

THE DENTAL ADVISORTM

Improving Patient Care Through Research & Education

2014 CLINICAL PROBLEM

SOLVERS

Dentists and their team face daily challenges with materials and equipment when treating patients. Most teams have identified “go to” products that are helpful. These products can solve a clinical problem and save time, headaches, and costs.

This issue of THE DENTAL ADVISOR reports on products recommended by the editorial team of THE DENTAL ADVISOR. Each product has been identified as an excellent choice for solving a particular clinical challenge.

July/Aug 2014

Vol. 31, No. 6

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www.dentaladvisor.com

RATINGS:

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

July/Aug 2014

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



As one of the evaluators for THE DENTAL ADVISOR, I get to work with most products out on the market. So, it is not surprising that one of the most common questions asked from our readers is “what product do you use?” Many of the members of our editorial board who are out lecturing are asked the same question. We realize that dentists and their teams face daily challenges with materials and equipment when treating patients, and that it can be difficult to keep up with the vast array of materials on the market.

For this issue, we have selected products that we have found to be excellent for solving a particular clinical challenge. As practicing clinicians, we do not always agree on what works best. However, we know why it works for us, and this issue illustrates those specifics.

The “Clinical Problem Solver” is a special editorial designation we give to those products that we reach for in the toughest clinical situations. The issue includes comments from our editorial board about why the product works for them, and the specifics surrounding the clinical problem. I hope you’ll find this information useful and please feel free to email us some of your “go-to” product suggestions for next year. Enjoy!

2014 CLINICAL PROBLEM SOLVERS

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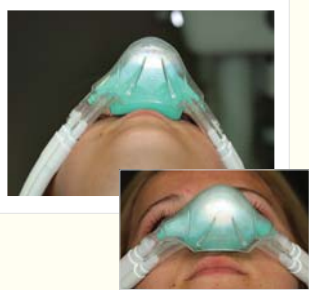
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ClearView Single-Use Nasal Hoods (Accutron, Inc.)

(800) 531-2221 | www.accutron-inc.com
Clinician: Callie Siwarga, BA



CLINICAL PROBLEM: Nitrous is utilized in our office quite a bit with anxious and pediatric patients. One issue I have encountered with traditional nasal hoods is the inability to know whether or not the patient is breathing properly.

SOLUTION: *ClearView Nasal Hoods* have a transparent outer shell that overlays the inner hood, allowing you to see the condensation so you can verify if the patient is breathing through their nose. You have clear evidence of the patient receiving the nitrous rather than relying on their perception. The transparent outer hood also expands the clinician's field of vision. Scented or unscented versions of the latex-free hoods are available, and samples can be requested via the company's website.

Imprint 4 (3M ESPE)

(800) 634-2249 | www.3mespe.com
Clinician: Dr. Lori K. Brown



CLINICAL PROBLEM: Patients having difficulty tolerating PVS impression material in the mouth due to the long setting time.

SOLUTION: Often when I am choosing an impression material for one specific reason or another, I feel like I am sacrificing quality in some other area. With *Imprint 4*, however, I am able to offer my patients a significantly quicker setting time and still produce high quality, detailed impressions and ultimately accurate restorations. A quick setting time is very important to me and my patients.

Dentapreg® SFM (Dentapreg America, Inc.)

(866) 697-5266 | www.dentapreg.com
Clinician: Dr. Julius Bunek



CLINICAL PROBLEM: Patients who experience trauma and present to the office with a mobile or avulsed tooth. Splinting must be provided quickly and without adding to the trauma.

SOLUTION: *Dentapreg SFM* is a glass fiber-reinforced composite available in customizable strips that among other applications can be used to splint teeth after trauma. The strips are easy to handle, cut and bond to teeth, making it an excellent option when time is a major factor as in trauma cases. *Dentapreg SFM* strips can be placed on the lingual offering an esthetic outcome and leaving teeth accessible for possible endodontic treatment when necessary.

Brush & Sculpt (Cosmedent, Inc.)

(800) 621-6729 | www.cosmedent.com
Clinician: Dr. Sabiha S. Bunek



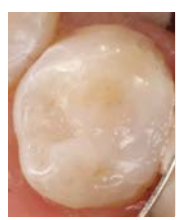
CLINICAL PROBLEM: Certain composites are difficult to place because they stick to my instrument. I do not feel comfortable using alcohol on a gauze or a bonding agent to moisten my composite instrument because it may interfere with adhesion between layers of composite or inhibit polymerization.

SOLUTION: *Brush & Sculpt* is a wetting agent designed specifically to eliminate composite sticking to instruments or brushes. A small amount of this material allows for easy placement and manipulation with any composite system. It is colorless and HEMA-Free, eliminating any concern for stain or discoloration.

SonicFill

(Kerr Corporation)

(800) 537-7123, (714) 516-7400 | www.sonicfill.kerrdental.com
Clinician: Dr. Jim Olsen



CLINICAL PROBLEM: Too much time and too many steps are required to place posterior composites.

SOLUTION: Layering composite in 2 mm increments is time-consuming and tedious. Bulk-fill composites have been a breakthrough in dentistry to help simplify the restorative procedure. While **SonicFill** is not new to the market, it does represent a technology that has not been duplicated by its competitors. It remains the only sonic-activated, bulk-fill material on the market, allowing for a 5 mm increment in one step; it is only one of a few bulk-fill composites on the market that is strong enough to be used as a single posterior restorative. Its low viscosity allows for better adaption and the sonic activation minimizes voids in the composite.

eCEMENT

(Bisco Dental Products)

(800) 247-3368, (847) 534-6000 | www.bisco.com
Clinician: Dr. John W. Farah



CLINICAL PROBLEM: With the growing number of restorative materials available on the market, the once simple cementation procedure has become more complicated. It is hard to keep up with what primer, bonding system and cement to use.

SOLUTION: I love **eCement** because it has everything you need in one kit to cement lithium disilicate restorations including: dual-cured resin cement, light-cured resin cement in translucent and milky bright, universal bonding agent, porcelain primer and etchant, and a high viscosity phosphoric acid etchant. The grouping and labeling of the materials into one kit simplifies the process, eliminates guess work and time spent searching for products; **eCement** results in more efficient cementation appointments.

RelyX Unicem 2 Automix Self-Adhesive Resin Cement

(3M ESPE)

(800) 634-2249 | www.3mespe.com
Clinician: Dr. Sabiha S. Bunek



CLINICAL PROBLEM: Using adhesives in the canal to cement fiber posts can lead to improper seating of posts.

SOLUTION: **RelyX Unicem 2** is a dual-cured, self-adhesive resin cement. The cement is delivered in an automix syringe with endodontic tips that make the post cementation process considerably easier than before. The thin endodontic tips allow precise application of the cement directly into the root canal from bottom to top, reducing the risk of air bubbles and voids during cementation of the post. There is no need to pretreat the post or the tooth with etching, priming, and bonding agents. The simple process makes the procedure quick and easy, and it has been proven to be clinically successful in our practice.

Luster for Zirconia and Lithium Disilicate

(Meisinger USA, L.L.C.)

(303) 268-5400 | www.meisingerusa.com
Clinician: Dr. Santine Harlock



CLINICAL PROBLEM: Choosing a polisher for a restoration is increasingly difficult/overwhelming due to the variety of restorative materials entering the market.

SOLUTION: **Meisinger** has simplified the process of polishing crowns and veneers by providing dedicated **Luster** kits designed to be used with specific materials like zirconia and lithium disilicate. The bur blocks are easily accessible and clearly labeled with their intended purpose. Each kit contains adjustment burs and two-step polishers. The product performed exceptionally well in our laboratory testing for gloss and smoothness.

3M ESPE Impregum Penta Impression Material (3M ESPE)

(800) 634-2249 | www.3mespe.com

Clinician: Dr. Bob J. Stevenson



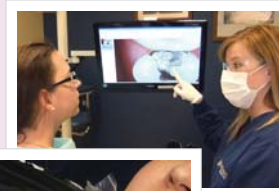
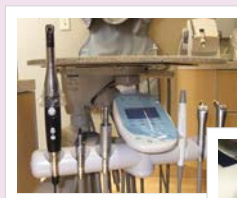
CLINICAL PROBLEM: PVS impression material is sometimes not rigid enough to accurately re-seat a closed-tray, fixture level impression. Concerns about rotation of analogs during the laboratory process could lead to errors during the fabrication and delivery.

SOLUTION: *Impregum* is a polyether impression material that is rigid enough to insure complete re-seating of closed tray impression copings without uncertainty. This allows for more peace of mind that the master cast will be an accurate representation of the implant. Not only does *Impregum* perform this specific task, but it is a long-trusted impression material that never fails to provide precise, detailed impressions even when hemostasis is difficult to achieve. I never have to retake an impression with this system.

IRIS Intraoral Camera (Digital Doc)

(800) 518-1102 | www.digi-doc.com

Clinician: Dr. Brent Kolb



CLINICAL PROBLEM: Intraoral cameras that do not get used by my team because they are difficult to use and integrate.

SOLUTION: The *IRIS Intraoral Camera* is simple to use and integrates with dental software. Previous attempts to integrate the regular use of an intraoral camera were met with resistance from many team members and led to under-utilized equipment. The simplicity of the *IRIS* and its integration with our software system contributed to the overwhelming acceptance of the camera by all of our clinicians. We continue to use it regularly and are satisfied with the high-quality images it delivers.

Remin Pro (VOCO)

(888) 658-2584 | www.voco.com/us/home/index.html

Clinician: Dr. Michelle Elford



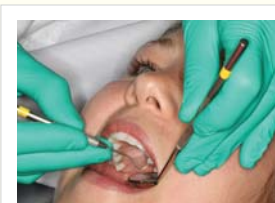
CLINICAL PROBLEM: Patients complaining of tooth sensitivity following in-office bleaching.

SOLUTION: I have been pleased to discover *Remin Pro*. It is a water-based cream containing hydroxyapatite, sodium fluoride, and xylitol; it is available in several appealing flavors. My patients who have used *Remin Pro* found it to reduce or totally eliminate their sensitivity following tooth whitening. It is easy to apply and can be used in-office or given to the patient to use at home. Patients with dentin hypersensitivity have also reported a decrease in sensitivity to both temperature and brushing forces within a matter of days.

Neogard® Polychloroprene Exam Gloves (Microflex)

(800) 876-6866 | www.microflex.com

Clinician: Dr. Lori K. Brown



CLINICAL PROBLEM: I prefer to use latex-free gloves in my office but find nitrile gloves to be uncomfortable.

SOLUTION: Even though nitrile gloves are well received by many clinicians, chloroprene gloves are an effective alternative. Synthetic chloroprene gloves fit and feel like latex and conform to my hands over time, improving both comfort and tactile sense. I perform a lot of root canals, and I cannot stress enough how important the fit of my gloves is while instrumenting a canal. *Neogard Polychloroprene Exam Gloves* give me a viable alternative for my patients with sensitivities and allergies without forcing me to sacrifice comfort or function.

Aura

[SDI (North America) Inc.]

(800) 228-5166, (630) 238-8300 | www.sdi.com.au

Clinician: Dr. John W. Farah



CLINICAL PROBLEM: Choosing a shade for a composite restoration can be challenging when a patient's existing tooth does not match the Vita shade guide. Since most composite filling materials on the market are designed to correspond with that particular shade system, matching can present a problem.

SOLUTION: The multipurpose chroma shades are perfect when a patient's natural tooth color is in between Vita shades; they have a nice chameleon effect, blend well with existing tooth structure and adjacent teeth, and are easy to work with. *Aura's MC3* has become one of my "go-to" bulk-fill composites with no layering necessary.

3M ESPE Intra-oral Syringe

(3M ESPE)

(800) 634-2249 | www.3mespe.com

Clinician: Dr. Peter Yaman

CLINICAL PROBLEM:

Difficulty extruding light body impression material around hard to reach areas. The standard guns are bulky and it can be hard to simultaneously extrude while placing material around preparation.



SOLUTION: *3M ESPE Intra-oral Syringe* was designed to be lightweight and ergonomic for easier handling. *3M ESPE Intra-oral Syringe green* (for VPS) and *3M ESPE Intra-oral Syringe purple* (for Polyether) have a small size to allow for precise application of the wash material on the preparation and alleviate hand stress. To minimize waste, the syringes can be pre-loaded with the desired amount of material needed.



Phocal

(Colldent Ltd.)

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

Clinician: Natalie Alexa, RDH



CLINICAL PROBLEM: Fluoride is proven to be more effective in remineralizing surfaces it contacts directly, however, fluoride varnishes and gels cannot reach interproximal areas.

SOLUTION: *Colldent Ltd.* recently introduced *Phocal* fluoride disks, formulated for the prevention of interproximal caries and treatment of demineralization. The small, thin disks 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. They are available in both acidulated phosphate fluoride and non-acidic sodium fluoride.

Super-Snap X-Treme

(SHOFU DENTAL CORPORATION)

(800) 827-4638, (760) 736-3277 | www.shofu.com

Clinician: Dr. Sabiha S. Bunek

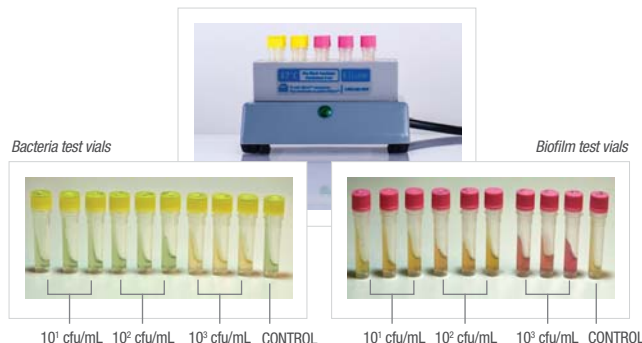


CLINICAL PROBLEM: Too much time is required to contour, finish and polish anterior composites.

SOLUTION: Contouring anterior composite restorations needs to be both artistic and efficient. Use of rotary instruments often results in nicks and unnatural line angles. Disc systems have been recommended for years, but have been time consuming with mandrels that are difficult to work with, and disks that flex or break during placement. These challenges are resolved by *Super-Snap X-treme* polishing discs with a simple and flexible cup that is easily placed and removed, providing excellent results. The innovative non-metal design eliminates the scratches that often occur when using metal-based mandrel systems. With the four levels of polishing, (coarse, medium, fine, and superfine), no additional polishers are needed for an outstanding contour and final polish.

E|Line™ Water Quality Check Kit (Germiphene Corporation)

linda@germiphene.com | www.Germiphene.com
Clinician: Dr. John A. Molinari



CLINICAL PROBLEM: Ever since I read about the Legionnaire's transmission to an elderly patient from dental waterlines, I've been worrying about the quality of the water in my dental units. How can I test my water?

SOLUTION: *E|Line Water Quality Test Kit* is an in-house test kit that can detect levels of representative bacteria are greater than 200 colony forming units (cfu)/mL (as recommended by the American Dental Association). This test is extremely easy to use and takes no longer than 24 hours for the results.

Multi-Axis Spiral Suction (M.A.S.S.) (Ghost Mfg.)

(269) 281-0489 | www.ghostmfg.com, www.masssuction.com
Clinician: Amanda Overall, RDA

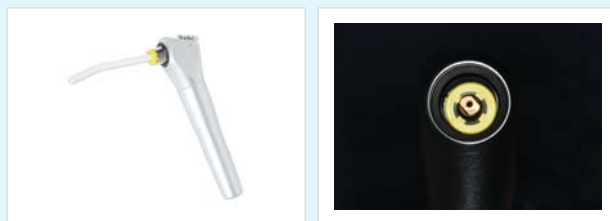


CLINICAL PROBLEM: Typical HVE suction tips catch on soft tissue and tongue and have sharp edges.

SOLUTION: *M.A.S.S.* suction tips have perforations which allow for high volume suction without inadvertently catching soft tissue. I found the suction performance to be adequate, and the beveled edge provided superior comfort to patients. The ability of this product to double as a suction tip and a saliva ejector increased efficiency, and the angle was perfect for retraction.

Seal-Tight® (Kerr TotalCare)

(800) 841-1428 | www.KerrTotalCare.com
Clinician: Dr. John A. Molinari and Peri Nelson, BS



CLINICAL PROBLEM: I've been having problems with my metal air/water syringe tips occasionally clogging. Is there anything I can do about this?

SOLUTION: Clogging is usually caused by build-up of debris in the inner lumen because of extended use with numerous sterilizations. In fact, we have found that in the presence of debris bacteria can survive the sterilization process. Therefore the best answer to this problem is to use disposable air/water syringe tips. We have evaluated and found *Seal-Tight* (Kerr TotalCare) performed well in clinical practices.

RelyX Ultimate Adhesive Resin Cement (3M ESPE)

(800) 634-2249 | www.3mespe.com
Clinician: Dr. Santine Harlock



CLINICAL PROBLEM: Buying multiple products to prime the tooth and the restoration for cementation of silica- and zirconia-based crowns.

SOLUTION: This system is easy to use; the bonding agent can be used as a self-etch or total-etch adhesive, and to prime zirconia- or silica-based restorations. There is no need for additional bottles and confusion on which bottle to use. The resin cement has a nice viscosity, and the *Scotchbond Universal* and *RelyX Ultimate* system is easy to use. We no longer have any confusion on what products we need to cement all ceramic restorations.

Multilink Automix

Ivoclar Vivadent, Inc.

(800) 533-6825

www.ivoclarvivadent.us.com

Description

Multilink Automix is a self-cured with optional light-cured adhesive resin cement with a self-curing and self-etching primer. Suggested applications for **Multilink Automix** include adhesive cementation of indirect restorations made of all-ceramic (zirconia, aluminum oxide, and glass ceramics), metal, metal-ceramic, and fiber-reinforced composite. The use of Monobond Plus, a universal restorative primer, is recommended to achieve a stronger bond to all types of restorative materials. **Multilink Automix** is available in four shades with different degrees of translucency: transparent (high translucency), yellow (high translucency), white (medium translucency), and opaque (low translucency). Try-in pastes are now available along with an Air Block Liquid Strip to protect the cement line from oxygen exposure during the curing process. The purpose of this study was to determine the long-term clinical performance of **Multilink Automix** at four years.

Clinical Evaluation Protocol

Four hundred seven restorations cemented with **Multilink Automix** were recalled at four years. Types of restorative materials, types of restorations and age of restorations evaluated at four years are shown in Figures 1, 2 and 3, respectively. At recall, restorations were evaluated for resistance to marginal discoloration and retention on a 1-5 rating scale: 1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent.

Results at Four Years

Esthetics

Multilink Automix maintained excellent color stability in 100% of restorations placed over the four-year evaluation period (Figure 4), ensuring optimal esthetics of the restoration.

Lack of Sensitivity

Lack of sensitivity was rated excellent (Figure 4). No additional postoperative sensitivity was reported between years three and four.

Resistance to Marginal Discoloration

Resistance to marginal discoloration was rated excellent at four years (Figure 4). Five restorations exhibited staining or graying at the margins. The color of nearly 99% of the restorations has been stable with almost no evidence of microleakage.

Retention

Retention was rated excellent (Figure 4) with an adjusted debond rate of 2.7%. Sixteen restorations debonded during the past four years. These restorations included 10 lithium disilicate restorations; four ceramic-veneered zirconia restorations, one of which was a three-unit bridge; and two leucite-reinforced restorations. Five of these restorations debonded with the core in the restoration and one restoration had a short preparation.

4-year Clinical Performance

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Consultants' Comments

"Four years of excellent data makes me confident about the long-term success of my restorations cemented with **Multilink Automix**."

"Based on the long term success of the proceeding generations, I will be trying **Multilink Automix**."

"The debond rate of my restorations is minimal as a result of using this excellent cement."

"Of the 407 restorations recalled, it gives me great confidence to know that over 400 showed no signs of microleakage."

FIGURE 1

Types of Restorative Materials Evaluated at Four Years

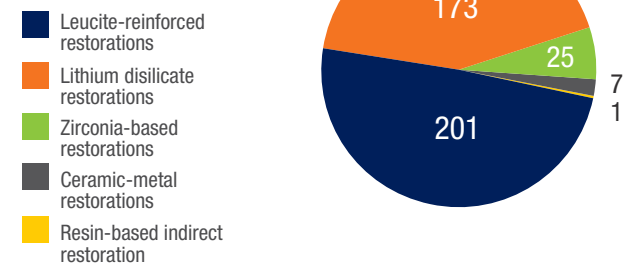


FIGURE 2

Types of Restorations Evaluated at Four Years

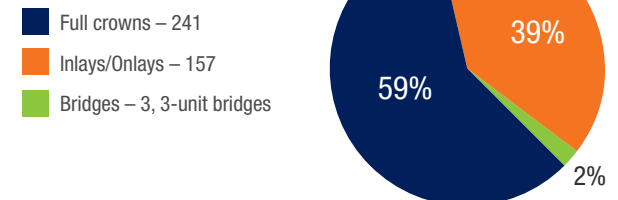
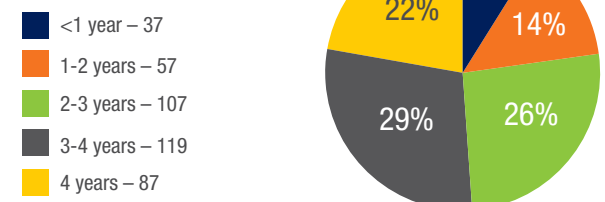


FIGURE 3

Age of Restorations Evaluated at Four Years

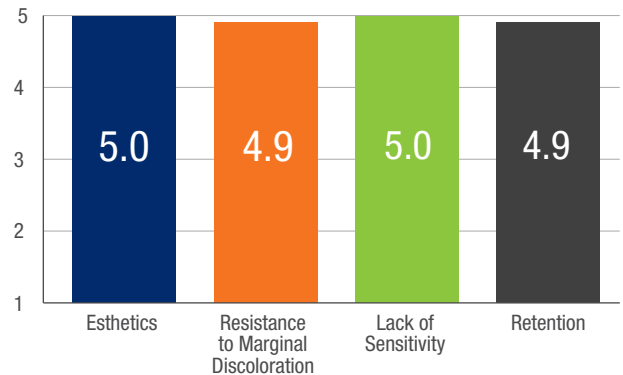


Multilink Automix 4-year Clinical Performance (cont.)

Summary

Four hundred and seven restorations, cemented with **Multilink Automix**, were recalled at four years. The restorations continue to exhibit excellent esthetics, excellent lack of postoperative sensitivity, very good resistance to marginal staining and excellent retention. Clinicians feel confident about the longevity of the restorations they cement with this product. **Multilink Automix** received a 98% clinical performance rating. ■

FIGURE 4 Results of **Multilink Automix** at Four Years



Neogard® Polychloroprene Exam Gloves

Microflex

(800) 876-6866

www.microflex.com

Description

Neogard® examination gloves are latex-free, ambidextrous, single-use gloves. They are available in 100-count boxes in extra-large, large, medium, small, and extra small. Their polychloroprene formulation provides soft and stretchy comfort, excellent tactile sensitivity, grip, and strength, while a polymer coating allows for easy donning. The gloves are green with textured fingertips. **Neogard**® examination gloves were evaluated by 53 consultants in 1,997 uses. This polychloroprene glove received an 88% clinical rating.

Suggested Retail Cost \$ 11.99/box of 100

Product Features

Neogard® examination gloves stretch to provide a comfortable fit with very good tear resistance. The gloves are easy to don and remove and feel more flexible than nitrile gloves. The gloves provide a secure grip, even when wet. Many consultants commented on the good fit of **Neogard**® gloves, while others mentioned they were a little large. The gloves are heavy enough to resist tearing yet allow good tactile sense. **Neogard**® gloves were found to be highly comfortable over long periods of use. Consultants appreciated the latex feel of the polychloroprene gloves, without the disadvantages of latex. ■

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Consultants' Comments

"For a non-latex glove, it is very good. They stretch better than other non-latex gloves I have used."

"Does not create tension on my hands"

"Loved the grip feature on the fingertips."

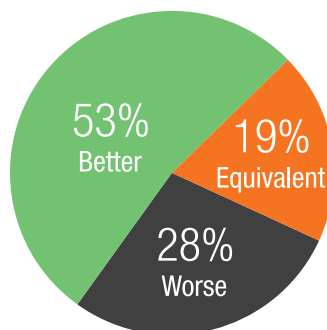
"Very soft and flexible."

"Sizes run large."

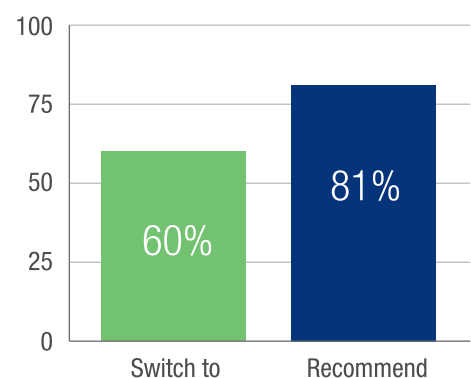
Key Features



Compared to competitive products:



Percentage of consultants who would:



Gcomm Polaris LED Light

Flight Dental Systems

(866) 799-0517
www.flightdentalsystems.com

Description

Gcomm Polaris LED Light is an LED operatory light constructed of aluminum with multiple mounting options. Ten LEDs and reflectors are arranged in an overlapping pattern to minimize shadowing from interference. **Gcomm Polaris LED Light** provides clinicians with the ability to adjust both color temperature (4,200°-6,000° Kelvin) and light intensity (8,000-35,000 lux) through dials on the back of the light. The manufacturer states that no ultraviolet or infrared radiation is produced. The LED lifetime is approximately 50,000 hours and there is no need for a fan as the heat output is very low. Anti-polymerization filters are available; however, the light is considered to be in 'cure-safe mode' when both the light intensity and light color temperature are reduced to minimum levels. The powder coat finish, available in six colors, is intended to disinfect easily and the handgrips are removable for sterilization. The **Gcomm Polaris LED Light** light moves on three axes for easy positioning and can be mounted to the wall, ceiling or dental unit. **Gcomm Polaris LED Light** was installed in two dental offices and evaluated by consultants during a three-month period. This LED operatory light received an 88% clinical rating.

Suggested Retail Cost \$2610/unit (Post Mounted Option)

Product Features

Gcomm Polaris LED Light produced a bright, white light that enhanced visibility during dental procedures. The rectangular light pattern illuminated a sufficiently large working area without shining in patients' eyes. The unit is attractive and modern in appearance with a smooth finish that is easy to disinfect. Consultants reported that the controls for the color temperature and intensity that are located on the backside of the light were not easy to access during treatment. While the manufacturer recommends certain color temperatures for various procedures, the markings on the dials cannot be seen from a sitting position. **Gcomm Polaris LED Light** was easy to position with the third axis of movement; no drifting occurred. One of the units evaluated was a dual-track system model with light and overhead monitor. The light traveled smoothly and quietly along the track, and the optional monitor had a strikingly clear display.

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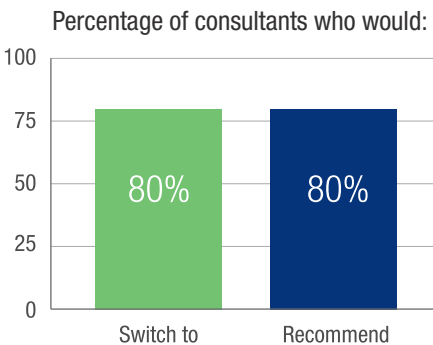
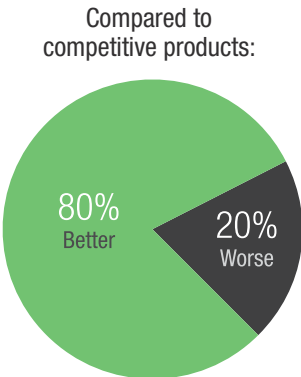
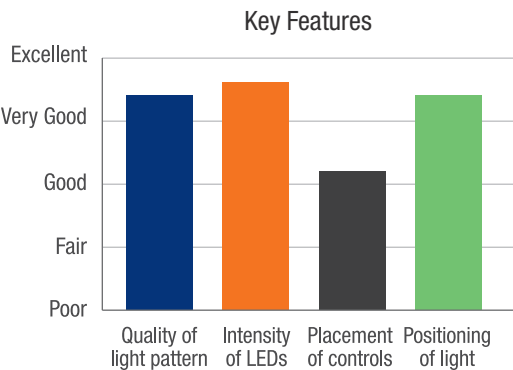


Consultants' Comments

- "High intensity light illuminates the entire working area."
- "Patients commented on the modern appearance."
- "Much better than my halogen lights."
- "Light stays in any position desired."
- "Knobs do not have markings to return to the user's favorite positions."
- "Some shadowing was noticed."

Clinical Tips

- Color temperature adjusted to 4,200°K during surgical procedures can create better color contrast on soft tissues.
- Adjustment to 5,500°K is intended to mimic daylight illumination for procedures requiring shade matching.
- Set at 6000°K (cool white) for normal usage. ■



iLumi Fiber Optic Dental Post

iLumi Sciences, Inc.

(703) 894-7576

www.iLumiSi.com

Description

iLumi Fiber Optic Dental Posts consist of microfiber cores that are thermally coated with low refractive index, optical glass. This coating provides excellent light transmission and efficient and effective light curing, deep into the root canal. Additionally, **iLumi Fiber Optic Dental Posts** are radiopaque, provide uniform flexibility and are easy to grind to desired length. Posts are tapered at the apical end and are available in six diameters: 1.35, 1.47, 1.67, 1.83, 2.04 and 2.22 mm. Matching post drills are available. **iLumi Fiber Optic Dental Posts** were evaluated in the three smallest sizes, by 22 consultants, in 165 uses. This fiber post received a 91% clinical rating.

Suggested Retail Cost \$239.89/assortment kit

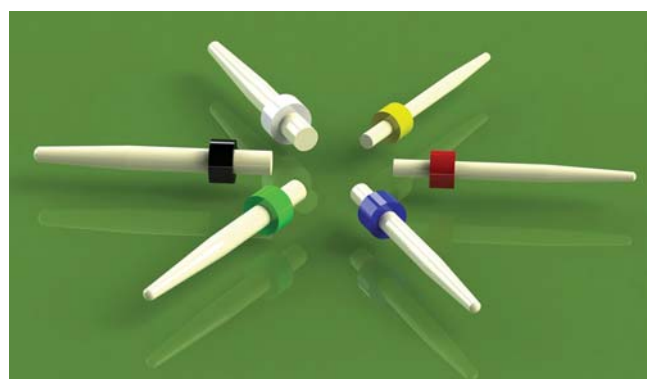
Product Features

Consultants found that **iLumi Fiber Optic Dental Posts** and drills were accurately matched, resulting in very good adaptation of the post to the tooth. Drills are marked with color to match the removable rubber stoppers on the posts, ensuring easy visual identification. Blister packs keep the posts organized, and they are easy to open during the procedure. The frosted white color of the posts offer an esthetic solution for restoring teeth, and the material provides excellent light transmission during curing of the resin cement. Posts are readily apparent on radiographs.

Clinical Tip

- Trim length from occlusal aspect of the post after it is bonded in place. ■

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Consultants' Comments

"The drills are nicely matched with the post size, making placement very predictable."

"Good radiopacity."

"Blister packs keep posts clean until ready for use."

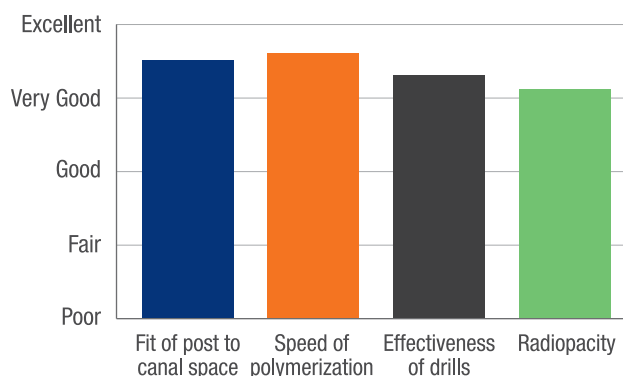
"Good color coding between drills and posts."

"Organize posts and drills in a compact kit; provide a bur block for drills."

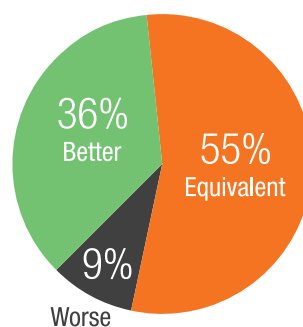
"Posts smaller than 1.35 mm would be useful."

"Include millimeter markings on the drills."

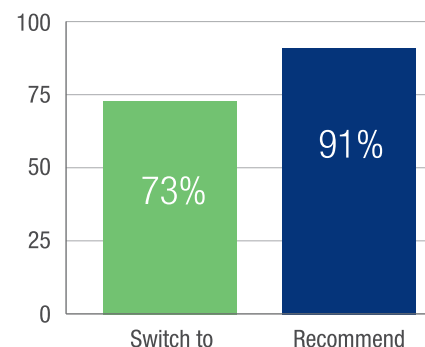
Key Features:



Compared to Competitive Products:



Percentage of Consultants Who Would:



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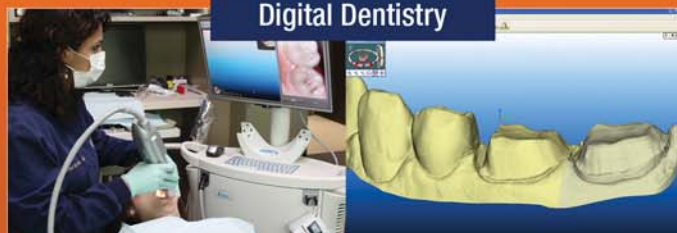
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