ADVISOR**,
3110 West Liberty, Ann Arbor, MI 48103

Call: 800.347.1330 • 734.665.2020

Fax: 734.665.1648

Email: info@dentaladvisor.com

Website: www.dentaladvisor.com

No unauthorized duplication or reprints may be made. Inquiries concerning duplication may be directed to the publisher. Copyright ©2007, Dental Consultants, Inc. All rights reserved. Printed in the U.S.A. (ISSN 0748-4666) by University Lithoprinters.

Dental Lasers

Laser Basics

Laser is an acronym for Light Amplification by the Stimulated Emission of Radiation. Laser light is unique because it is collimated (specific spatial boundaries), coherent (identical amplitude of light waves) and monochromatic (light from a single wavelength). Monochromaticity is the reason for the different wavelengths found in dentistry. Each wavelength has a different absorption pattern.

Possible Reactions of Tissue to Laser Light

- Reflection off the tissue
- Scattering within the tissue
- Transmission through the tissue
- Absorption into the tissue

When absorption occurs, the electromagnetic laser energy becomes thermal energy and the tissue can be coagulated, vaporized or carbonized depending on the temperature reached. By looking at the various wavelengths of dental lasers and comparing them to their absorption curves, one can determine that some lasers are best suited for hard tissue procedures while others are most useful for soft tissue procedures.

Clinical Tips – Getting Started

- Even though there are some crossover procedures performed between the hard- and soft-tissue lasers, typically one type of laser does not do every procedure well.
- Evaluate your practice. Appraise your clinical needs and business strategy for now and the future. Then determine if any dental laser could be beneficial in reaching those determined goals.
- If you do a lot of crown and bridge (laser troughing), cosmetic procedures (laser recontouring of gingiva) or you want to increase revenue in hygiene (laser sulcular debridement), then diode, Nd:YAG and CO₂ lasers are potential instruments.
- If you place mostly composite restorations and the idea of doing multiple arches at a single appointment because of the reduced need for anesthetics appeals to you, then consider Er:YAG and Er:YSGG instruments. These wavelengths also have FDA clearances for endodontic and osseous procedures.
- Once you have identified which laser type(s) best fits your goals, start asking questions. Talk to your local sales representative. Ask to speak to other dentists who are using the technology in their offices. Make sure to attend one or more presentations from competing companies.



InPulse
(Incisive LLC)



Waterlase^{YSGG} MD
(BIOLASE)



ezlase 940
(BIOLASE)

- Obtain input from your office staff. You want to make sure that everyone is on the same “wavelength” before purchasing. The bottom line is to gather as much information as possible from as many sources as possible prior to making a final decision.

Integration into the Office

You have done your homework and purchased a unit. The day the laser arrives, you unpack it and read the owner's manual. Then it hits you – how do I successfully integrate the technology into my practice?

Training

Make sure that you have been trained on the unit before using it on patients. If possible, the entire office should be trained. Many manufacturers offer a day of in-office training. Organizations such as the Academy of Laser Dentistry (www.laserdentistry.org) and the World Association for Laser Therapy (www.walt.nu) offer continuing education courses.

Learning Curve

- Although laser technology is very user friendly, it is advisable to begin with simple procedures such as single surface cavity preparations or single tooth gingivectomy/gingioplasty.
- Keep the procedural guidelines manual nearby. The manuals were developed by clinical laser users and offer step-by-step instructions for each procedure suitable for a specific unit.

continued on page 4

Types of Lasers Found in Dentistry

Laser	Wavelength	Absorption	Type	Cost
Diode	810-830 nm	Pigments	Soft	\$10,000-15,000
Diode	980 nm	Pigments	Soft	\$10,000-15,000
Nd: YAG	1064 nm	Pigments	Soft	\$18,000-50,000+
Er: YSGG	2.79 µm	Portions of enamel	Hard	\$50,000-70,000+
Er: YAG	2.94 µm	Portions of enamel	Hard	\$50,000-70,000+
CO ₂	10.6 µm	H ₂ O, portions of enamel	Soft	\$20,000-30,000

Nd:YAG, Neodymium:Yttrium Aluminum Garnet; Er:YSGG, Erbium:Yttrium Scandium Gallium Garnet; Er:YAG, Erbium:Yttrium Aluminum Garnet; CO₂, Carbon Dioxide



Odyssey 2.4G Diode Laser
(Ivoclar Vivadent)



Odyssey 3Watt Diode Laser
(Ivoclar Vivadent)



Odyssey Navigator
(Ivoclar Vivadent)

BIOLASE

www.biolase.com

- ezlase 940
- LaserSmile
- Waterlase^{YSGG}
- Waterlase^{YSGG} MD

HOYA ConBio

www.conbio.com

- DioDent Micro 980
- VERSAWAVE

Incisive LLC

www.incisivelaser.com

- InPulse

Ivoclar Vivadent

www.getodyysseylaser.com

- Odyssey 2.4G Diode Laser
- Odyssey 3Watt Diode Laser
- Odyssey Navigator

Lares Research

www.laresdental.com

- PowerLase AT Spa
- PowerLase ST6

Lumenis

www.dental.lumenis.com

- NovaPulse
- OpusDiode
- OpusDuo
- OpusDuo AquaLite

Millennium Dental Technologies

www.millenniumdental.com

- PerioLase MVP-7 TruePulse

Sirona

www.sirona.com

- SIROLaser

ZAP Lasers

www.zaplaser.com

- HygieneLase
- Inpulse ND:YAG
- OrthoLase
- SoftLase Pro

- Use the least amount of power or energy to successfully complete the procedure.
- Most importantly, use your laser on a daily basis. You will shorten the learning curve and develop increased clinical usage for the technology.

By using the integration guidelines described, the dentist should feel very comfortable after one to four weeks of use.

Laser Safety Officer

The addition of laser technology into the office should be a rewarding experience for the patient, the clinician and the practice. One key element involved is the selection of a Laser Safety Officer (LSO). Though the LSO can be chosen from any staff member, most offices select a dental assistant who works directly with the clinician on a daily basis. At first glance the duties of the LSO may appear time

consuming, but in reality they only take a few minutes each day. The primary responsibility of the LSO is to properly maintain the laser and its environment in order to maximize its safe use, thereby greatly aiding in the integration process.

Responsibilities of the Laser Safety Officer

- Directs and is responsible for laser safety practices.
- Authorized to shut down laser operation if not being used safely.
- Is familiar with operator's manual and safety procedures including reporting mechanism for adverse effects.
- Maintains the laser and accessories in accordance with manufacturer's recommendations.
- Is familiar with the safety recommendations and requirements of standards organizations [American

National Standards Institute (ANSI)] and federal, state, local regulatory agencies (FDA Center for Devices and Radiological Health).

- Ensures instrument is operated only by trained, authorized personnel.
- Secures key in safe place – is the “keeper of the key.”
- Ensures personnel wear proper safety eyewear specific for the laser in use.
- Documents procedures.
- Checks inventory and maintains laser supplies and accessories.
- Keeps current through educational meetings and literature.
- Assists with evaluation when a new laser is needed.
- Makes suggestions to laser surgical team.
- Provides cross-training of other personnel.

Summary

Patients appreciate dental lasers because of the reduced need for local anesthesia and the fact that they notice little or no postoperative discomfort. Dentists like the technology because they can usually place more composite restorations per appointment and their soft tissue procedures are completed with little or no bleeding and with more precision. The hygiene department appreciates incorporating lasers with root planning and scaling, because they see a faster resolution of patient's periodontal disease and patients are more compliant. At the end of the day, the office manager notices an increase in revenues. If laser technology is purchased wisely and incorporated properly, it is a win/win situation for everyone. ■

Product	Company	Laser Type	Soft Tissue	Hard Tissue	Tooth Whitening	Treatment Wavelength	Power	Pulse Energy	Storage
DioDent Micro 980	HOYA ConBio	Diode	•			980 nm	3.5 W	na	Counter
ezlase 940	BIOLASE	Diode	•			940 nm	4.5-7 W	na	Hand-held, Pole/ wall-mounted, Tray stand
HygieneLase	ZAP Lasers	Diode	•		•	810 nm	1 W	10 Hz	Counter
InPulse	Incisive LLC	Nd:YAG	•			1064 nm	6 W	20-200 mJ	Floor
Inpulse ND:YAG	ZAP Lasers	Nd:YAG	•	•		1066 nm	6 W	20-200 mJ	Floor (wheels)
LaserSmile	BIOLASE	Diode			•	810 nm	10 W	na	Counter
NovaPulse	Lumenis	CO ₂	•			1064 nm	2-20 W	na	Counter
Odyssey 2.4G Diode Laser	Ivoclar Vivadent	Diode	•			810 nm	0-5 W	0-300 mJ	Counter
Odyssey 3Watt Diode Laser	Ivoclar Vivadent	Diode	•			810 nm	0-3 W	0-300 mJ	Counter
Odyssey Navigator	Ivoclar Vivadent	Diode	•			810 nm	0-3 W	0-300 mJ	Counter*
OpusDiode	Lumenis	Diode	•			830 nm	0-5 W	na	Counter
OpusDuo	Lumenis	CO ₂ ; Er:YAG	•	•		CO ₂ : 1064 nm; Er:YAG: 2940 nm	6-10 W	0-1000 mJ	Floor
OpusDuo AquaLite	Lumenis	CO ₂ ; Er:YAG	•	•		CO ₂ : 1064 nm; Er:YAG: 2940 nm	6-10 W	0-1000 mJ	Floor
OrthoLase	ZAP Lasers	Diode	•		•	810 nm	2 W	10 Hz	Counter
PerioLase MVP-7 TruePulse	Millennium Dental Technologies	Nd:YAG	•			1064 nm	6 W	20-200 mJ	Floor
PowerLase AT Spa	Lares Research	Er:YAG; Nd:YAG	•	•		Er:YAG: 2940 nm; Nd:YAG: 1064 nm	Er:YAG: 20 W Max; Nd:YAG: 15 W Max	Er:YAG: 80-1500 mJ; Nd:YAG: 20-200 mJ	Floor
PowerLase ST6	Lares Research	Nd:YAG	•			1064 nm	0.3-6 W	20-200 mJ	Counter
SIROLaser	Sirona	Diode	•			970 nm (+/-15)	0.5-7 W	na	Hand-held
SoftLase Pro	ZAP Lasers	Diode	•		•	810 nm	2 W	10 Hz	Counter
VERSAWAVE	HOYA ConBio	Er:YAG	•	•		2940 nm	8 W	0-400 mJ	Floor
Waterlase ^{YSGG}	BIOLASE	Er:YSGG	•	•		2780 nm	0.0-6 W	0-300 mJ	Floor
Waterlase ^{YSGG} MD	BIOLASE	Er:YSGG	•	•		2780 nm	0.0-8 W	0-300 mJ	Floor

na = not available

*Can be removed from recharging cradle and used battery operated on counter or instrument tray.

EDITORS' NOTES: Some table information provided by manufacturers.

Bisco, Inc.
800.247.3368 • 847.534.6000
www.bisco.com

Description

TESCERA ATL is an indirect composite system indicated for fabricating inlays, onlays, and crowns. In the laboratory, a polymerization unit processes the restorations in an oxygen-free environment utilizing water, pressure, light, and heat. **TESCERA ATL** is available in a full range of opaque (dentin) and translucent (body) Vita shades. Additional incisal shades and characterization materials can also be used for added esthetics. This product received a 92% clinical rating.

Clinical Evaluation Protocol

- Forty-eight restorations in 29 patients were available for recall at three years. These included 20 crowns, 26 inlays, and two onlays.
- Thirty-six percent of the restorations were cemented with *Duo-Link/Bisco* and 64% with *3M ESPE RelyX Unicem Self-Adhesive Universal Resin Cement/3M ESPE*.
- Restorations were rated on a scale of 1-5: 1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent.
- Restorations were fabricated by Nellmar Laboratory, Ann Arbor, MI.

Clinical Observations

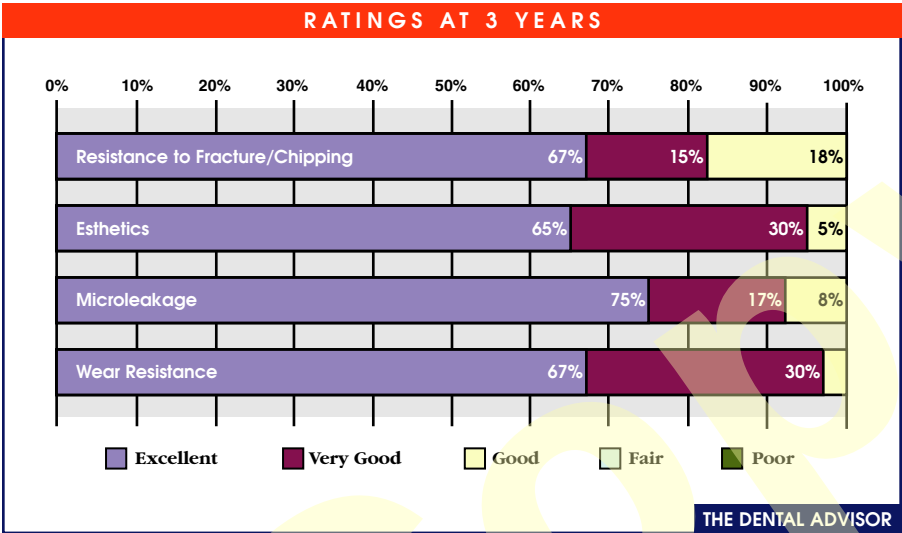
Resistance to Fracture/Chipping

Two **TESCERA ATL** restorations fractured and were replaced during the three-year evaluation period. Both involved bulk fractures of Class II inlays, one on tooth #15 and one on tooth #20.

In the latter case, the patient was a heavy bruxer. A third inlay had a small chip on the interproximal cavosurface margin and was repaired with flowable composite. A fourth inlay had a chip on the distal marginal ridge but did not require repair. Eighty-two percent of the restorations received very good or excellent ratings.

Esthetics

Most restorations produced excellent blending with adjacent tooth structure. Translucency of the composite allowed some of the underlying tooth color to shine through the restorations, enhancing vitality and esthetics. In one case involving a tooth with dark stain on the pulpal floor, the translucent quality negatively affected the final appearance. The majority of **TESCERA ATL** restorations were resistant to external staining, and the surfaces were smooth and glossy. One crown on a lower premolar had lost its glossy appearance and some of its vitality.



3-YEAR CLINICAL PERFORMANCE

Laboratory Consultants' Comments

- "TESCERA ATL is a quick and easy system to learn to use."
- "The material doesn't slump, making it easy to sculpt."
- "Shades are consistent."

Consultants' Comments

- "A good choice for areas with difficult access for placement of a direct composite restoration."
- "Inlays blend well with the teeth."
- "TESCERA ATL is very easy to adjust and polishes easily after occlusal adjustments."
- "I did not observe any discoloration at three years."

Ninety-five percent of restorations received very good to excellent ratings in esthetics.

Microleakage

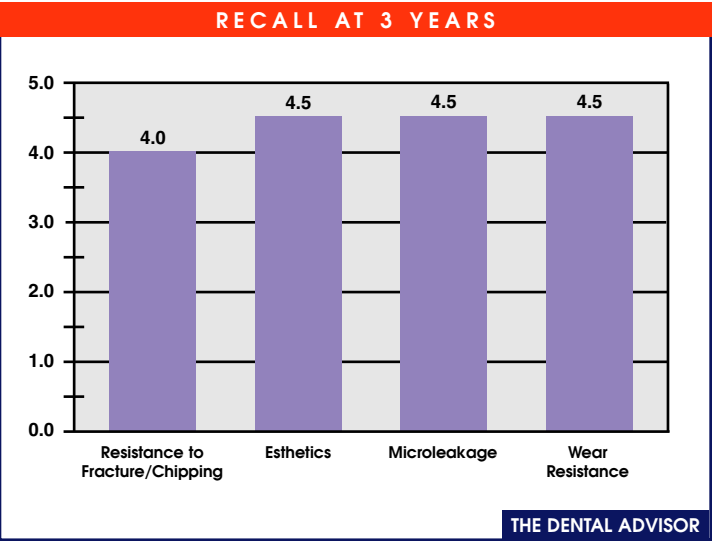
Nine restorations exhibited some staining at the margins. Six of the nine were slight in nature, while three were more pronounced. A contributing factor to the staining may be the relatively weaker bond of the cement to the laboratory-cured composite because of the availability of fewer free radicals. In most cases the margins remained well sealed and were clinically acceptable.

Wear Resistance

Surface wear was evaluated visually, both on the **TESCERA ATL** restorations and on the opposing dentition. Ninety-seven percent of the restorations showed no visible signs of wear and received a very good to excellent rating. Only 3% of the restorations exhibited slight wear. No wear was noted on the opposing dentition.

Clinical Tips

- Air abrade the internal surface of the restoration prior to bonding with a resin cement.
- A silane primer may be used but will have minimal effect.



Summary

TESCERA ATL has proven to be a very good, reliable indirect composite for inlays, onlays, and premolar crowns in the three years since its introduction. ■

MEDICOM, Inc.
800.361.2862 • 514.636.6262
www.medicom.com

Description

Denti-Foam is a fluoride foam indicated for in-office topical treatments. The foam is a low-slump, high-flow formula designed to reduce gagging and provide good coverage of tooth surfaces. **Denti-Foam** is available in 1.23% APF and 2% NSF formulas and is packaged in 4.4-oz bottles for direct placement into trays. Each bottle provides up to 130 applications. The APF formula, treatment time of one minute, is available in mint, raspberry, bubble gum, orange, grape, and strawberry flavors. The NSF formula, treatment time of

four minutes, is available in mint and raspberry flavors. Shelf life for **Denti-Foam** is two years after the date of manufacture. Twenty-seven consultants used **Denti-Foam** in over 470 clinical procedures. This product received an 89% clinical rating.

Suggested Retail Cost

- \$30.00/bottle of APF
- \$33.00/bottle of NSF

Product Features

The variety of flavors of **Denti-Foam** was the favorite feature of the majority of consultants. Patients liked the taste, improving



Consultants' Comments

- "Patients liked the taste."
- "Very easy to use."
- "Offer a banana split flavor."
- "Put as little as possible in the tray."
- "Dispensing is hard to control when loading the tray."

acceptance of treatment. Dispensing is simple, but caution is necessary when loading the tray. The bottle dispenses the foam in a quick burst, making it hard to control the volume placed in the tray. As the foam expands, it can run

over the sides of the tray, but excess is easily removed with a cotton-tipped applicator or fingertip. After expanding, the foam has enough body to prevent slumping, yet is light and airy and flows very well

interproximally. The short application time of the APF formula was appreciated while the four-minute application time of the NSF formula was too long for general use. Eighty percent of consultants found **Denti-Foam** equivalent to or better than their current in-office fluoride treatment, 72% would recommend it, and 64% would switch.

Clinical Tips

- Use the NSF foam for patients with ceramic restorations.
- The neutral formulation prevents etching of the glazed surface. Place a small amount of foam in the tray, wait for complete expansion, and then spread it in the tray. ■

3M ESPE
800.634.2249
www.3MESPE.com

Description

3M ESPE Lava Crowns and Bridges is a CAD/CAM system for anterior and posterior all-ceramic crowns and three- or four-unit bridges with a maximum span of 38 mm. Tooth preparation is similar to that for ceramic-metal restorations with a chamfer margin. Dies are scanned using a **3M ESPE Lava** milling unit, followed by three-dimensional milling of the zirconium oxide framework. The framework is colored with one of seven available shades to coordinate with the final restoration. It is then overlaid with **3M ESPE Lava Ceram** veneering ceramic. The zirconia ceramic provides high strength, while the overlay ceramic is designed for optimal esthetics. **3M ESPE Lava** restorations may be cemented with traditional cements. This product received a 94% clinical rating.

Clinical Evaluation Protocol

- Sixty-six units were placed in 42 patients in 2003. These included single-unit crowns on six anterior teeth; 19 premolars; 29 molars; and four, three-unit bridges.
- All restorations were cemented with *3M ESPE RelyX Unicem Self-Adhesive Universal Resin Cement*.
- Fifty-nine units were recalled at three years. These restorations included single-unit crowns on 25 molars, 16 premolars, six anterior teeth, and four, three-unit bridges.
- Restorations were evaluated on a 1-5 rating scale: 1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent.

Clinical Observations

Resistance to Fracture/Chipping

Seven restorations exhibited slight chipping of the veneering ceramic. None were major in nature, but one necessitated replacement because it involved an anterior tooth. Eighty-one percent of the restorations rated excellent while the remaining 19% received ratings of very good and good. No fractures of the substructure were noted.

3-YEAR CLINICAL PERFORMANCE

Consultants' Comments

- ▶ *"The few restorations that I placed early on lacked vitality and were more opaque; the overall esthetics improved as the lab became more familiar with 3M ESPE Lava."*
- ▶ *"I have noticed a couple of delaminations of the veneering ceramic from the zirconia substructure."*

Esthetics

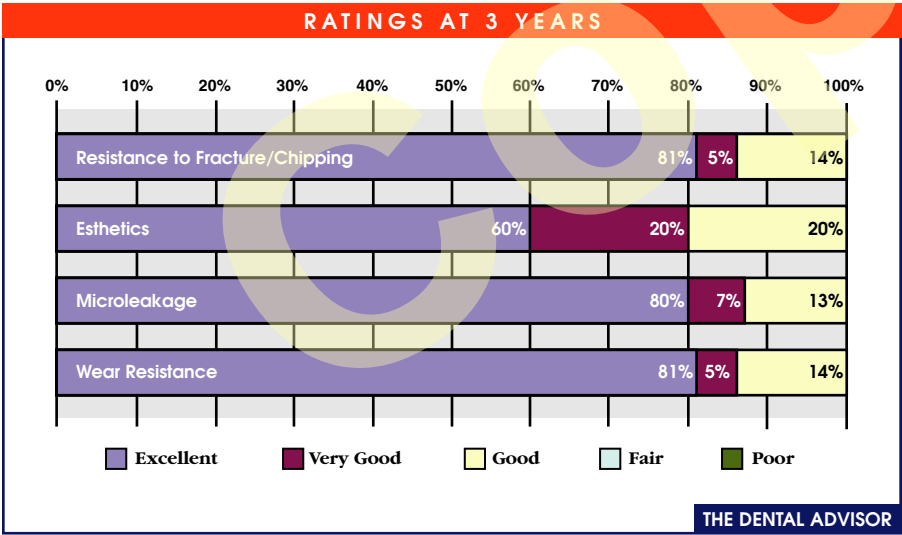
Sixty percent of the restorations had excellent shade match, and 20% received a very good or good rating. Twenty percent of the restorations that received a rating of good exhibited less vitality and more opacity. As the laboratories have become more familiar with the **3M ESPE Lava** system, the vitality of the restorations have improved.

Microleakage

During the first three years of the evaluation, 20% of the restorations exhibited slight microleakage at the margins. The microleakage was characterized by minor graying at the margins. Eighty percent of the restorations exhibited no microleakage.

Wear Resistance

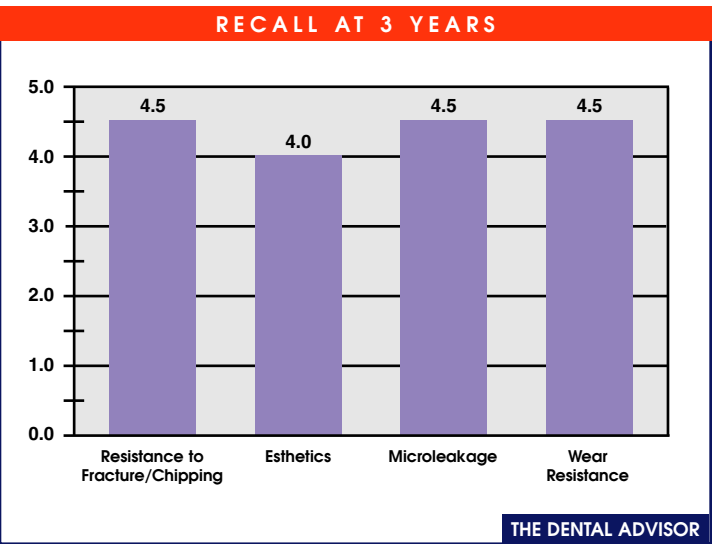
Eighty-one percent of the restorations exhibited no loss of gloss or wear at three years, while 19% exhibited a slight amount of wear.



Summary

- The bar graph (right) summarizes the findings of the **3M ESPE Lava** recall at three years.
- The **3M ESPE Lava** system has received very good to excellent ratings for resistance to fracture/chipping (93%), microleakage (93%), wear resistance (93%), and a good rating for esthetics (88%). ■

Editors' Note: Restorations in this study were veneered using the original *Lava Ceram*. In 2006, the esthetics of *Lava Ceram* significantly improved.



SafeTouch Dental Dam + + + + ½

MEDICOM, Inc.
800.361.2862 • 514.636.6262
www.medicom.com

Description

SafeTouch Dental Dam is a latex rubber dam material for use in endodontic and operative procedures. The strength and flexibility of this dam are designed to prevent tearing while maintaining ease of placement. **SafeTouch Dental Dam** comes in 5" x 5" or 6" x 6" sizes; in thin, medium, and heavy gauges; and in blue (unscented) and green (mint scented) colors. The 6" x 6" dam box contains 36 dams and the 5" x 5" dam box contains 52 dams. Twenty-six consultants evaluated the thin blue, medium mint, and heavy blue 5" x 5" size **SafeTouch Dental Dam** in over 850 clinical cases. This product received a 93% clinical rating.

Suggested Retail Cost

- \$9.40/box of 5" x 5", thin gauge
- \$10.60/box of 5" x 5", medium gauge
- \$11.90/box of 5" x 5", heavy gauge

Product Features

Compared to other dam materials, **SafeTouch Dental Dam** is easy to place since it is extremely flexible and does not tear easily. The dam is strong, adapts well to the teeth,

and, as some consultants noted, provides superior isolation compared to other dam materials. Consultants found the colors to be helpful in adding contrast to the operating field; the blue color gives good contrast to intraoral tissues. The mint scent is mild and was reported to be barely noticeable to patients and consultants. Some consultants wondered if the mint scent might increase salivary output. Ninety-six percent of the consultants rated **SafeTouch Dental Dam** equivalent to or better than the dam material they were currently using. Of the evaluating consultants, 85% would recommend **SafeTouch Dental Dam** and 81% would switch to it.

Clinical Tip

- Coat the inside of the dam with a water-soluble lubricant to facilitate placement. ■



Consultants' Comments

- ▶ *"Strong, yet flexible – adapts well to teeth."*
- ▶ *"The color was great for visual acuity."*
- ▶ *"Good in tight spots."*
- ▶ *"Spreads over teeth easily when placing."*
- ▶ *"I am switching to this material."*
- ▶ *"Good dam, but I wish it were latex-free."*

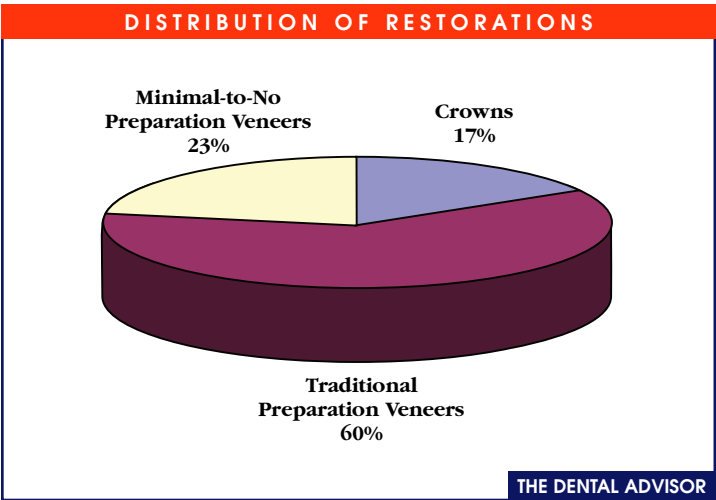
Den-Mat Corp.
800.433.6628
805.922.8491
www.denmat.com

Description

LUMINEERS By Cerinate are leucite-reinforced, pressed ceramic veneers as thin as 0.2 mm. Minimal or no tooth reduction is required to accommodate these thin restorations. The same *Cerinate* ceramic is used when traditional tooth preparation is utilized for anterior crowns and veneers. Resin cement such as *Ultra-Bond Plus* with *Tenure MPB* (Multi-Purpose Bonding System) is recommended for cementation of **LUMINEERS By Cerinate**. This product received a 96% clinical rating.

Clinical Evaluation Protocol

- Two hundred sixteen restorations were placed in 50 patients. These included 36 anterior crowns, 179 veneers and one onlay.
- Forty-seven of the 179 veneers were placed on teeth prepared using the minimal reduction technique. Two veneers were placed on unprepared teeth. One veneer was placed on an existing ceramic-metal crown where the facial ceramic had fractured.



3-YEAR CLINICAL PERFORMANCE



Laboratory Consultant Comment

► *"The majority of the cases were fabricated with the pressable stain and glaze technique. The luminescent quality of the Cerinate ceramic is exceptional, given the fact that layering of incisals was not done."*

Consultants' Comments

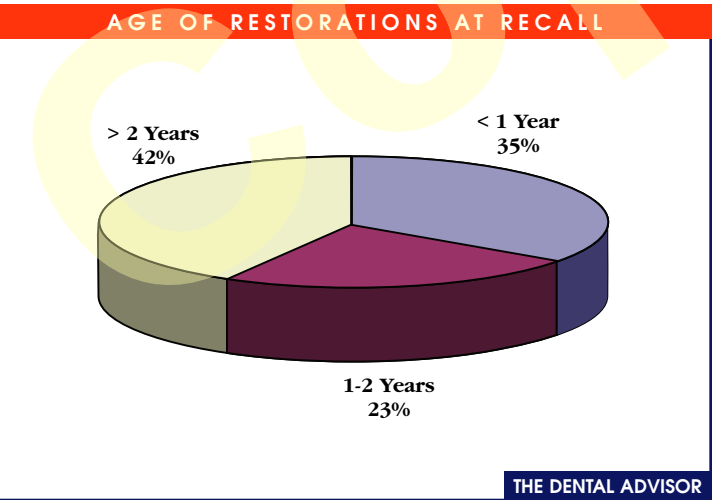
- *"Correcting the appearance of peg laterals with no tooth preparation was extremely rewarding."*
- *"Excellent esthetics after three years."*
- *"A truly successful material requiring minimal tooth reduction and minimal ceramic thickness."*

- Restorations were fabricated by Nellmar Laboratory, Ann Arbor, MI.
- Restorations were cemented using *Ultra-Bond Plus* with *Tenure MPB*.
- Restorations were placed over the past 42 months.
- Restorations were evaluated on a 1-5 rating scale:
1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent.

Clinical Observations

Resistance to Fracture/Chipping

During the clinical evaluation of **LUMINEERS By Cerinate**, four patients experienced chips or fractures of their restorations, including five anterior veneers and one premolar of traditional thickness. Five restorations required replacement and one was polished. All fractures occurred during the first year of placement. No debonding of restorations was reported.



Esthetics

The esthetics and vitality of **LUMINEERS By Cerinate** placed on natural teeth were rated excellent in all cases. The ceramic maintained its life-like shade and translucency in 211 of the restorations placed. Five veneers on one patient exhibited surface staining after one year. Use of a ceramic polishing system quickly restored the ideal shade and texture, and the stain has not returned. The surface texture and gloss of all restorations were maintained from the time of insertion. The veneer placed over the ceramic-metal crown was more translucent than the previous ceramic covering the metal. Although the veneer bonded well, the crown was replaced after one year in service to provide ideal esthetics.

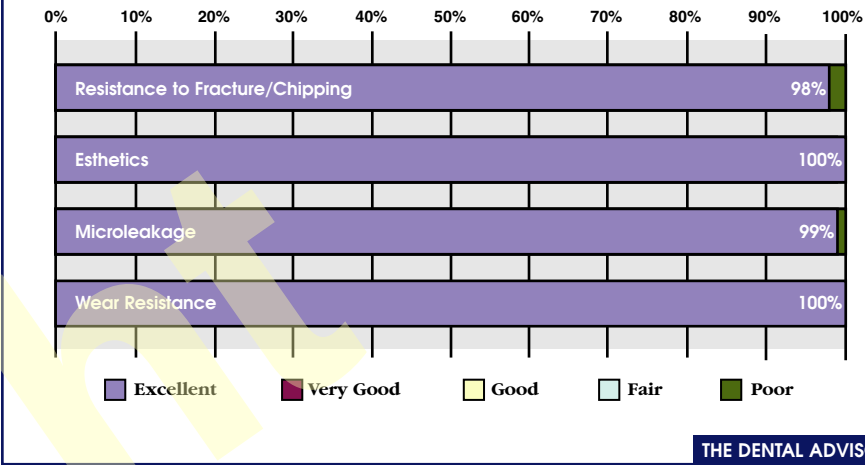
Microleakage

No microleakage was experienced in 99% of the **LUMINEERS By Cerinate**. Two anterior veneers experienced black marginal staining consistent with microleakage soon after insertion and were replaced within the first year. No additional microleakage has been reported.

Wear Resistance

Upon visual inspection of all restorations, no wear was noted on any of the ceramic surfaces. No wear of opposing dentition was attributed to **LUMINEERS By Cerinate**.

RATINGS AT 3 YEARS



Summary

After three years, **LUMINEERS By Cerinate** continue to maintain the shade, gloss, and life-like appearance noted at placement. Critical to their success is proper case selection. Undersized teeth or those with spaces are best suited for minimal preparation, thus allowing the proper thickness of ceramic and preventing a bulky appearance. Teeth that are crowded, darkly stained, or malposed will most likely require traditional preparation. **LUMINEERS By Cerinate** have demonstrated excellent esthetics using both the minimal and traditional preparation techniques. ■

ASSISTANT EDITOR PROFILE

Kathy L. O'Keefe, D.D.S., M.S.

Dr. O'Keefe received her D.D.S. degree from the University of Texas Dental Branch at Houston in 1985 and her Master of Science degree in Oral Biomaterials from the University of Texas Graduate School of Biomedical Sciences at Houston in 2000. Dr. O'Keefe was a member of the faculty of the University of Texas Dental Branch at Houston for 20 years. She now practices general dentistry in Houston, Texas. As a Scientist in the Houston Biomaterials Research Center, Dr. O'Keefe has conducted research on adhesive and restorative dentistry. She has published many articles and presents her research results nationally. ■



SENIOR CLINICAL CONSULTANTS

E. Alpert, CT
R. Anthony, OH
K. Baker, TX
R. Ciccone, MI
P. Esmond, NY
M. Evans, TN
R. Fisher, OH
G. Franco, NY
P. Grandsire, NY
K. Hamlett, TX
G. Hart, OH
R. Kaprielian, NJ
E. Katkow, MD
L. Katkow, MD
C. Kehr, MI
E. Maitland, NJ
E. Mosso, PA
G. Mosso, PA
D. Peterson, MD
V. Plaisted, NY
W. Powell, TX
G. Poy, MI
G. Sayre, TX
K. Schwartz, FL
B. Shumaker, NJ
B. Sims, NY
A.M. Thompson, NY
R. Trushkowsky, NY
L. Wee, MI

CLINICAL CONSULTANTS

A. Abate, MI
M. Aksu, MI
A. Albright, NY
A. Alexander, PA
J. Allen, MI
J. Amara, CT
S. Anderson, MI
R.M. Arnett, MI
R. Averbach, CO
M. Bannan, MI
D. Barnes, MD
F. Berman, PA
M. Beyramian, MI
L. Bishop, MI
J. Bostic, OH
D. Bowen, MI
R. Bozell, MI
M. Braverman, NY
L. Brimhall, MT
M. Briskin, NY
C. Brown, LA
L. Brown, MI
W. Brownscombe, MI
H. Buckwald, NJ
J. Bush, PA
H. Cadorette, MI
Z. Campbell, MI
P. Campo, NY
M. Chaben, MI
D. Chacko, TN
S. Cheff, TX
R. Cherry, FL
P. Chiaravalli, MI
T. Chuang, NJ
A. Colarusso, NY
M. Conrad, PA
M. Cooks, MI
L. Covato, PA
K. Dancy, GA
M. Danner, IL
S. Dillingham, NY
J. Dingman, WI
J. DiPonziano, NJ
R. Donelli, NY
R. Dost, VA
J. Doueck, NY
M. Dwoskin, MI
M. Eannaccone, NY
B. Eggart, AR
R. Engle, IL
K. Fairbanks, MI
T. Faiver, MI
R. Fay, TX
N. Fehmi, MI
M. Feinberg, NY
L. Feldman, NJ
J. Fine, NJ

Cavitron® JET Plus™ + + + + ½

DENTSPLY Professional
800.989.8826
www.cavitron.dentsply.com

Description

Cavitron JET Plus is an ultrasonic scaler and air polisher. It combines the features of *Cavitron Plus* 30-kHz ultrasonic scaler with *Cavitron PROPHY-JET* air polisher in one unit. It connects directly to the dental unit's water line (20 to 40 psi) and air line (65 to 100 psi). The system includes a 360° wireless footswitch that is active within 10 feet of the base. The unit maintains SPS (Sustained Performance System) technology that automatically adjusts system power to maintain tip stroke regardless of clinical load. The ultrasonic power knob adjusts the stroke of the tip and ranges from a low power for light debris removal to higher power for supragingival removal of heavy stain and calculus. The lowest power level is a rinse mode that provides irrigation to an area with minimal tip movement. A tap on the footswitch activates a "boost mode" that produces a 25% power boost at any setting. The *JET-Mate* sterilizable handpiece accepts 30-kHz tip ultrasonic inserts and *JET* polishing inserts. The *JET* insert includes a heater

rod that warms water before being delivered through the tip. The handpiece swivels 330° and has a water flow adjustment. A powder bowl on the unit accepts prophylaxis powder, and a control knob adjusts the powder flow during air polishing. Twelve consultants along with their hygienists clinically evaluated **Cavitron JET Plus** over a three-month period in over 400 uses. This product received a 91% clinical rating.

Suggested Retail Cost
• \$4,577/unit

Equipment Features

The combination of two previously separate devices into one compact system, **Cavitron JET Plus**, provides the operator with a single piece of equipment to perform a wide range of hygiene procedures. The combined unit saves counter space, and the wireless footswitch reduces clutter on the floor. The footswitch worked flawlessly and was the favorite feature of many consultants. Water control on the handpiece and the 330° swivel add to the convenience of the system. The ultrasonic scaler is effective for scaling and root planning procedures. Patient comfort



Consultants' Comments

- ▶ "This combined scaler/air polisher saves counter space."
- ▶ "The wireless foot control is great."
- ▶ "Perfect solution for polishing around orthodontic brackets."
- ▶ "Water is too cold."
- ▶ "The powder overspray is messy."

was rated very good to excellent during use. Hygienists who were experienced users of the *PROPHY-JET* reported **Cavitron JET Plus** to be excellent. Others found the set-up and cleanup required too much time to fill the powder, connect the air lines, and purge the lines after treatment. Use of high-volume suction reduces overspray of powder but does not eliminate it completely. The air polisher is especially effective for use on moderate to heavy stain and around orthodontic hardware. Seventy-three percent of consultants found **Cavitron JET Plus** equal to or better than their current ultrasonic scaler or air polisher.

Sixty-seven percent would recommend **Cavitron JET Plus**, and 58% would switch to it.

Clinical Tips

- Have a dental assistant use high-volume suction while using the air polisher.
- Place protective glasses on the patient while air polishing.
- Slower water flow will result in warmer water. ■

Great White Ultra Crown and Bridge Preparation Kit + + + +

S.S. White Burs, Inc.
800.535.2877
www.sswwhiteburs.com

Description

Great White Ultra Crown and Bridge Preparation Kit contains carbide burs in a selection of the most popular shapes – chamfer, shoulder, and occlusal reduction. The 11 burs are housed in an autoclavable bur block, and include:

- 2 – GWU 856-016
- 2 – GWU 856-018
- 2 – GWU 856-020
- 2 – GWU 847-016
- 2 – GWU 847-018
- 1 – GWU 379-023

The burs are specifically designed for crown and bridge preparation and to cut through and prepare all restorative materials with great efficiency. Six additional shapes/sizes are also offered as well as short shanks but were not



Consultants' Comments

- ▶ "New burs are excellent at cutting."
- ▶ "Include more than one occlusal reduction bur."
- ▶ "Widen the range of shapes included in the kit – it would be nice to have a narrower interproximal bur; along with short shank lengths for posterior teeth."

included in the kit evaluated. The dentated carbide surface is designed to minimize clogging of the bur during bulk reduction of tooth structure and the tip of the bur is intended to leave an impression ready margin finish. Twenty-six consultants evaluated the **Great White Ultra Crown and Bridge Preparation Kit** in over 250 crown and bridge preparations during a three-month period. This product received an 87% clinical rating.

Suggested Retail Cost
• \$ 59.95/kit

Product Features

Consultants noted that the presentation of **Great White Ultra Crown and Bridge Preparation Kit** burs in the autoclavable bur block is a great convenience and provides good organization. The fit of the burs in the handpiece is good, with consultants noting no chattering or vibration during operation. The cutting efficiency of the burs was judged to be excellent during their first use, with consultants commenting on how quickly tooth structure and old amalgam were removed; however, some consultants also observed a decrease in the cutting efficiency of the bur after sterilization. **Great White Ultra** burs are effective for shoulder preparations with crisp margins. The ability to produce a proper bevel or chamfer margin was limited by the selection of bur shapes provided in the kit. Often the axial walls of the prepared tooth surface were rough and needed to be refined with a fine diamond to create a smooth surface. Fifty-two percent of consultants found the **Great White Ultra Crown and Bridge**

Preparation Kit to be equivalent to or better than their current crown and bridge burs, while 50% would switch to and recommend them to colleagues.

Clinical Tips

- Use a feather touch with light pressure – too much pressure can cause gouging of the tooth surface.
- If using an electric handpiece, operate at slower speeds than you would with diamond burs. ■

CLINICAL CONSULTANTS

K. Fischer, IN
S. Galster, ND
D. Garber, CA
R. Gardner, MI
N. Garlisi, OH
L. Gee, OK
A. Giovanardi, MI
B. Goldsmith, NY
I. Goldstein, NJ
K. Goodman, MI
S. Graber, IL
A. Gray, MI
W. Gregory, MI
D. Griggs, OH
P. Gronet, GA
J. Grover, MI
B. Gursky, MI
E. Gutman, NY
D. Haas, Canada
H. Hamerink, MI
S. Harden, GA
A. Herrero, MI
B. Herrmann, CA
R. Herwig, KS
M. Hewko, OH
J. Heys, MI
S. Hoekman, MI
S. Hondrum, GA
J. Hoste, MI
M. Hovel, WI
S. Hutt, NJ
P. Indianer, MI
G. Isaacson, NJ
S. Isaacson, NJ
J. Jacobs, NY
J. Jaghab, MI
L.F. Jarjoura, MI
N. Johnson, MN
T. Jowett, KS
D. Juliani, MI
C. Kamin, OH
J. Kaminski, MI
T. Kaminsky, PA
D. Kaplan, NY
M. Kastner, OH
S. Kelly, OH
D. Keren, NY
J. Kim, NY
B. Klym, MI
J. Kostohryz, TX
J. Kotapish, OH
J. Kotnour, WI
M. Kruscke, MI
F. Leal, VA
S. Lever, MD
I. Levine, NY
R. Lezell, MI
R. Lieder, MI
M. Livernois, SC
J. Lockwood, MI
M. Lodge, MI
M. Man, NY
B. Manne, FL
N. Mansour, MI
N. Markarian, CA
D. Marsh, MI
M. Mason, NY
R. Mason, NY
W. Mason, MI
J. Mayer, OH
C. McLaren, MI
J. McLaren, MI
J.R. Meagher, NY
J. Mikesell, IL
C. Miller, PA
S. Miller, NV
R. Mizrahi, NY
L. Montes, NY
D. Montgomery, CA
P. Moratto, MD
M. Morin, MI
S. Munro, WI
W. Nagy, TX
J. Nash, MI
A. Nazarian, MI
N. Nealis, IL
L. Neuberger, ND
C.J. Noe, MD
P. Nolan, MI

Aegis Pit & Fissure Sealant + + + +

Harry J. Bosworth Company
800.323.4352 • 847.679.3400
www.bosworth.com

Description

Aegis Pit & Fissure Sealant is a light-cured, BisGMA/UDM pit and fissure sealant that is filled 38% by weight and contains amorphous calcium phosphate (ACP). According to the manufacturer's description, ACP technology releases calcium and phosphate over time and converts into hydroxyapatite during low pH episodes, resulting in the remineralization of tooth structure. The opaque, off-white material is applied directly to an etched surface and light cured for 20 seconds. The material cures to a slightly opaque tooth color for visibility on enamel. The standard kit contains three, 1.2-ml syringes of sealant; one, 3-ml syringe of *Bosworth 35% Acid Etch*; applicators; and instructions. Twenty-three consultants evaluated **Aegis Pit & Fissure Sealant** in over 350 clinical procedures. This product received an 86% clinical rating.

Suggested Retail Cost
• \$115.00/standard kit
• \$130.00/refill kit



Consultants' Comments

- ▶ *"The sealant flows well into fissures."*
- ▶ *"I like the brush applicator."*
- ▶ *"Provide a laminated instruction card."*
- ▶ *"A less viscous etchant would penetrate deeper into grooves."*
- ▶ *"I would like to see more scientific data supporting the advantages of ACP."*

Product Features

The easy-to-use **Aegis Pit & Fissure Sealant** is well packaged in a complete kit. The sealant is easily placed on the tooth from the standard syringe. Many consultants commented that the diameter of the syringe tip is large and the low-viscosity material flows too quickly in some cases. Good surface wettability allows for a nice flow into fissures with very few bubbles and voids. The opaque, off-white color provides good contrast with enamel, allowing easy placement. The concept of ACP was very well received by the consultants, many of whom found the concept of remineralization to be a very strong positive. Overall, 60% of evaluating consultants found **Aegis Pit & Fissure Sealant** equivalent to or better than their current sealant. Fifty percent would purchase the sealant for use in their own practice, and 67% would recommend it to a colleague.

Clinical Tips

- Dispense a small amount slowly into the central groove and spread it over the surface with an explorer.
- Use a smaller diameter, pre-bent syringe tip for easier placement. ■

Editors' Note: Bosworth Company will be changing the Aegis Pit & Fissure tips to a smaller diameter based on recommendations made by THE DENTAL ADVISOR.

Beyond™ Temporary Crown & Bridge System + + + + ½

Ada Products Company/Direct Dental Service
800.471.4411 • 800.342.5337
www.adaproducts.net/www.directdental-usa.com

Description

Beyond Temporary Crown & Bridge System is a self-cured composite for fabrication of provisional restorations. It is indicated for temporary crowns, bridges, inlays, onlays, and veneers. The material contains fluoride for bacterial inhibition and exhibits fluorescence for improved esthetics. **Beyond Temporary Crown & Bridge System** is delivered from a 75-g, 4:1 auto-mix cartridge and is available in Vita shades A1, A2, A3.5, B3, C2, and bleach white. A smaller, 5 ml, 4:1 dual-barrel syringe is also available in shades A1 and A2 with five auto-mix tips. The working time of the material is approximately 1 minute, with an intraoral set time of



Consultants' Comments

- ▶ *"Good shade match – very esthetic."*
- ▶ *"Smells like vanilla!"*
- ▶ *"Restorations are very durable."*
- ▶ *"A slight oxygen-inhibited layer occurs on the inside of the temporary."*

1 to 2 minutes, and complete setting after 4.5 minutes. **Beyond Temporary Crown & Bridge System** can be added to and repaired with flowable composite. **Beyond Temporary Crown & Bridge System** was evaluated by 28 consultants in the fabrication of over 400 provisional restorations. This product received a 93% clinical rating.

Soft T Cleanse + + + + ½

MEDICOM, Inc.
800.361.2862 • 514.636.6262
www.medicom.com

Description

Soft T Cleanse is a water-based, foaming hand sanitizer containing moisturizers, aloe vera, lavender, and chamomile. It contains no petroleum products, making it compatible for use with latex gloves. The formulation is alcohol- and fragrance-free and non-irritating. The active ingredient, 0.15% benzalkonium chloride, has been proven to kill 99.9% of bacteria by FDA-approved independent laboratory testing. The foam is rubbed into the hands for 30 seconds and allowed to dry. It is available in 16-oz bottles. **Soft T Cleanse** was evaluated by 30 consultants in over 1100 hand cleansing applications. This product received a 92% clinical rating.

Suggested Retail Cost
• \$16.50/bottle

Product Features

The 16-oz bottle of **Soft T Cleanse** is sturdy with a large pump and spout for dispensing the foam. **Soft T Cleanse** can be used between patients. Compared to alcohol-based formulations, **Soft T Cleanse** foam takes longer to evaporate sufficiently to allow donning of gloves. The moisturizers leave the hands feeling soft and



Consultants' Comments

- ▶ *"Foamy feel – excellent adjunct to a hand cleaner."*
- ▶ *"No skin irritation and my hands felt softer at the end of the day."*
- ▶ *"The foam spreads nicely on the hands with no dripping."*
- ▶ *"Dispenser is larger than many other soap or cleanser bottles."*

greaseless with no skin irritation. Many of the consultants commented that they prefer this sanitizer because it is fragrance-free and not sticky. A negative comment was that it took the hands too long to dry after using this product. Eighty percent of consultants rated **Soft T Cleanse** equivalent to or better than the current hand sanitizer they were using, while 63% would switch and 70% would recommend **Soft T Cleanse**.

Clinical Tips

- Allow 40-60 seconds for hands to dry before gloving.
- Use a towel to dry hands if necessary.
- Sanitize hands after taking off gloves by rubbing **Soft T Cleanse** on skin for 30 seconds. ■

Editors' Note: Using a smaller amount will help decrease the time that **Soft T Cleanse** takes to dry.

Suggested Retail Cost
• \$92.60/cartridge kit
• \$23.95/syringe kit

Product Features

Most consultants who evaluated **Beyond Temporary Crown & Bridge System** were currently using a composite provisional material on a regular basis. The instructions and design of the kit were rated excellent. Many consultants commented favorably on the variety of shades and the availability of a bleach shade. The working and setting times were found to be somewhat slower than the times reported by the manufacturer, but they were comparable to similar materials and were acceptable to most consultants. The provisional material is most easily removed during the elastic phase of setting.

Almost no bubbles or voids were experienced and there was limited heat production during setting. In those cases where repair was required, consultants used flowable composite, with smaller repairs being more successful. Consultants found the material to be more opaque than their current material, and several noted a slight oxygen-inhibited layer on the temporary restoration. Overall, most reported the finishing and polishing to be straightforward and the esthetics to be very good. Clinically, **Beyond Temporary Crown & Bridge System** provisional restorations are durable and well fitting. Seventy-three percent of evaluating consultants found **Beyond Temporary Crown & Bridge System** to be equivalent to or better than their current provisional material. Fifty percent would switch, and 73% would recommend it to a colleague. ■

CLINICAL CONSULTANTS

E. Odenweller, OH
R. Oshrain, NY
J. Paris, TX
D. Parris, GA
D. Parsons, NY
M. Patel, MI
T. Paumier, OH
L. Perratto, NY
S. Picazio, NJ
T. Pieper, WY
D. Pietz, NC
W. Piskowski, MI
D. Pitak, MI
S. Pomerance, MI
D. Powers, MI
L. Pozarny, NY
C. Price, TX
D. Qualliotine, NC
G. Raichelson, Canada
C. Ramsey, FL
S. Ratner, NY
R. Reichl, GA
G. Reskakis, NY
C. Rice, MA
A. Ridall, TX
J. Riggs, MI
M. Rogers, PA
W. Roper, TX
F. Ross, WI
K. Ross, MI
K. Rowan, MO
R. Sambuchi, MI
P. Sandvick, WI
D. Schimmel, PA
G. Schultz, PA
J. Sedlock, WI
M. Shapiro, MI
J. Shea, MO
J. Sinkwits, MI
R. Smith, NY
S. Smith, FL
M. Sonne, MI
J. Spingarn, FL
S. Steedman, WA
R. Stevenson, MI
W. Stevenson, MI
K. Stoffers, MI
D. Stutman, NY
K. Swearingen, OH
M. Sylvester, CA
P. Symeonides, NY
J. Tabash, MO
H. Tetelman, OH
F. Tom, MA
R. Tonelli, WI
G. Trompeter, MI
C. Trubschenck, CA
P. Tu, CA
S. Ura, NH
J. Utess, MI
H. Vann, MS
J. Van Tiem, MI
W. Walcott, MI
L. Walsh, MI
M. Waranowicz, MI
M. Warshanna, MD
R. Wilkie, MI
S. Williams, MO
R.G. Willis, SC
K. Wilson, MI
R. Wolf, IN
F. Wood, PA
P. Yaman, MI
H. Yeung, CA
D. Young, MI
S. Young, NY
M. Zahn, MI
J. Zanetti, MI
P. Zanetti, MI
G. Zann, FL
S. Zimmer, MI

LABORATORY CONSULTANTS

Alpha Dental Studio, MI
Nellmar Laboratory, LLC, MI

**Tokuyama Dental Corp./
Tokuyama America**
877.378.3548 • 619.549.9674
www.tokuyama-us.com

Description

SOFRELINER TOUGH is a chair-side addition silicone soft lining material for dentures and other removable acrylic prostheses. The material may also be used in a laboratory setting to line dentures on a gypsum cast. **SOFRELINER TOUGH** is formulated for durability and high adherence to denture acrylic. Working time, including application to the prosthesis is 1.5 to 2 minutes. Intraoral setting time is 5 minutes. The material may be finished with rotary instruments once it is removed from the mouth. The kit includes a 54-g cartridge of reline material, 10 mixing tips, 10 ml of primer, three shaping/finishing points, a marking pen, and accessories. Twenty-four clinical consultants used **SOFRELINER TOUGH** in over 100 chairside reline applications. This product received a 96% clinical rating.

Suggested Retail Cost

- \$179.00/kit

Product Features

Overall, consultants found **SOFRELINER TOUGH** to be better than the products they currently use for soft denture relines. The material is easily dispensed but can be sticky and challenging to spread with a spatula; however, it adapts well with few voids and produces an excellent final fit.



Consultants' Comments

- ▶ *"A very useful material to provide retention of attachments in overdentures or implant-based prostheses."*
- ▶ *"Easy product to use."*
- ▶ *"A butt-joint finish line enhances the resistance to peeling at the edges."*
- ▶ *"Lasts longer than other soft reline materials."*
- ▶ *"I would prefer a shorter intraoral setting time."*

Tear resistance and wear resistance were reported to be excellent during the evaluation period. The translucent pink color blends well with most acrylic tones. The color stability is good and the material shows minimal staining and cracking. The adherence of set **SOFRELINER TOUGH** to denture base acrylic is excellent. The trimming/finishing points are a useful addition to the kit. Consultants reported no patient contact sensitivity with this product. Eighty-six percent of evaluating consultants remarked that they would switch to **SOFRELINER TOUGH**; 90% would recommend it to their colleagues.

Clinical Tips

- Although fresh material can be added to a set layer, every attempt should be made to capture the reline in a single application.
- Use petroleum jelly on areas of the prosthesis where you do not want the reline material to adhere.

- Initial trimming of flash can be done with a new scalpel blade.
- For the best finishing, let the material set for an additional 30 minutes after intraoral setting. ■

Editors' Note: Silicone Remover (available separately from Tokuyama Dental Corp.) easily removes old silicone denture liner from the acrylic denture base.



Shared Secrets:

Enhance Your Practice with Esthetic Dentistry's "Best Kept Secrets"

John W. Farah, D.D.S., Ph.D., Editor

Sept. 14, 2007 Northern California Dental Society (Red Bluff, CA)
Sept. 21, 2007 2007 College of Dental Surgeons (Saskatoon, SK)
Oct. 5, 2007 Third District Dental Society (Albany, NY)
Nov. 2, 2007 Tulsa County Dental Society (Tulsa, OK)

Dr. Michael Viale – 530.872.5233
Dr. D. Blaine Friesen – 306.244.5072
Ms. Kathy Moore – 518.782.1428
Ms. Rhonda O'Brien – 918.451.1017

Invite Dr. Farah to be your next guest speaker!

For information on attending a lecture or scheduling Dr. Farah to speak to your dental group, please contact:

Ms. Cara Voss at 734.665.2020 x102 or 800.347.1330, cara@dentaladvisor.com

www.dentaladvisor.com