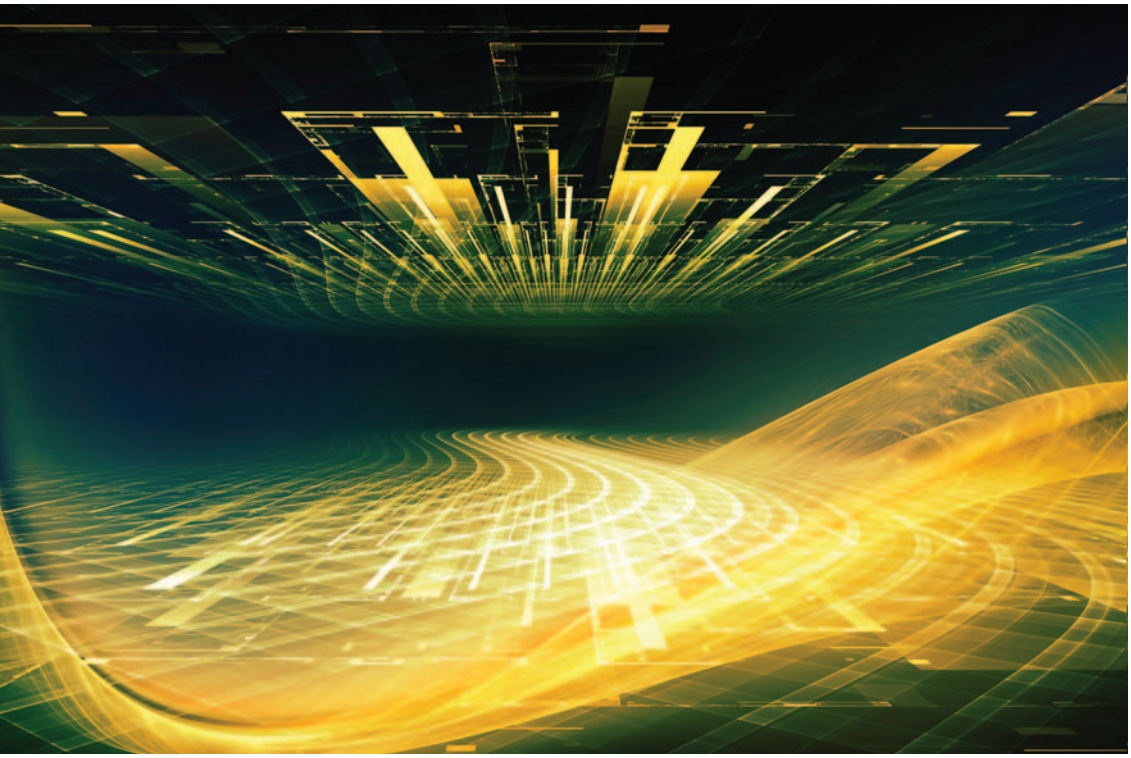
THE DENTAL ADVISOR™

Improving Patient Care Through Research & Education



Digital Dentistry

Digital dentistry and CAD/CAM is evolving on a daily basis. While the changes are exciting, the many relationships, including those of doctor/laboratory, manufacturer/distributor, and doctor/patient complicate an already complex topic. As digital dentistry is adopted into clinical practice, many choices and considerations must be made to ensure success. This issue of THE DENTAL ADVISOR will focus on all systems currently on the market, discuss material choices available for in-office milling, and address common concerns associated with choosing and implementing the right system for a practice.

November 2013
Vol. 30, No. 09

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www.dentaladvisor.com

RATINGS:

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

THE DENTAL ADVISOR™

November 2013
Vol. 30, No. 09

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CONTRIBUTING AUTHORS
Sabiha S. Bunek, D.D.S.
Mary E. Yakas, B.A., C.M.C.
Chris Brown, B.S.E.E.

EXECUTIVE TEAM
Alexander J. Baumann, M.S.
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Nelson Williams, M.S.
Mary E. Yakas, B.A., C.M.C.
Ron Yapp, M.S.

PUBLISHER
Dental Consultants, Inc.

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

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From the Desk of
Dr. Bunek, Editor-in-Chief



Writing for this issue got me wondering why some aspects of digital dentistry have been readily integrated into a large percentage of practices while others lag significantly behind. It can be easy to attribute this hesitation to a financial decision. However, upon closer scrutiny, there appears to be more to the story than the investment. While digital radiography is currently used by by over 60% of the practicing population, digital impression systems are being utilized in a very small and select segment of the industry. In my clinical experience of utilizing many of the available systems, each have their own strengths and weaknesses depending on the case. All of the systems force me to carefully scrutinize my work at a level previously unavailable. In this issue we explore some of the roadblocks to adopting this technology into everyday practice with the intention of offering some clarity to the sometimes confusing and intimidating subject. It is my hope that we might be able to replace some of our fears with excitement about the future of our profession. As always, I welcome your comments and suggestions: You can reach me at *drbunek@dentaladvisor.com*. Thank you for your continued support and reading!

Truth or Myth?

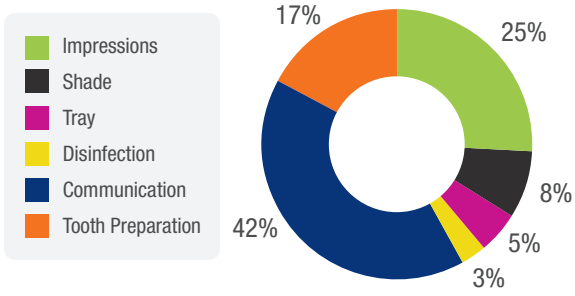
MYTH 1

CAD/CAM will eliminate ill-fitting restorations.

A scanner/digital impression does not fix problems experienced with a poor preparation. A poor preparation yields a difficult design that can result in an ill-fitting restoration. One advantage of digital impressions is that it forces a clinician to review their preparation on a very large scale. If utilizing a laboratory, it can vastly improve communication between a laboratory and dentist. Interestingly, in our 1987 survey of laboratory technicians, the majority identified communication with the laboratory as an area for improvement. Some of the issues still exist today, but in a digital environment are vastly improved. CAD/CAM definitely improves and magnifies the ability to see margins, preparation design, and tissue management. However, at the end of the day, it is the impression that provides guidance in fabricating a restoration. Any impression, digital or traditional, must have clearly defined margins.

Then

Laboratory Survey **1987**
Areas to Improve



Now

In a digital environment, trays and disinfection are eliminated leaving the impression, shade, communication and preparation as the most critical factors.

MYTH 2

Digital impressions will save me time.

This is not entirely true. As with any new skill, training and experience is necessary. Learning curves of both the scanner and software will vary by user. If milling restorations in the office in conjunction with digital impressions, office schedules will need to be modified to allow for same-day restorations.

MYTH 3

Adopting digital impressions may require working with a specific laboratory.

Digital Impression Systems

Digital impression systems may have certain laboratory software requirements to accept or work with patient scans. Most dental laboratories today are either adopting digital solutions of their own or are partnering with milling centers to work with digital cases. Chances are, if your laboratory does not have the necessary software to work with cases from a particular digital impression system, they can work with somebody who does. It is always wise to discuss digital impression workflows with your laboratory as there may be benefits in working with the same system.

In-Office CAD/CAM Systems

Even if you own a mill, there may be times when you would like to work with a laboratory; large or esthetically demanding cases can be challenging and time consuming. Full in-office CAD/CAM systems typically are more restrictive in terms of compatibility with lab software. That being said, it is still likely that if your laboratory does not have the necessary software, they can partner with somebody who does.

MYTH 4

Incorporating digital impressions in my office will eliminate the need for impression material.

Digital impressions are useful tools in the dental office but they will never totally replace traditional impressions. As with many procedures, it is desirable to have options. The dentist needs to assess each case individually and then choose the best method of obtaining an impression. Right now digital impressions are an option for crown and bridge procedures but are not practical for study models, bleaching trays, complex orthodontic appliances or removable prosthetics.

Additionally, scanning in the mouth can be very difficult, if not impossible, at times. This may be a result of limited opening, deep subgingival margins, difficult areas to access, gagging, or excessive salivary flow.

MYTH 5

Digital impressions will limit my restorative material choices.

Digital Impression Systems	In-Office CAD/CAM Systems
When choosing a material for digital impressioning systems, the options are endless. These include anything from gold, PFM to all-ceramic and resin restorations.	When it comes to chairside CAD/CAM systems, you must choose between all-ceramic or resin blocks. Please refer to the table on page 5 for a list of available materials for each system.

Digital Impression Systems

Cost Range $12,000.00-35,000.00

TRUE DEFINITION *(3M ESPE)*



- Powder required: Yes
- Image capture: Video
- In-office milling option: *E4D* or *TS150* mills

**Participating laboratories will accept scans*

ITERO *(Align Technologies)*



- Powder required: No
- Image capture: Laser image point & click
- In-office milling option: No

**Any laboratory can accept scans*

TRIOS *(3shape)*



- Powder required: No
- Image capture: Continuous
- In-office milling option: No

**Participating laboratories will accept scans*

Apollo DI *(Sirona Dental Systems)*



- Powder required: Yes
- Image capture: Continuous
- In-office milling option: No

**Sirona Connect laboratories will accept scans*

CS 3500 Intraoral Scanner *(Carestream)*



- Powder required: No
- Image capture: Laser image point & click
- In-office milling option: *CS 3000* mill

**Participating CS laboratories will accept scans*

In-office CAD/CAM Systems

Cost Range: $75,000-140,000

E4D NEVO *(E4D Technologies)*



- Powder required: No
- Image capture: Continuous
- In-office milling: *E4D* mill
- Laboratory milling option: via *E4D SKY; E4D* certified laboratory; Any 3rd party provider that can accept an open .stl file.

CEREC AC & Omnicam *(Sirona Dental Systems)*



- Powder required: *CEREC AC:* Yes, *Omnicam:* No
- Image capture: *CEREC AC:* Laser image point & click capture, *Omnicam:* Continuous
- In-office milling: *CEREC MC, MCX or MCXL*
- Laboratory milling option: *Sirona Connect* laboratories will accept scans

IOS FastScan & TS150 Mill *(Glidewell Laboratories)*



- Powder required: Yes
- Image capture: Laser scan and click capture
- In-office milling: *TS-150* mill
- Laboratory milling option: *Glidewell* or any participating laboratory.

Material Options Available for In-office CAD/CAM Systems

	CEREC (Sirona Dental Systems)	E4D Dentist (E4D Technologies)	TS150 Mill (Glidewell Laboratories)
IPS e.max CAD/ *Ivoclar Vivadent*	✓	✓	
IPS Empress CAD/ *Ivoclar Vivadent*	✓	✓	
Lava Ultimate/ *3M ESPE*	✓	✓	✓
Enamic/*Vident*	✓		
Obsidian/*Glidewell*			✓

A new direction in materials...

DENTSPLY introduced CELTRA Duo blocks this year at the International Dental Show in March. This material is unique in that it is a zirconia reinforced lithium silicate which has a dual function. It can be milled on CEREC MCXL and either polished and immediately placed or glazed and fired for additional strength.

Carestream

NOW AVAILABLE



CS 3000 Mill

3M ESPE



Lava Ultimate

Imprint 4

+ + + + +



Consultants' Comments

"Good material - better than most VPS materials I have used in the past."

"Quick setting time - patients loved how fast it set."

"I never had a retake with this material in spite of some difficult subgingival preparations."

"Great for implants."

"Perfect blending of putty and wash materials."

"Bright contrasting colors of syringe and tray materials."

"Some chemical taste comes through the mint flavoring."

"Blue color leaves a residue on gloves and patients' lips."

3M ESPE
(800) 364-3577 | www.3mespe.com

Description

Imprint 4 impression materials are vinyl polysiloxane (VPS) materials indicated for all standard impression techniques. They are *3M ESPE's* newest generation of addition-cured silicones reported to provide "super quick" setting characteristics and significantly improved hydrophilicity. ***Imprint 4*** materials are formulated to have superior hydrophilic properties for exceptional detail and accelerated setting due to an "active self-warming" chemical reaction. The ***Imprint 4*** line includes tray and wash materials available in regular and *Super Quick* set with a peppermint flavor. *Super Quick* setting materials are indicated for one- or two-unit impressions. Viscosities include putty, heavy, and light in 5:1 foil packages for *Pentamix* devices and 50 mL automix cartridges for use with dispensing guns.

Imprint 4	Working Time	Setting Time
Regular Set (Tray/Wash)	2:00	2:00
Regular Set (Putty)	1:30	2:30
Super Quick Set (Tray/Wash)	1:15	1:15

Imprint 4 was evaluated by 36 consultants in 521 uses. This impression material earned a 97% clinical rating.

Suggested Retail Cost	
Cartridge refill (tray and wash)	$110.00
Penta refill (tray and wash)	$331.32

Clinical Observations

Instructions/Packaging

Imprint 4 is packaged in automix standard cartridges and *Pentamix* cartridges. Consultants appreciated the option for the tray material. Working and setting times should be printed on the cartridges.

Mixing/Dispensing

Dental assistants found that the heavy tray material was easy to extrude with little hand strength required. *Penta* putty mixed quickly and consistently with a *Pentamix* machine. The syringe material flowed smoothly around the prepared teeth.

Viscosity

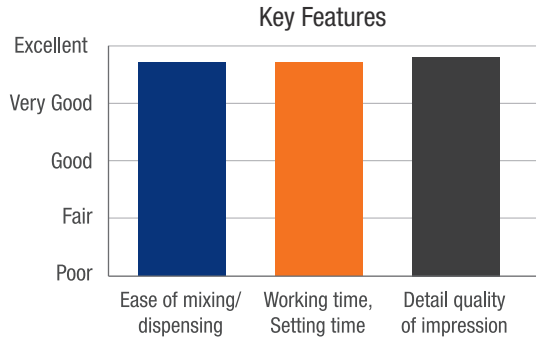
The light body material evaluated has excellent flow around the teeth. Some consultants found it to be slightly too runny when working on maxillary teeth. The tray material also had more flow than some other brands of heavy-body material.

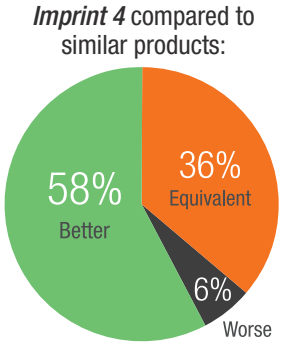
Working/Setting times

For dentists who prefer a very fast setting impression material, ***Imprint 4*** offers one of the shortest intraoral setting times. The fast setting time of the *Super Quick* material was one of the favorite features of ***Imprint 4***. The snap set was unique among impression materials.

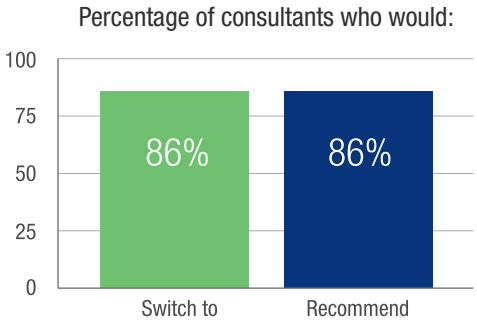
Detail quality of impression

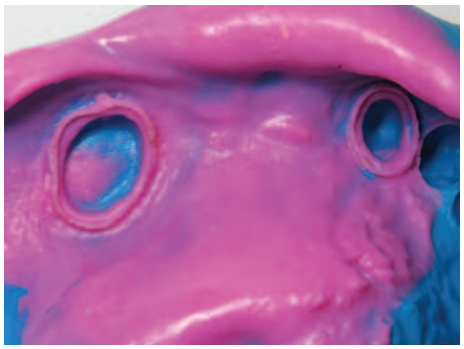
Imprint 4 produced crisp detail in the margins of impressions. Its hydrophilic nature contributed to accurate impressions in subgingival areas. Heavy/light colors offered good contrast and were easy to read. Labs using CAD/CAM technology had no trouble scanning these impressions.





Imprint 4 (cont.)







Summary

Imprint 4 is an excellent PVS impression material. Fifty-eight percent of consultants rated ***Imprint 4*** better than other impression materials they had used and 36% rated it equivalent. Eighty-six percent would switch to ***Imprint 4*** and would recommend it to a colleague. ■

ProGinicin

+ + + ½

Merix Pharmaceutical Corp.
(800) 224-4024 | www.progincin.com

Description

ProGinicin® is an antiseptic and antimicrobial agent for use in the mouth. It contains *Viracea*, a patented phytochemical combination of E. purpurea and benzalkonium chloride. ***ProGinicin***® is indicated for use in all dental procedures where soft tissue trauma occurs. The manufacturer describes it is beneficial for use where inflammation and infection may be present. The solution is formulated to provide pain relief, reduce inflammation, heal herpetic lesions, and accelerate the healing process. ***ProGinicin***® is available in 2 mL syringes. Each kit contains 12 syringes. ***ProGinicin***® was evaluated by 28 consultants in 269 uses, including treatment of oral injuries and ulcerations, and following extractions, scaling, and implant procedures. This agent received an 84% clinical rating.

Suggested Retail Cost	
Kit	$228.00
SRP	$468.00

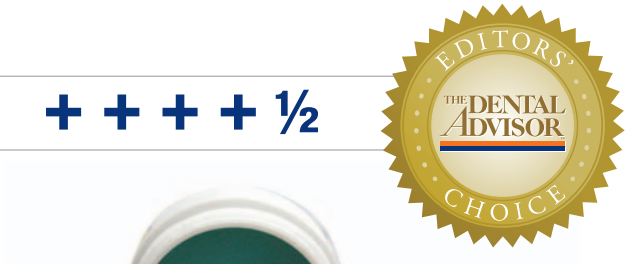
Product Features

ProGinicin® may be used in the dental office and given to the patient for use at home. Patients and consultants liked the fact that it is a naturally derived product. Overall ratings for treating inflammation and promoting healing ranged from *good* to *excellent*. The syringe delivery is convenient to use, expressing the solution directly to the gingiva. Containing the low-viscosity gel to the affected area is challenging, and it spreads quickly with normal salivary flow. Some separation of the gel components occurred in the syringes, resulting in delivery of a watery increment followed by a thicker brown increment. Instructions are poorly written and do not include take-home directions for patients to follow. Thirty-nine percent of consultants rated ***ProGinicin***® better than other antimicrobial agents they were using and 39% rated it equivalent. Fifty percent would switch to ***ProGinicin***® and 54% would recommend it to a colleague. ■

Consultants' Comments
"Little taste/odor."
"Easy to apply."
"Seemed to reduce inflammation."
"Too runny - does not stay in place."
"A more homogeneous, viscous gel is necessary."
"Directions need improvement."

Perfect Polish

+ + + + ½



American Dental Supply, Inc.
www.americandentalsupply.net

Description

Perfect Polish is a diamond polishing compound with a high concentration of diamond particles of uniform size. It is indicated to smooth and remove adjustment scratches and to renew dull ceramics without reglazing. It is non-toxic and intended for both intraoral and extra-oral use as a final step to polish composite materials, pressable ceramics, lithium disilicate, feldspathic porcelain, zirconia, and metal. ***Perfect Polish*** polishes adjustment areas chairside, rinses off with warm water and eliminates the need for refiring and reglazing in the lab. It is intended for use with a bristle brush or felt wheel and does not splatter. ***Perfect Polish*** is available 4 g and 6 g jars in three color-coded grits: Gray=Super Fine for composite; Pink=Fine for porcelain; and Blue=Medium for zirconia. For an ultra-smooth surface and maximum polish of indirect restorations, ***Perfect Polish*** may be used in stages (from medium to fine to superfine). ***Perfect Polish*** was evaluated by 27 consultants in over 500 uses. This polishing compound received a 95% clinical rating.

Suggested Retail Cost	
4 g jar	$64.99
6 g jar	$81.99
Sold through most dental distributors.	

Product Features

Perfect Polish was highly effective at restoring a smooth, glossy surface to porcelain and metal restorations. When used with a soft bristle brush and a lab handpiece, the fine polish produced an excellent finish on cast metal crowns and porcelain, even when observed under magnification. The super fine polish did an excellent job of refinishing adjusted occlusal porcelain to a glaze-like luster. The medium polish was used by consultants to re-polish a partial denture framework with very good results. Soap and water with a toothbrush cleaned off the residue with very little effort.



Consultants' Comments

"Great luster on adjusted porcelain."

*"As a prosthodontist, I have had extensive opportunity to use **Perfect Polish** and I believe that this product is a game changer."*

"You can polish a wide variety of materials."

"Very easy clean-up."

"Paste is dense and not easy to dispense."

"A bit messy."

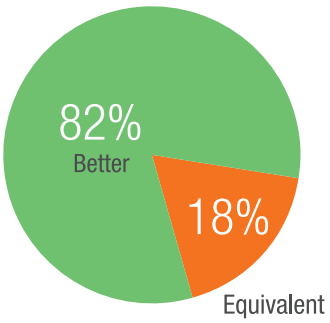
Clinical Tips

- Consultants preferred to use ***Perfect Polish*** extraorally.
- Use with a bristle brush and lab handpiece at high speed. ■

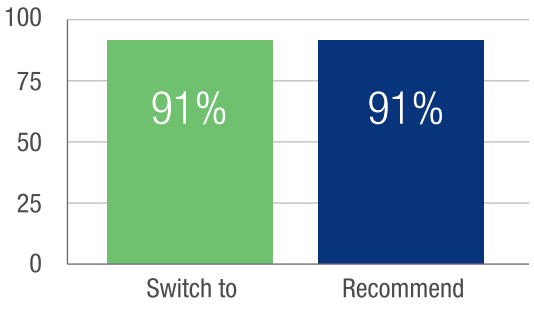
Editors' Note

Customers are welcome to request a sample, so that they may try the product prior to ordering.

Compared to other laboratory polishing pastes, ***Perfect Polish*** was



Percentage of consultants who would switch to or recommend ***Perfect Polish*** for laboratory polishing:

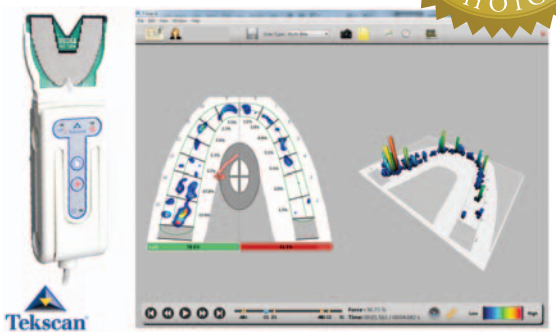


T-Scan® System

+ + + + ½

EDITORS' CHOICE — THE DENTAL ADVISOR

Tekscan
(800) 248-3669, (617) 464-4500 | www.tekscan.com/dental



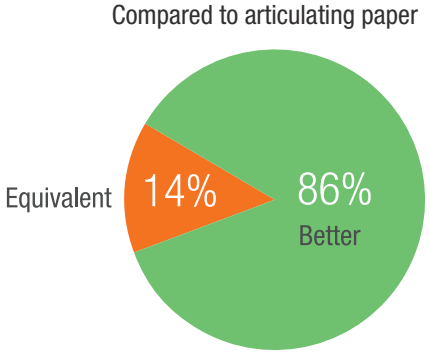
Description

The ***T-Scan System*** is an occlusal analysis system designed to measure and record relative biting forces over time. This 3rd-generation system includes intraoral sensors, scanning electronics (handle) and intuitive software. The mouth-shaped sensor fits into a sensor support that inserts into the sensor handle. The *Evolution Handle* connects into the USB port of a PC and is easily movable among operatories. The *T-Scan* sensor is thin (100 µm) and is re-usable for up to 20 recordings on the same patient. The *T-Scan 8 Software* is designed with an easy-to-use interface and displays timing and force data in full-color 3D and 2D graphics. The *T-Scan 8* software records and stores occlusal data in a patient database, while providing occlusal analysis features that allow dental professionals to determine first and last contact, the balance of occlusal contacts present at any given moment, and the ability to view multiple scans to compare bites. *T-Scan 8* also has the ability to create reports on patient scans. The ***T-Scan System*** comes with an *Evolution Handle* with USB connector, *T-Scan* sensors (20 small and 20 large), T-Scan sensor supports (1 small and 1 large) and *T-Scan 8* software. The equipment and software have a limited one-year warranty and come with two free online training sessions. The ***T-Scan System*** was evaluated by seven consultants in over 100 uses. This occlusal analysis system received a 91% clinical rating and four and a half out of five pluses.

Suggested Retail Cost	$8995/system

Equipment Features

Dentists who evaluated the ***T-Scan System*** were using traditional methods of occlusal analysis, including articulating paper, shimstock and mounted models. ***T-Scan System*** was found to be a very good objective tool to aid in analyzing occlusion. Interpreting the data improves with familiarity with the system. Consultants reported that learning to use the ***T-Scan System*** required some time and dedication to integrate it into the clinical routine. *Tekscan* offers online training to assist with the implementation of *T-Scan*. *T-Scan* can be used anywhere articulating paper is used in dentistry. Some specific applications include fixed prosthetics, occlusal adjustments, orthodontics, periodontal management, TMD appliances and more. Interpreting the data improves with familiarity with the system. Sensors are durable for repeated use (on the same patient). Use of *T-Scan 8* software is easy to learn and navigate. Consultants quickly learned basic scanning functions to determine location and strength of first contacts. More intricate analysis such as anterior guidance and comparing scans became quicker over time. Graphic displays on the computer monitor are an aid to patient education.



Consultants' Comments

*"**T-Scan System** brings a level of specificity to the process of occlusal analysis that I couldn't achieve with other available methods."*

*"Using **T-Scan System** was like putting loupes on for the first time - I saw what I had been missing."*

"It gives a good idea of the intensity of a bite."

"Finds areas of heavy occlusion that are not marked with articulating paper."

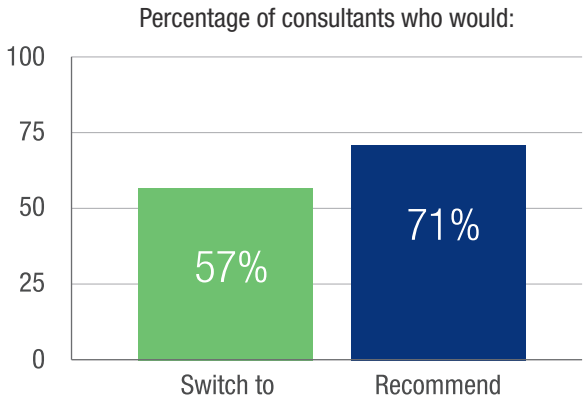
*"I will no longer treat full-mouth reconstruction cases without **T-Scan System**."*

*"Additional time and expense are required to properly take advantage of **T-Scan System** information."*

"Designed to be used in conjunction with articulating paper."

Clinical Tips

- *T-Scan* sensors are for single patient use. They may be cold sterilized, then packaged and stored for later use on the same patient.
- Create a permanent record by saving the scan as a PDF and importing it into the patient's chart in the practice management software.
- Involve dental staff in training and implementation of the device. ■



Duo-Link Universal

+ + + + ½

Bisco
(800) 247-3386, (800) BIS-DENT | www.bisco.com



Description

Duo-Link Universal is a dual-cured, resin luting cement indicated for the permanent cementation of all indirect restorations, endodontic posts, cement-retained implant restorations, and veneers. ***Duo-Link Universal*** is radiopaque and intended for use with a bonding agent. It is available in two shades (universal and milky white) and comes packaged in an 8 g automix syringe. The working time is 2 minutes; self-cure time is 3:30 minutes. ***Duo-Link Universal*** can be light cured with an LED curing light for 2-3 seconds per tooth surface for quicker clean-up of excess cement. Each Syringe Package includes one syringe of cement with 15 mixing tips. ***Duo-Link Universal*** was evaluated by 13 consultants in 260 uses. This adhesive resin cement received a 93% clinical rating.

Suggested Retail Cost	
System Kit	$280.00
Syringe Package *(Available in Universal and Milky White Shades)*	$80.00

Consultants' Comments

"I can use this to cement all of my indirect restorations."
"Tack curing makes removal of excess cement easy."
"Dual cure ensures complete setting."
"Limited shades."

Clinical Observations

Instructions/Packaging

Duo-Link Universal is packaged in familiar 8 g automix syringes. Mixing tips can be used to dispense the cement onto the restoration or, with the addition of the angled intraoral tips, directly into the tooth. While the cement requires the use of a bonding agent, and one is included in the *System Kit*, the bonding agent was not included in this evaluation. Instructions regarding the use of adhesive with ***Duo-Link Universal*** are limited. It is left to the user to determine which type of adhesive (light- or dual-cured) and technique (self- or total-etch) to use. A technique card instructs the user on cementing restorations with Bisco primers and adhesive.

Viscosity/Flow

Extrusion from the automix syringe is smooth and produces a homogeneous mix. ***Duo-Link Universal*** cement has enough body that it is not runny, yet it flows well under pressure.

Working and Setting Times

Working time of ***Duo-Link Universal*** allows placement of multiple restorations before gelling starts to occur. The cement is not overly sensitive to the LED light for tack curing, and optional curing of 40 seconds per surface can be done; self-curing time was within the acceptable range for consultants.

Removal of Excess Cement

Easy clean-up after tack curing is a positive feature of ***Duo-Link Universal***. A 3-4 second cure per surface produces a firm gel that can be peeled off the margins; the cement is quite translucent (Milky White shade was not evaluated) and the excess is not always visible. After final curing of the cement, it is hard and more difficult to remove. Complete cleanup and flossing after tack curing are recommended.

Summary

Duo-Link Universal is compatible with many adhesive systems and can be used to cement restorations of all substrates. Fifteen percent of consultants rated ***Duo-Link Universal*** better than other adhesive resin cements they had used and 69% rated it equivalent. Forty-six percent would switch to ***Duo-Link Universal*** and 77% would recommend it.

Clinical Tips

- Make sure that your bonding agent is compatible for use with a dual-cured cement. Many bonding agents require the addition of a dual-cured activator.
- Check carefully for excess cement. The Universal shade is nearly clear and hard to detect visually. ■

Phocal

Colldent Ltd.
(888) 746-2253 | www.phocaltherapy.com

Description

Phocal fluoride disks are formulated for the prevention of interproximal caries and treatment of demineralization. They are designed to fit directly into interproximal sites and deliver a concentrated dose of fluoride to arrest the progression of caries and enhance remineralization. Once positioned interproximally, the disks soften and expand to form a gel that dissolves in 10 minutes. The fluoride effects of ***Phocal*** disks are reported to last two to three months. Each disk weighs 4.5 mg and contains 1.23% fluoride ions; disks are available in two versions:

- ***Phocal Apf*** (acidulated phosphate fluoride) disks contain 0.103 mg of sodium fluoride and 0.009 mg of hydrogen fluoride. They are designed to induce an optimal low pH and clean/etch tooth surfaces to facilitate deep penetration of fluoride while stimulating the remineralization process.
- ***Phocal pHn*** (non-acidic sodium fluoride) disks are indicated for patients with ceramic crowns or composite restorations as they are less acidic and will not etch these materials. They contain 0.122 mg sodium fluoride and are also designed to induce fluoridation and enhance remineralization.

Each package contains 20 disks individually sealed in foil blister packs. ***Phocal*** was evaluated by 20 consultants in 207 uses. This product earned an 86% clinical rating.

Suggested Retail Cost	Box of 20: $135.00

Clinical Observations

Instructions/Packaging

Phocal discs and their packaging are color coded, red for Apf and green for pHn. The disks are provided in foil blister packs for individual dispensing. Written instructions for placement are supplemented by illustrations and a video on the manufacturer's website.

Design of disk

The thin disks were equated to a piece of confetti or a sequin. The directions describe placing the flat disks between the teeth where spacing allows, or folding the disk into a V shape for placement below the contact for tight interproximal spaces, which had its own learning curve. Folding required moistening the disk along the center. If it remained too dry, it was brittle and broke; if the moisture extended beyond the center, it become gelatinous and lacked the stiffness necessary for insertion.

Placement of disk

Placement of ***Phocal*** discs in interproximal spaces was more challenging than consultants expected. Thin cotton forceps are the instrument of choice for handling the disks. Most interproximal spaces treated were tight enough that placement of the disk directly between the teeth was not possible. Instead, folding it into a V shape was often attempted; some consultants trimmed the disks to fit into the space available.

Odor/Taste

No taste or odor was perceived by the patients who had ***Phocal*** disks placed.

+ + + +



Consultants' Comments

"Site-specific treatment."
"Eliminates the need for patient compliance."
"Placement technique takes practice."
"Hard to place between molars with tight interproximal space, we suggest folding technique."

Effectiveness

Eighty percent of consultants perceived the concentrated fluoride of ***Phocal*** as effective. They were optimistic about the potential for the precise, local delivery of fluoride without the need for patient compliance. Compared to watching demineralized spots or taking the "wait and see" approach, 85% of consultants reported ***Phocal*** disks were beneficial by offering a proactive treatment. This clinical evaluation did not include long-term follow-up of remineralization.

Summary

Consultants compared ***Phocal*** disks to various fluoride/ACP pastes and fluoride rinses available professionally and over the counter. Forty percent of consultants rated ***Phocal*** better than other remineralization methods they had used and 35% rated it equivalent. Fifty percent would switch to ***Phocal*** and 60% would recommend it.

Clinical Tips

- Make sure that your bonding agent is compatible for use with a dual-cured cement. Many bonding agents require the addition of a dual-cured activator.
- Check carefully for excess cement. The Universal shade is nearly clear and hard to detect visually. ■

Isodam

+ + + + +

Hedy Canada
(403) 287-0012, (800) 661-HEDY | www.hedycanada.com



Description

Isodam is a non-latex dental dam formulated from synthetic polyisoprene (similar to natural rubber). According to the manufacturer, it is pre-cut and formulated to provide exceptional stretch, strength and tear-resistance while eliminating the potential for allergic reactions associated with latex products. ***Isodam*** is light blue in color and is supplied in 5"x5" and 6"x6" square sheets, in both medium and heavy gauges. It is appropriate for all operative dentistry procedures. ***Isodam*** was evaluated by 25 consultants in 468 uses. This non-latex dental dam received a 96% clinical rating.

Suggested Retail Cost	
20 5" x 5" sheets	$19.99
15 6" x 6" sheets	$19.99

Product Features

The tear resistance of ***Isodam*** was very good, and consultants found it performed at least as well as latex dams. Holes can be placed close together, as the material readily stretches. The surface smoothness allowed easy placement between teeth. The light blue color was neutral and easy on the eyes. The few instances of tearing that occurred were during hole punching or initial placement. Once in place, ***Isodam*** was durable. The lightly powdered surface and smooth texture were reported to be comfortable to patients. ■

Consultants' Comments

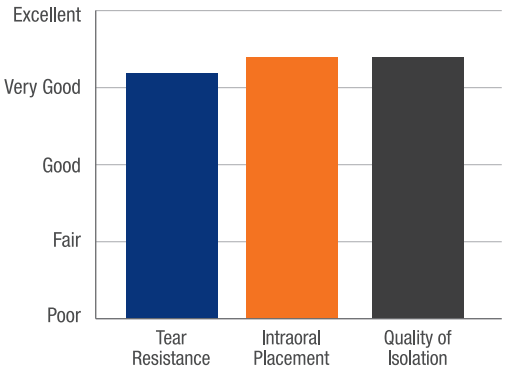
"This is probably the best dental dam I have ever used. I was very pleased with it."

"It is extremely flexible and doesn't tear when stretching it."

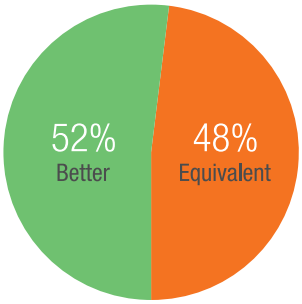
"Easy to place and floss it through without the need for lubrication of the dam."

"A darker color would provide more contrast to the teeth."

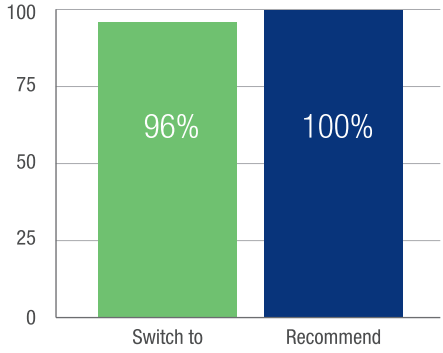
Key Features



Compared to competitive products:



Percentage of consultants who would:





Infection Control *with Dr. John Molinari*



Infection Control Procedures within a Dental Practice

The events in Tulsa, OK have definitely raised questions once again about infection control procedures within a dental practice. For the first time in history, a case of Hepatitis C was confirmed to be transmitted in a dental practice. While it is easy for many in the profession to distance themselves from the office in question, it does raise awareness both in the public and private sector. Now is a perfect time to revisit your infection control procedures in the office so that your patients and your team are confident that choosing your office ensures that proper protocol is followed. For a list of questions for discussion at your next team meeting, please visit dentaladvisor.com

MTA-Angelus Reparative Cement

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Angelus
1-855-FindMTA (1-855-346-3682) | www.angelusdental.com



Description

MTA-Angelus Reparative Cement is an endodontic reparative cement, containing of mineral trioxide aggregate (MTA). It is indicated for the treatment of lateral and furcation perforations, apexification, internal resorption, pulpotomy, pulp capping, and apexogenesis. Calcium ions are released that promote the formation of a dentin bridge when used for pulp capping and promote biological healing and the formation of root cement in cases of root perforations. ***MTA-Angelus*** is designed to be used under moist conditions, as it absorbs water and forms a gel, and then solidifies. ***MTA-Angelus*** has an initial setting time of 10 minutes and a final setting time of 15 minutes. The powder is packaged in a re-sealable vial with liquid (distilled water) in a dropper bottle. Unused powder may be kept for future use. Each kit contains five, 1 g vials of powder with a measuring scoop and a 3 mL bottle of liquid. ***MTA-Angelus*** was evaluated by 26 consultants in 201 uses. This reparative cement received a 91% clinical rating.

Product Features

Consultants used ***MTA-Angelus Reparative Cement*** for a variety of applications and reported it was easy to mix and handle. The texture is less gritty than other reparative cements. Working time is appropriate for all indications, and placement requires no special carriers. Manipulation and clean-up of the cement were reported to be better than similar products. Consultants would have preferred a quicker setting time. The white color was universally accepted for use under esthetic restorations, and radiopacity was rated excellent.

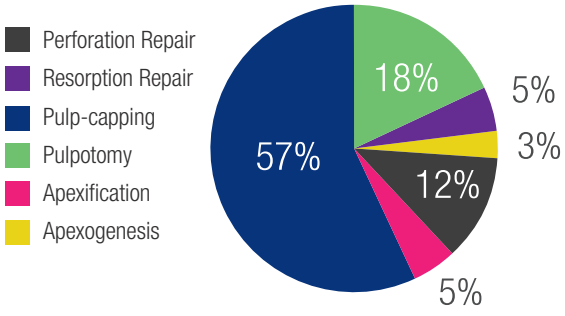
Consultants' Comments

"Ideal for pulpotomy."
"Excellent results with perforations."
"Visually identifiable on radiographs."
"Multiple-use packaging is economical."
"The scoop didn't fit in the powder vial."
"A faster setting time would be preferred."

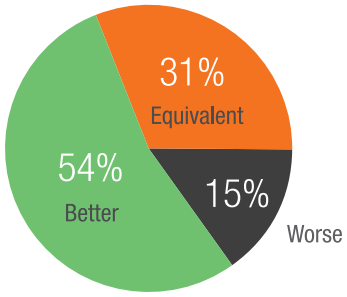
Clinical Tips

- Viscosity of the cement can be adjusted by varying the powder-to-liquid ratio. ■

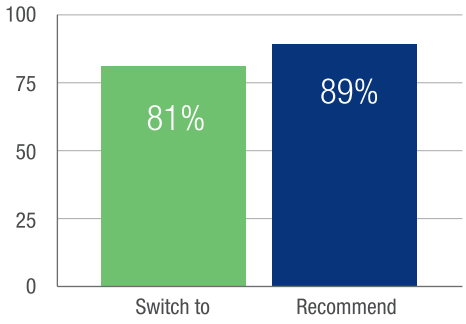
Consultants' Use of MTA-Angelus:



Compared to other Endodontic Reparative Cements:



Percentage of consultants who would:



Select Supra Temp

SciCan
(800) 331-4526 | www.scicancanada.ca

Description

Select Supra Temp is a bisacryl provisional crown and bridge material indicated for single or multiple-unit temporary crowns, bridges, onlays and veneers. The formulation is free of methyl methacrylate and may be used for short- or long-term applications. ***Select Supra Temp*** is available in five shades, A1, A2, A3, B1 and Bleach, and is dispensed from a 50 mL cartridge. ***Select Supra Temp*** has a working time of 50 seconds, can be removed from the mouth after 1 to 2 minutes, and has a final setting time of 6 minutes. Each cartridge of material includes 10 mixing tips. ***Select Supra Temp*** was evaluated by 25 consultants in 481 uses. This provisional crown and bridge material received an 86% clinical rating.

Suggested Retail Cost	C$101.00/50 ml cartridge

Product Features

Select Supra Temp produces hard, strong provisional restorations that are easy to trim. The shades are accurate and the esthetics was rated very good. Many consultants found the overall setting time too long unless hot water was used. While the hot water added an extra step, provisional restorations were hard when removed, and margins could be finished to fine edges. Twenty-four percent of consultants rated ***Select Supra Temp*** better than other provisional material they were using and 40% rated it equivalent. Forty-eight percent would switch to ***Select Supra Temp*** and 64% would recommend it to a colleague.

+ + + +

Consultants' Comments

"Very good detail reproduction and good fit."
"Strong material."
"Polishes well."
"Forgiving of undercuts."
"The final cure is longer than others if not placed in hot water."
"Sticky residue on adjacent teeth."

Clinical Tips

- ***Select Supra Temp*** can be repaired using any light- or self-cured composite.
- Curing time can be shortened by placing the provisional restoration in hot water. The material sets hard without shrinkage, which allows for a hard surface that can be easily trimmed. ■

Editors' Note

Select Supra Temp *is not sold in the U.S.*



THE DENTAL ADVISOR'S Speaker's Bureau

Lecture Topics

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To book a Dental Advisor speaker, or for more information, contact:

Amanda Overall, Lecture Coordinator
(734) 665-2020 ext. 107
amanda@dentaladvisor.com

SelectFil

+ + + +

SciCan
(800) 331-4526 | www.scicancanada.ca

Description

SelectFil is a light-cured, nano-hybrid, low-shrinkage, universal composite. It is indicated for use as a direct restorative for all classes of restorations in both anterior and posterior teeth and may be used with any light-cured bonding system. ***SelectFil*** should be applied in layers of 2 mm or less. Lighter shades cure in 20 seconds while darker shades require 30 seconds (with minimum light output of 1000 mW/cm²). It is packaged in 4 g syringes and 0.3 g unit-dose capsules and is available in 10 shades (A1, A2, A3, A3.5, A4, B1, B2, C2, OA2, and BL). The ***SelectFil*** *Intro Kit* contains 50 capsules in five assorted shades. Individual shades in capsules and syringes are available separately. ***SelectFil*** was evaluated by 28 consultants in 839 uses. This universal composite received an 88% clinical rating.

Suggested Retail Cost	
Intro Kit	C$231.00
20 X.30gm capsules	C$102.00
4gm syringe	C$79.35

Consultants' Comments

- *"Did not stick to instruments or pull away from tooth structure."*
- *"Polished easily with a nice luster."*
- *"Blends well with surrounding tooth enamel."*
- *"Radiopaque."*
- *"A bit stiff, but I like it that way."*
- *"Sensitive to ambient light."*
- *"Hard to extrude from capsule."*
- *"Capsules should be marked with the composite name."*

Product Features

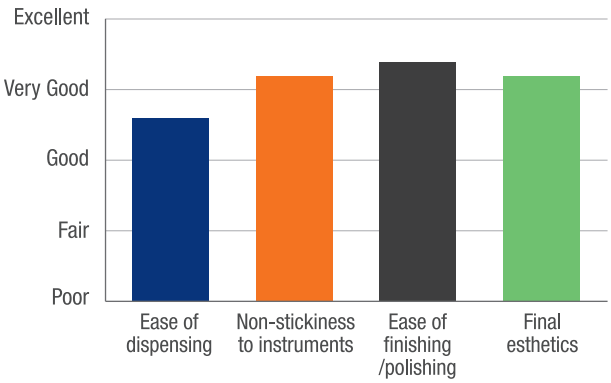
SelectFil appealed to dentists who prefer a stiffer composite. The material is not sticky to instruments and has enough body for packing against a matrix band to achieve interproximal contacts. The cured composite blends well with the surrounding enamel and offers a simple, one-shade solution for esthetic restorations. The high viscosity of the composite makes it harder to extrude from the capsules. The composite should be protected from ambient light during placement. ***SelectFil*** was highly rated for ease of finishing and polishing, producing restorations with smooth, shiny surfaces.

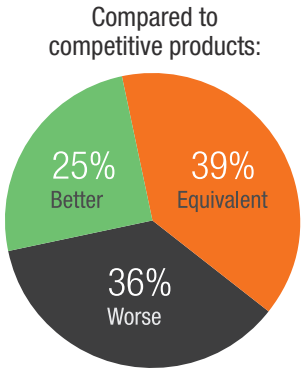
Clinical Tip

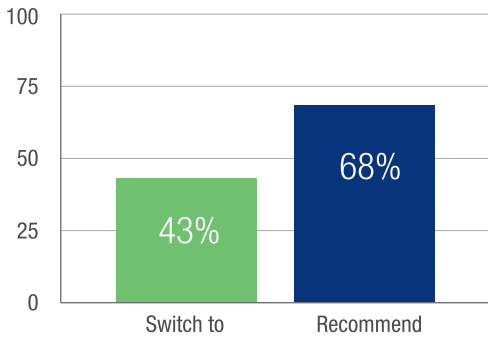
- Dim the operatory light to extend working time. ■

Editors' Note

SelectFil *is not sold in the U.S.*







PRODUCT UPDATE

MI Varnish + + + + ½

GC America, Inc
(800) 323-7063, (708) 597-0900 | www.gcamerica.com

MI Varnish is a 5% sodium fluoride varnish containing *RECALDENT* (CPP-ACP). It is now available in a fresh mint flavor. The application leaves a clear film of varnish on tooth surfaces. It is indicated for the treatment of hypersensitive teeth in patients with high caries risk. ***MI Varnish*** is available in a 50-count box of unit-dose cups with 50 disposable brushes. Brushes are packaged separately for convenience. Eighty percent of consultants found the new flavor to be as good as the original strawberry flavor and 20% found it to be an improvement. This fluoride varnish received a 91% clinical rating.



Cavex Bite&White Ready 2 Use

+ + + ½

Cavex Holland BV
+31 (0)23 530 77 00 | www.cavex.nl

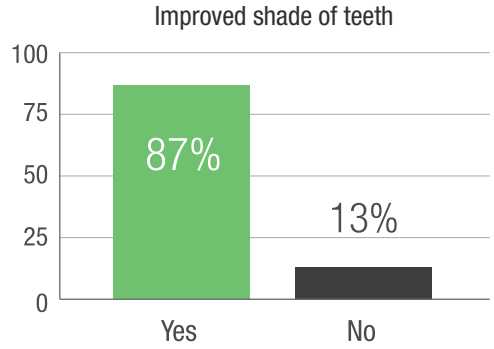
Description

Cavex Bite&White Ready 2 Use is a whitening system for patients' use at home. Pre-formed, dual-arch trays contain gel with 6% hydrogen peroxide and 0.2% potassium nitrate. The "one-size-fits-all" tray, manufactured using a flexible plastic material, is indicated to whiten the teeth of individuals 18 years and older. Each kit contains six individually packaged, single-use trays. The dual arch tray is intended to be worn for 1 hour and repeated daily for up to 6 days. ***Cavex Bite&White Ready 2 Use*** was evaluated by 13 consultants in 33 uses. This whitening system received an 81% clinical rating.

Suggested Retail Cost	$69,00.00 /kit

Product Features

Cavex Bite&White Ready 2 Use offers a quick, convenient method of at-home tooth whitening and significant time savings for the dental staff compared to making custom bleaching trays. Although consultants thought that the effectiveness varied, 87% of patients reported that it whitened their teeth. The one-hour treatment time was easy for patients to fit into their schedules, and the vacuum-sealed foil packs kept the gel fresh until opened for use. The large volume of gel in the trays coated the teeth, and excess spread onto the gingival tissue, which was reported to cause mild to moderate discomfort in 58% of patients. They rated the fit and comfort of the trays as fair. Thirty-one percent of consultants rated ***Cavex Bite&White Ready 2 Use*** equivalent to other home whitening systems they had used. Eight percent would switch to ***Cavex Bite&White Ready 2 Use*** and 46% would recommend it to a colleague. ■





Consultants' Comments

"No chair time required."

"Dual-arch trays are hard to wear for a full hour."

"Provide gel separately."

"Whitening is limited to the anterior teeth."

Patients' Comments

"Whitening results were good."

"No impressions and I did not have to wait for bleaching trays to be made."

"Quick and convenient."

"Cannot talk with the tray in."

"Gel irritated my gums."

"I would rather have separate upper and lower trays."

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