Hinman adds to lab offerings

A highlight: Two master lab techs each create and match a central incisor crown in live competition

The Thomas P. Hinman Dental Meeting — one of the nation’s leading dental meetings and comprehensive sources of continuing education — is adding lab-related programming to this year’s meeting, which will be from March 23–25 in Atlanta.

A “Learning Lab Co-Op” designed specifically for dentists, lab techs and staff is the newest pavilion in the exhibit hall and will feature several one-hour tabletop demonstrations for C.E. credit.

In addition, Hinman will host a lab-tech day billed as “Deliver the World’s Most Beautiful Dentistry,” featuring a full day of courses from 8:30 a.m. to 4 p.m. on Saturday, March 25.

“We are excited to offer more courses and programs for laboratory technicians and those dentists and staff who work closely with lab techs or do their own laboratory work,” said Dr. Jane Fusskas, general chairman of the 2017 Hinman Dental Meeting. “We have lined up a number of experts in the field to share with us the latest developments so that the restorative team can deliver the best possible outcomes for our patients.”

Learning Lab Co-Op pavilion
At the new Learning Lab Co-Op pavilion in the exhibit hall, attendees will be able to obtain C.E. from exhibitors and laboratory technician professionals who will be presenting live tabletop demonstrations of techniques and materials.

On Thursday, several exhibitors such as Henry Schein, Carestream, Atlanta Dental, Planmeca, 3M, 3Shape and others will conduct tabletop presentations.

On Friday, master dental technicians will offer free C.E. and tabletop presentations. Presentations will include a live, 90-minute, head-to-head competition between two master technicians creating and matching a single central incisor crown under dental laboratory conditions.

On Saturday, attendees will be able to hear from Patterson Dental representatives and watch an E4D/CEREC side-by-side, live competition.

Exclusive exhibit hall hours
Hinman is introducing exclusive exhibit hall hours

More than 430 companies demonstrating the latest in dentistry will be in the exhibit hall at the 105th annual Thomas P. Hinman Dental Meeting in Atlanta, March 23–25.

Photo/Provided by Georgia Department of Economic Development
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hall hours are on Thursday, March 23, from 3 to 5 p.m. This time will allow attendees one-on-one networking and shopping time, as well as free C.E. opportunities in the Learning Lab Co-Op. Table Clinics and Total Health Pavilion.

The exhibit hall will be open on Thursday, March 23, from 9:30 a.m. to 5 p.m.; Friday, March 24, from 9:30 a.m. to 6 p.m.; and Saturday, March 25, from 9:30 a.m. to 3 p.m.

Attendees can obtain free continuing education credit in the exhibit hall throughout the meeting. The Table Clinics, held in the back of aisle 1900, will offer 135 tabletop presentations during the three-day meeting. The presentations, provided by volunteers in the dental community, including military personnel, will each run about 10 minutes. Participants receive one hour of C.E. credit for each hour they spend in the Table Clinic area. Table Clinic hours are: Thursday, March 23, 10 a.m. to 1 p.m. and 2 to 5 p.m.; Friday, March 24, from 11 a.m. to 2 p.m. and 3 to 6 p.m.; and Saturday, March 25, from 10 a.m. to 1 p.m.

Lab-tech day packed with courses

Saturday’s “Deliver the World’s Most Beautiful Dentistry” lab-tech day has no fee for dentists, laboratory technicians, staff and students. You can check www.hinman.org for complete details on each area. Courses and speakers include:

- “Wisdom Is Not Measured in Teeth,” with Joshua Polansky, from 8:30–10 a.m., covers how creating successful restorations for clients depends on having a restorative team that communicates and includes the patient, the dentist, the specialist and the technician.

- “Re-Create Nature in Your Removable Prosthetics,” with Brian Carson, 10–11:30 a.m., covers occlusal concepts via the natural functional prosthesis and demonstrates natural wax-up techniques that show the foundation that recreates the beauty of nature.

- “The Esthetic Handshake,” with Skip Carpenter, 1–2:30 p.m., covers topics crucial in day-to-day communication, as well as protocols necessary to create the esthetic handshake at a distance.

- “Delivering Excellence to Our Patients,” with Al Hodges, 2:30–4 p.m., covers the use of digital photography to market services to patients; improve the dental team’s knowledge and technical skills, and provide the communication needed to create beautiful and successful dentistry.

To register and learn more about Hinman 2017, visit www.hinman.org.

(Source: The Hinman Dental Meeting)
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www.kettenbachusa.com
According to organizers, the American Academy of Cosmetic Dentistry 33rd Annual Scientific Session will feature three unique groups of educators: The “Legends,” the “Illusionists” and the “High Rollers” will deliver comprehensive cosmetic dentistry education, revealing their techniques and sharing their expertise. AACD 2017 will be held from April 18–21 (Tuesday–Friday), in Las Vegas, Nevada, at the Venetian Resort Hotel & Casino. The conference, described by organizers as “the world’s largest continuing education program for cosmetic dentistry,” will feature more than 35 hands-on workshops, 60 lectures and 100 speakers. The annual event typically draws between 1,300 to 1,500 dental professionals and includes courses and events serving dentists, lab technicians, hygienists and dental team members to help them refine their skills, learn the latest techniques and share ideas. The AACD is a recognized credit provider for the Academy of General Dentistry, the American Dental Association and the National Association of Dental Laboratories. The AACD is the world’s largest nonprofit member organization dedicated to advancing excellence in comprehensive oral care that combines art and science to optimally improve dental health, esthetics and function. Comprising more than 6,300 cosmetic dental professionals in 70 countries, the AACD fulfills its mission by offering educational opportunities, promoting and supporting an accreditation credential, serving as a forum for the creative exchange of knowledge and ideas and providing accurate information to the public and the profession.

You can find registration and meeting details at www.aacdconference.com. (Source: AACD)

AAPD meeting adds ‘Tech Hub’ to exhibits

The iconic monument, miles of museums and other sights steeped in history will welcome those attending the American Academy of Pediatric Dentistry (AAPD) 2017 annual session in Washington, D.C. The event will be held from May 25–28 at the Gaylord National Resort and Convention Center, which is on the Potomac River in National Harbor, Md., just south of the nation’s capitol city. Online registration is open via www.aapd.org. You can use AAPD’s online itinerary planner to find details on the scientific program, social events and organized tour events in Washington, D.C.

New this year for the meeting’s exhibit hall are scheduled 20-minute breaks in the overall meeting schedule to enable visits throughout the day. Also new will be a “Tech Hub,” where attendees can ask questions about using smart phone, tablet, apps and tech gadgets in everyday life — both personal and professional — to increase productivity with little-known tips and cutting-edge tools. (Source: AAPD)
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IonoStar Molar is a newly developed glass ionomer restorative with improved characteristics that include non-stick handling, adjustable material consistency and immediate packability to create better results for both the practitioner and the patient, according VOCO, the company behind the product.

IonoStar Molar can be condensed, modeled and shaped immediately after insertion and cures within four minutes. Its adjustable consistency allows practitioners flexibility to customize the feel (softer or firmer) they require while maintaining IonoStar Molar’s initial wet-tability for maximum marginal adaptability.

Direct-activation application capsule
Offering a high level of fluoride release, IonoStar Molar is available in VOCO’s new easy-to-use direct-activation application capsule that fits virtually all branded glass ionomer applicators. VOCO asserts that its combined enhancements offer a clinical solution that reduces practitioner headaches, reduces procedural time, increases overall quality care for the patient and allows for flexibility to meet various clinical demands and preferences.

(Source: VOCO)
HINMAN
BOOTH
NO. 525

Approved by the U.S. Food and Drug Administration in June, Kovanaze is indicated for regional anesthesia when performing a restorative procedure on teeth #4-13 and A-J in adults and children who weigh 40 kg or more. Photo/Provided by St. Renatus.

Nasal spray is first FDA-approved, needle-free, regional dental anesthesia for maxillary arch

From St. Renatus: Kovanaze (tetracaine HCl and oxymetazoline HCl) Nasal Spray

By St. Renatus Staff

St. Renatus recently announced that Kovanaze™ (tetracaine HCl and oxymetazoline HCl) Nasal Spray, the first FDA-approved, needle-free, regional dental anesthesia for the maxillary arch, is available for order. At the Hinman Dental Meeting in Atlanta, you can visit booth No. 525 to place an order.

Approved by the U.S. Food and Drug Administration (FDA) on June 29, 2016, Kovanaze is indicated for regional anesthesia when performing a restorative procedure on teeth #4-13 and A-J in adults and children who weigh 40 kg or more.

"It is a significant moment in dentistry as a new delivery method for pain management is now available," said Steve Merrick, St. Renatus, chief executive officer. "For decades, needles have been the mainstay for delivering dental anesthesia; now dentists have the option to offer patients a regional anesthesia via a nasal spray for restorative procedures in the smile zone."

For full prescribing and important safety information, visit www.kovanaze.com. To learn more or to place an order, you can visit booth No. 525 in the exhibit hall at the Hinman Dental Meeting in Atlanta, contact your dental dealer or call the Kovanaze Support Line at (800) 770-9400.

Additional prescribing information

These highlights do not include all information needed to use Kovanaze safely and effectively. See the package insert for full prescribing information.

• Indications and usage: Kovanaze contains tetracaine HCl, an ester local anesthetic, and oxymetazoline HCl, a vasoconstrictor.

• Dosage and administration: Kovanaze is for intranasal use only. Administer Kovanaze ipsilateral (on the same side) to the maxillary tooth on which the dental procedure will be performed.

• Dosage forms and strengths: Nasal spray is first FDA-approved, needle-free, regional dental anesthesia for the maxillary arch.

• Contraindications: Known hypersensitivity to tetracaine, benzyl alcohol, other ester local anesthetics, p-aminobenzoic acid (PABA), oxymetazoline, or any other component of the product.

• Adverse reactions: The most common adverse reactions occurring in less than 10 percent of patients include rhinorrhea, nasal congestion, lacrimation increased, nasal discomfort and oropharyngeal pain. Transient, asymptomatic elevations in systolic blood pressure and diastolic blood pressures have been reported.
One-take impression material can save time, material, costs

By Kettenbach Staff

Purchasing impression material in bulk from your supplier? No reason to change because everything is working fine? What if you could buy a premium product, shipped directly from the manufacturer?

This can be achieved with Kettenbach, which according to the company provides high-quality performing materials that will reduce the number of retakes because accuracy is achieved the first time.

Impressions done in one take use less material and cost less. To enjoy the Kettenbach “Advantage, performance and price, sold direct to you,” call (877) 532-2123 to save hundreds or maybe even thousands on your annual purchases.

About Kettenbach

Kettenbach LP is based in Huntington Beach, Calif., and is the exclusive U.S. distributor for Kettenbach GmbH & Co. KG, based in Eschenburg, Germany. Founded in 1944, the company is a leading international producer of impression materials for dental use and is also known in other surgical areas of medicine.

For more information about Kettenbach LP products, you can call (877) KEBA-123 or visit www.kettenbach.com.
Kovanaze™ is the first FDA-approved Nasal Spray indicated for regional anesthesia when performing a restorative procedure on teeth 4-13 and A-J in adults and children who weigh 40 kg or more. And as its name implies, Kovanaze Nasal Spray is needle-free! Inject or spray? — The choice is between you and your patient.

IMPORTANT SAFETY INFORMATION: Use in patients with uncontrolled hypertension or inadequately controlled active thyroid disease of any type is not advised. Tetracaine may cause methemoglobinemia, particularly in conjunction with methemoglobin-inducing agents. Use of KOVANAZE in patients with a history of congenital or idiopathic methemoglobinemia is not advised. Methemoglobinemia should be considered if central cyanosis unresponsive to oxygen therapy occurs, especially if methemoglobinemia-inducing agents have been used. Confirm diagnosis by measuring methemoglobin level with co-oximetry. Treat clinically significant symptoms of methemoglobinemia with a standard clinical regimen. Allergic or anaphylactic reactions can occur. If an allergic reaction occurs, seek emergency help immediately. KOVANAZE is contraindicated in patients with a history of allergy to tetracaine, benzyl alcohol, other ester local anesthetics, p-aminobenzoic acid (PABA), oxymetazoline, or any other component of the product. Some clinical trial patients experienced an increase in blood pressure so blood pressure should be monitored. In addition, patients should be carefully monitored for dysphagia. KOVANAZE is not recommended for use in patients with a history of frequent nose bleeds. Concomitant use of monamine oxidase inhibitors, nonselective beta adrenergic antagonist, or tricyclic antidepressants may cause hypertension and is not recommended. Discontinue use of oxymetazoline-containing products 24 hours prior to KOVANAZE administration. Avoid concomitant use of intranasal products. The most common adverse reactions to KOVANAZE occurring in >10% of patients include a runny nose, nasal congestion, nasal discomfort, sore throat, and watery eyes.
KOVANANE™ (tracetacone HCl and oxybutynin HCl) Nasal Spray

INDICATIONS AND USAGE
KOVANANE contains tracetacone HCl, an ester local anesthetic, and oxybutynin HCl, a vasomotor relaxant. KOVANANE is indicated for regional anesthesia when performing a restorative procedure on Teeth 4-13 and 4-14 in adults and children who weigh 40 kg or more.

CONTRAINDICATIONS
KOVANANE is contraindicated in patients with a history of allergy to or intolerance of tracetacone, benzyl alcohol, other ester local anesthetics, p-aminohippuric acid (PABA), paraben, or any other component of the product.

WARNINGS AND PRECAUTIONS
Risk of Hypertension: KOVANANE has not been studied in Phase 3 trials in adult dental patients with blood pressure greater than 150/100 or in those with inappropriately controlled active thyroid disease. KOVANANE has been shown to increase blood pressure in some patients in clinical trials. Monitor patients for increased blood pressure. Use in patients with uncontrolled hypertension or inappropriately controlled active thyroid disease of any type is not advised.

Epistaxis: In clinical trials, epistaxis occurred more frequently with KOVANANE than placebo. Either do not use KOVANANE in patients with a history of frequent nose bleeds (≥ 5 per month) or monitor patients with frequent nose bleeds more carefully if KOVANANE is used.

Dysphagia: In clinical trials, dysphagia occurred more frequently with KOVANANE than placebo. Carefully monitor patients for this adverse reaction.

Methemoglobinemia: Tetracaine may cause methemoglobinemia, particularly in conjunction with methyleneblue-induced agents. Based on the literature, patients with glucose-6-phosphate dehydrogenase deficiency or congenital or idiopathic methemoglobinemia are more susceptible to drug-induced methemoglobinemia. Use of KOVANANE in patients with a history of congenital or idiopathic methemoglobinemia is not advised. Patients taking concomitant drugs associated with drug-induced methemoglobinemia, such as sulfonamides, acetylsalicylic acid, white line dyes, benzocaine, chloroquine, dopamine, nitrates and nitrites, nitrofurantoin, nitroglycerin, sodium nitroprusside, p-aminohippuric acid, pheochromocytoma, phenylbutazone, and quinine, may be at greater risk for developing methemoglobinemia. Initial signs and symptoms of methemoglobinemia (which may be delayed for up to several hours following exposure) are characterized by a slate grey cyanosis seen in, e.g., buccal mucous membranes, lips and nail beds. In severe cases, symptoms may include central cyanosis, headache, lethargy, dizziness, fatigue, syncope, dyspnea, CNS depression, seizures, dysphoria and shock. Methemoglobinemia should be considered if central cyanosis unresponsive to oxygen therapy occurs, especially if methylene blue-emitting agents have been used. Calculated oxygen saturation and pulse oximetry are inaccurate in the identification of methemoglobinemia. Confirm diagnosis by measuring methemoglobin level with CO-oximetry. Normally, methemoglobin levels are <1%, and cyanosis may not be evident until a level of at least 10% is present. Treat clinically significant symptoms of methemoglobinemia with sodium nitrite in a region such as a slow intravenous infusion of methylene blue at a dosage of 1-2 mg/kg given over a 5 minute period.

Anaphylactic Reactions: Anaphylactic or anaphylactic reactions have been associated with tetracaine, and may occur with other components of KOVANANE. They are characterized by urticaria, angioedema, bronchospasm, and shock. If an allergic reaction occurs, seek emergency help immediately.

ADVERSE REACTIONS
The most common adverse reactions occurring in >10% of patients include runny nose, nasal congestion, nasal discomfort, sore throat, and watery eyes. Transient, asymptomatic elevations in systolic blood pressure (≥ 25 mm Hg from baseline) and diastolic blood pressure (≥ 15 mm Hg from baseline) have been reported.

DRUG INTERACTIONS
Monoamine Oxidase Inhibitors: Use of KOVANANE in combination with monoamine oxidase inhibitors (MAOIs), nonselective beta adrenergic antagonists, or tricyclic antidepressants may cause hypertension and is not recommended. Alternative anesthetic agents should be chosen for patients who cannot discontinue use of MAOIs, nonselective beta adrenergic antagonists, or tricyclic antidepressants.

Oxybutynin-containing Products: Concomitant use with other oxybutynin-containing products (such as Atronev®) has not been adequately studied. Use of KOVANANE with other products containing oxybutynin may increase risk of hypertension, bradycardia, and other adverse events associated with oxybutynin. Discontinue use 24 hours prior to administration of KOVANANE.

Intranasal Products: Oxybutynin has been known to slow the rate, but not affect the extent of absorption of concomitantly administered intranasal products. Do not administer other intranasal products with KOVANANE.

USE IN SPECIFIC POPULATIONS
Pregnancy Risk Summary: Limited published data on tetracaine use in pregnant women are not sufficient to inform any risks. Published epidemiologic studies of nasal oxybutynin used as a decongestant during pregnancy do not identify a consistent association with any specific malformation or pattern of malformations. In animal reproduction and development studies, oxybutynin given subcutaneously to rats during the period of organogenesis caused structural abnormalities at a dose of 1.2 mg/kg/day (approximately 7.6 times the exposure of oxybutynin HCl at the 0.3 mg maximum recommended human dose (MDHD) of KOVANANE). In a pre- and post-natal development study, oxybutynin given subcutaneously to rats caused embryo-fetal toxicity manifested by reduced implantation sites and litter sizes at approximately 1.5 times the MDHD and increased pup mortality at 6 times the MDHD. No adverse developmental effects were observed following subcutaneous administration of tetracaine HCl only to rats and rabbits during organogenesis at 32 and 16 mg/kg/day, respectively, in both the 15 mg MDHD of KOVANANE. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

Lactation Risk Summary: There are no data on the presence of tetracaine, oxybutynin, or their metabolites in human milk, the effects on the breastfed infant, or the effects on milk production.

Doxylamine levels of oxybutynin, tetracaine and the major metabolite of tetracaine, p-butyrophenone oxazine (PBO), were found in the milk of lactating rats following subcutaneous administration of oxybutynin HCl in combination with tetracaine HCl during the period of organogenesis through parturition and subsequent pup weaning. Due to species-specific differences in lactation physiology, animal data may not reliably predict drug levels in human milk.

The developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for KOVANANE and any potential adverse effects on the breastfed infant from KOVANANE or from the underlying maternal condition.

Females and Males of Reproductive Potential:
Infertility: No information is available on fertility effects in humans.

Females: Based on animal data, KOVANANE may reduce fertility in females of reproductive potential. In female rats, decreased fertility noted as a decrease in litter size occurred at 0.7 times the oxybutynin AUC exposure at the MDHD of KOVANANE. It is not known if the effects on fertility are reversible.

Males: Based on animal data, KOVANANE may reduce male fertility. In male rats, decreased sperm motility and sperm concentration occurred at approximately 2 times the oxybutynin AUC exposure at the MDHD of KOVANANE.

Pediatric Use: KOVANANE has not been studied in pediatric patients under 3 years of age and is not advised for use in pediatric patients weighing less than 40 kg because efficacy has not been demonstrated in these patients.

Geriatric Use: Clinical studies of KOVANANE did not indicate sufficient numbers of patients aged 65 and over to determine whether they respond differently from younger patients. Other reported clinical experiences have not identified differences in responses between the elderly and younger patients. Monitor geriatric patients for signs of local anesthetic toxicity, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy. Note, comparisons of KOVANANE safety and efficacy results were generally similar among adult dental patients who were ≥ 50 years old (n=608) and ≤ 50 years old (n=148). However, a trend toward a higher incidence of notable increases in systolic blood pressure was observed in dental patients > 50 years of age compared with patients ≤ 50 years of age (16.6% vs 14.5%, respectively). These increases in blood pressure were not sustained and were generally asymptomatic and transient in nature, and all spontaneously resolved without the need for medical intervention.

Hepatic Disease: Because of an inability to metabolize local anesthetics, those patients with severe hepatic disease may be at a greater risk of developing toxic plasma concentrations of tetracaine. Monitor patients with hepatic disease for signs of local anesthetic toxicity.

Pseudocholinesterase Deficiency: Because of an inability to metabolize local anesthetics, those patients with pseudocholinesterase deficiency may be at a greater risk of developing toxic plasma concentrations of tetracaine. Monitor patients with pseudocholinesterase deficiency for signs of local anesthetic toxicity.

OVERDOSAGE
No addictive properties have been reported in the literature for either tetracaine or oxybutynin, but there have been numerous case reports of unintended overdose for both compounds. Side effects in adults and children associated with oxybutynin overdose include dizziness, chest pain, headaches, myoclonic infarction, stroke, visual disturbances, arrhythmia, hypertension, or hypotension. Side effects of tetracaine overdose include rapid circulatory collapse, cardiac arrest, and cerebral events. Possible rebound nasal congestion and paradoxical effects should be avoided using tetracaine-containing products (such as Atronev® and other α-adrenergic agonists) within 24 hours prior to their scheduled dental procedure. Management of an overdose includes close monitoring, supportive care, and symptomatic treatment.

HOW SUPPLIED
KOVANANE Nasal Spray is a pre-filled, single-use, intranasal spray containing a clear 0.2 mL aqueous solution at pH 6.0 ± 1.0 comprising 30 mg/mL of tetracaine hydrochloride and 0.5 mg/mL of oxybutynin hydrochloride (equivalent to 26.4 μg/mL tetracaine and 0.44 μg/mL oxybutynin hydrochloride). Each nasal spray unit delivers one 0.2 mL spray. Each 0.2 mL spray contains 0.8 mg tetracaine hydrochloride (equivalent to 0.52 mg tetracaine) and 0.1 mg oxybutynin hydrochloride (equivalent to 0.088 mg oxybutynin). NDC: 968303-100-10

STORAGE AND HANDLING
Store between 2° and 8°C (36° and 46°F); excursions permitted between 0° and 15°C (32° and 59°F) [see USP controlled cold temperature]. Discard any unused solution. DO NOT use drug if it is left out at room temperature for more than 5 days.

PATIENT COUNSELING INFORMATION
Inform patients of the likelihood of expected side effects (including runny nose, nasal congestion, mild nose, dizziness, and/or a sensation of difficulty in swallowing) that should resolve within the same day. Instruct patients to contact their dentist or health care professional if these symptoms persist.

Advise patients to inform the dental practitioner if they are taking monoamine oxidase inhibitors (MAOIs), nonselective beta adrenergic antagonists, or tricyclic antidepressants.

Instruct patients to avoid using oxybutynin-containing products (such as Atronev® and other α-adrenergic agonists) within 24 hours prior to their scheduled dental procedure.

Advise patients of the signs and symptoms of hypersensitivity reactions and to seek immediate medical attention should they occur.

Manufactured for: St. Renatus, LLC, Fort Collins, CO 80526
KOVANANE is a trademark of St. Renatus, LLC.

Rev. 11/2016
Tango-Endo: It takes only two instruments

Tango-Endo: It takes only two instruments

Kit from Essential Dental Systems includes its own reciprocating handpiece

Tough and reusable, Tango-Endo instruments boast a unique patented flat along the entire length. This flat allows for faster engagement, less resistance and increased flexibility — all without sacrificing strength. And it virtually eliminates instrument separation, according to the company.

The Tango-Endo system includes its own reciprocating handpiece. The latch-type handpiece is designed to aid in the prevention of binding and to assist in preservation of a canal’s unique anatomy. The kit also includes precision-matched gutta-percha points.

Here’s what dentists are saying:

• “Length of treatment was drastically reduced. It truly has simplified endodontics!”
  — Janet Williams, DDS, Hempstead, N.Y.
• “Any instrument that helps get the patients out of the chair faster is improving the experience.”
  — Bilyana Tesic, DDS, Redwood City, Calif.
• “Very easy to use, and I love that it’s only two files.”
  — Abraham Jaskiel, DMD, Miami

To learn more visit www.edsdental.com/tangoendo or call (201) 487-9090.
(Source: Essential Dental Systems)
6-Year Independent Clinical Study Results

Translucent Zirconia: Tooth Reduction and Chairside Adjustment Issues (Continued from page 1)

B. Full-strength BruxZir® zirconia formulation in molar crowns at 6 years of clinical service

1. Fracture at 6 years of full-strength BruxZir® zirconia (Fig 3). The BruxZir cases received minimal tooth preparation (+1 mm on stair reduction with a slight chamfer margin), RMGI cementation, and subjects with bruxing/clenching habits.

2. Full-strength BruxZir® zirconia molar crowns at 6 years show:
   - Most durable of 118 white materials in clinical trials performed by this lab in the past 40 years;
   - Transformation toughening that stops cracks as demonstrated by scanning electron microscope;
   - Tolerates minimal tooth preparation;
   - Tolerates bruxing/clenching;
   - No negative influence on occlusion over 6 years (no changes in muscle, joint, or local tooth mobility);
   - Low luster recession

3. Indications for full-strength BruxZir® zirconia:
   - Posterior tooth restoration
   - When minimal tooth preparation is desired
   - Bruxing/clenching patients
   - Those engaged in accident prone activities, i.e., athletes
   - When maximum longevity is preferred over optimal aesthetics
   - Multi-unit all-ceramic restorations

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Program committee chair Dr. Jeffrey Ganeles offers highlights for this year’s annual meeting

By Jeffrey Ganeles, DMD

On behalf of the annual meeting program committee, I look forward to welcoming more than 2,500 attendees to Orlando and the AO 2017 Annual Meeting. The event will take place March 15–18 at the Orange County Convention Center. This year’s event is inspired by author Jim Collins, whose book, titled “Good to Great,” describes how companies transition from being good companies to great companies. This drive for constant improvement envelopes our field in implant dentistry and captures the enthusiasm of the synergistic partnership of our three fellow co-sponsoring organizations.

Before the annual meeting officially kicks off, many educational opportunities are available. On March 15, two unique and fascinating presentations on dental radiology and cellular and biomechanical aspects of osseointegration will be given by experts and are particularly useful to fulfill academic requirements for the AO Certificate Program. There will also be commercially sponsored hands-on sessions that day with nine industry-leading innovators. March 16 will offer a robust corporate forum. Then the opening symposium will feature Keynote Speaker Dr. Jill Helms, followed by lectures from five well-known international experts. Attendees can cap off that evening in the exhibit hall with the AO’s traditional welcome reception to enjoy hors d’oeuvres, refreshments and networking while visiting exhibitors and reviewing ePosters.

Friday, March 17, will begin at 7 a.m. with an innovative new session, called “Business of Implant Dentistry — SWOT Analysis of Implant Dental Care Delivery Models.” Speakers representing traditional referral-based practices, DSO and total care providers will explore the strengths, weaknesses and opportunities and threats (SWOT) in each treatment delivery model. Opposite this session, there will be eight “Morning with the Masters” sessions presented by Drs. Anthony Sclar, Lawrence Brecht, Thomas Taylor, HP Weber, Mauricio Araujo, Stephen Parel and Tiziano Testori.

Friday will continue with surgical and restorative tracks. Featuring leading clinicians as well as lesser known, creative rising stars who will discuss different aspects of implant dentistry ranging from surgical strategies and techniques, to complications management to treatment flow, digital dentistry, materials science and future trends. At 10-30 a.m. in the surgical track, there will be a session devoted to a 2017 update of the landmark 1997 AO Sinus Consensus Conference featuring Drs. Alan Hereford, Craig Misch, Paul Fugazotto and Eric Dierks.

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Following in the AO’s tradition of supporting research and innovation, the oral clinical research abstract session will also be Friday morning. The oral scientific and clinical innovations sessions will be presented Friday afternoon.

Two other afternoon tracks are planned, one of orthodontics and orthognathic options including either a combination of orthodontics and orthognathic surgery or other orthodontic treatments.

Two other afternoon tracks are planned, one of orthodontics and orthognathic options including either a combination of orthodontics and orthognathic surgery or other orthodontic treatments.

Have you ever had a patient decline orthognathic surgery? Or, had a patient who needed orthodontics but did not pursue it because the projected treatment time was too long? Have you ever seen a patient with significant gingival recession who would also benefit from orthodontic treatment?

Thanks to new developments in interdisciplinary dentistry, we can now offer exciting and innovative treatment options for these patients. Patients seeking orthodontic care may present with dental crowding and/or skeletal discrepancies. When the etiology for a malocclusion is skeletal based, a patient’s treatment options include either a combination of orthodontics and orthognathic surgery or orthodontic “camouflage” treatment, including extractions, interproximal reduction and pushing teeth to their biologic extremes.

The biologic limits of orthodontic tooth movement are defined by the pre-treatment alveolar bone and the surrounding soft tissues. Moving teeth outside of the alveolus can result in bony dehiscences, fenestrations and gingival recession.

Traditionally, the only treatment op-
Dr. Arturo Llobell aims to help young clinicians avoid surprises in implant dentistry

By Sierra Rendon, Managing Editor

Implant Tribune recently sat down with AO 2017 Annual Meeting presenter Dr. Arturo Llobell, a clinician known to thrive in fast-paced environments. He’s a renowned and practicing periodontist and prosthodontist, as well as a national race car champion. We asked Dr. Llobell to preview the “Young Clinicians’ Series,” where he will set a clear “roadbook” for predictability when facing complex full arch implant rehabilitations.

What is the purpose/goal of this session?

The session will give a through and vision on an array of important steps involved in today’s full arch rehabilitations, while contemplating different treatment options and sequences related to both prosthodontics and surgery aimed to achieve predictable aesthetic and functional outcomes.

What topics will be covered?

The lecture will have an interdisciplinary focus based on treatment planning and execution, involving both surgical and prosthodontic aspects related to implant dentistry. The surgical portion will involve different approaches and keys to success in guided bone regeneration and bone resection, while debating the importance of implant selection and planning in guided surgery and immediate load protocols. The prosthodontic portion will discuss the benefits and limitations related to different prosthetic designs and material selection, involving new technologies such as the facial scan or contemporary CAD/CAM protocols.

Why is it important for young clinicians to attend?

During the session, I will also show tips that I’ve learned during my training as well as those that I now try to teach.

• ORLANDO, Page B3

Workflow for Planning and Treatment.

These sessions will be filled with recognized and some underexposed experts.

On Friday evening, Dr. Alan Pollack will host the president’s reception, which is complimentary to all attendees and registered guests. This event promises to offer an exciting and fun-filled evening at the Latin-themed Mangos’ Tropical Cafe Transportation will be provided for this premier social event that you won’t want to miss.

The main Saturday program will return to the “Good to Great” refrain as well, looking toward future advances in all aspects of the field. An underlying theme will be to leverage the multidisciplinary approach of AO with the multi-specialty sponsorship of this meeting throughout the day.

Topics will include new technologies, short implants, imaging, digital planning and guided treatment, socket management and site redevelopment. The multidisciplinary approach will be particularly evident in the afternoon team presentations, where internationally renowned groups from the United States, Venezuela and Australia will illustrate their evaluation and treatment methods to elegantly tackle difficult patient problems.

Saturday, March 18, will also offer full day programs for both Allied Staff Professionals and Dental Laboratory Technicians. The Allied Professionals TEAM program will have a dynamic group of speakers focusing on different aspects of office and patient management challenges. The morning session will include maintaining HIPAA compliance, opportunities for practice growth, protocols for maintaining implant health and maximizing partnerships with commercial vendors.

In the afternoon, an innovative and enjoyable group will complete the meeting with “Great to Good.” Optimizing the Patient Experience with Ideal Team Interaction. This panel will be composed of a surgeon, restorative dentist, laboratory technician and industry representatives including manufacturers and financing, who will provide their input on creating great patient experiences in implant dentistry.

Lastly, be sure to experience a one-on-one learning environment with our invited clinicians in the personalized atmosphere of our Lunch and Learn sessions on Saturday. This will be your chance to get up close and personal with current and future leaders, putting individual topics and cases under the microscope.

The program committee has worked hard to provide an innovative, balanced, fascinating program that will be clinically relevant.

I believe we have a fantastic blend of “veteran” speakers with undiscovered rising stars covering both traditional subjects as well as new topics that will demand our consideration as we head into this next era of dental implant therapy. AO’s 2017 Annual Meeting will be held March 15-17 at the Orange County Convention Center. For more information, please visit the AO website at www.aoro.org.

Note: The GOOD TO GREAT® trademark is owned by The Good to Great Project LLC. Used under license.

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Corrections

Implant Tribune strives to maintain the utmost accuracy in its news and clinical reports. If you find a factual error or content that requires clarification, please report the details to Managing Editor Sierra Rendon at s.rendon@dental-tribune.com.
through my faculty appointments that are really helping me on a daily basis. I will also explain clear, straightforward pathways with the goal of adding simplicity and avoiding confusion during the treatment planning and sequence of complex cases. Basically to show with a clear view, it is possible for us to do it!

Why is it important to a cross-selection of clinicians?
I believe that an adequate knowledge and consideration of different specialties, which can merge together in the treatment of complex cases, is crucial in order to obtain predictable, long-lasting results without undesirable surprises. This merging of concepts will be emphasized in the session by setting a clear “roadbook” to follow through different important steps of the treatment.

What are some key takeaways attendees will glean?
Although the continuous innovation and evolution of technology will help us in many steps of the treatment, planning prior to execution must be considered as the most important treatment aspect in order to achieve predictable long-lasting, esthetic and functional results.

Another takeaway will be that zirconia is a great material being used more and more in the profession because of its broad range of advantages and indications, but it also has a significant number of considerations and limitations that have to be encountered in order to avoid failures.

Yet another key takeaway will be that an increase in vertical dimension can be considered as a secure and predictable procedure under certain parameters that can increase the treatment options available and improve the outcomes to follow.

This session will take place on Friday, March 17, from noon—1:30 p.m. and is free to all registered attendees of the annual meeting, however, advanced registration is required. Tickets will be collected and a box lunch will be served. Register for AO’s 2017 Annual Meeting today at www.osseo.org. Follow AO on Facebook, Twitter and LinkedIn for the most recent news, and use #AOOrlando when posting about the meeting.

AO session aims to help young clinicians avoid implant complications. Photo/www.freenimages.com

AO ANNUAL MEETING

AO’s 2017 Annual Meeting will be held March 15–18 at the Orange County Convention Center. For more information, visit www.osseo.org.

Note: Dr. Bockow’s article originally appeared in Spear Digest.
AO keynote to focus on ‘whole person’ at Orlando meeting

Dr. Helms: Dental clinicians may need to redefine beauty

By Jill Helms, DDS, PhD, Professor of Surgery, Stanford Medicine

Dental clinicians often play instrumental roles in restoring the integrity of a patient’s face; they also are in a unique position to help their patients appreciate the internal beauty as well. This is what I plan to address during my keynote presentation, titled “Beauty Reconsidered,” at the Academy of Osseointegration’s 2017 Annual Meeting.

Neuroscientists tell us that our brains are hard-wired to recognize and respond to beauty. There is a region of the brain where neurons specifically fire when we gaze upon a face. Within months of birth, infants use this brain region to recognize and discriminate among faces and the emotions portrayed by these faces. So, when something disrupts our facial appearance—whether it is caused by disease, deformity or trauma—it can have a profound impact on how others see us and how we see ourselves. Facial changes affect our sense of well-being.

That’s why it is critical for dental clinicians to treat the whole person. You aren’t just restoring a part of the patient’s anatomy; you are restoring their sense of completeness. There may be surgical limitations to the repair, but as you approach a patient’s restorative plan, I urge you to consider how you can assist them in redefining what is beautiful.

Join me at AO’s meeting, taking place March 15-18 in Orlando, Fla. Let’s do this together: Let’s teach ourselves and our patients that beauty is not determined by a surgical outcome alone. Beauty is defined by authenticity, compassion and perseverance in the face of adversity. I hope this talk helps to guide you on a journey that goes beyond a validation of external beauty, and gets to the deeper business of appreciating the beauty that exists inside each of us.

‘There may be surgical limitations to the repair, but as you approach a patient’s restorative plan, I urge you to consider how you can assist them in redefining what is beautiful.’
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Price reduced for BruxZir Milling Blanks

By Glidewell Dental Staff

Glidewell Dental, a leading provider of clinical and dental laboratory products, announced recently a price decrease for BruxZir® Milling Blanks, the material used to fabricate authentic BruxZir Solid Zirconia crowns and bridges.

The entire line of BruxZir Milling Blanks, including BruxZir Anterior, BruxZir Shaded, BruxZir Shaded 16 and BruxZir HT, will receive a significant price decrease across all milling blank thicknesses (12 mm, 15 mm, 20 mm and 25 mm) to enable dental laboratories of any size to provide the most trusted and prescribed zirconia material the industry has to offer, according to Glidewell.

In addition to the price reduction, a 10-mm–thick milling blank will join the BruxZir Shaded 16 line. This new blank size aims to empower dental labs with even more versatility and access to the monolithic revolution by creating less material waste during the fabrication of copings and frameworks, the company asserts.

Dental laboratories that take advantage of this competitive price decrease, along with the new BruxZir blank size, will be able to offer unmatched zirconia quality to their dentists, Glidewell states. The BruxZir material is backed by extensive clinical testing and validation — in contrast to clinically unvalidated zirconia and the potential risks associated with generic discount zirconia.

Furthermore, dental laboratories that offer authentic BruxZir restorations can bolster their zirconia business by joining the Authorized BruxZir Laboratory program. As part of this program, labs benefit from far-reaching marketing efforts at no cost, including nationwide mailers, quarterly ads and email campaigns. These results-driven marketing initiatives are crafted on member labs’ behalf, with the mission to build brand awareness and help customers find labs that offer BruxZir zirconia.

For more information on the line of BruxZir Milling Blanks and the Authorized BruxZir Lab program, call (888) 303-3975 or visit bruxzir.com.

BruxZir Milling Blanks are manufactured by Prismatik Dentalcraft, Inc., the medical device manufacturing division of Glidewell Dental, in Irvine, Calif., in an ISO-certified facility that operates under FDA Current Good Manufacturing Practices (CGMPs). Featuring a diverse team of dentists, scientists, material researchers and other experienced professionals, Prismatik Dentalcraft strives to develop the industry’s most innovative products to bring comprehensive treatment to patients across the economic spectrum, according to the company.

About Glidewell Dental

Glidewell Dental, based in Newport Beach, Calif., is an industry-leading provider of dental lab products and services to dental professionals in select markets around the world for a low cost. Established in January 1970 by Jim Glidewell, CDT, the company has a decades-long heritage of technological innovation.
Simple & Predictable
10 Years of Clinical Evidence

Simplicity
Single implant-abutment connection size - each abutment fits all fixture diameters.

Platform Switching

Tight Internal Conical Connection

Optimal Initial Stability

S.L.A. Surface Treatment
(Sandblasted with Large grits and Acid etched)
LOCATOR F-Tx is a simplified, time-saving solution for fixed full-arch restorations with no compromise to prosthesis strength or esthetics, according to Zest Dental Solutions. Optimized for efficiency and chair time savings compared to conventional screw-retained systems, it features a novel, patent-pending “snap-in” attachment that eliminates the need for sub-gingival cement or screw access channels.

A new solution for immediate provisionalization, Zest Dental asserts, the fully integrated system accommodates the full range of final restorative options including all-acrylic, metal-reinforced acrylic, PFM and all-zirconia frameworks.

**Secure snap-fit design**
This patent-pending retention system works similar to a ball and socket, allowing the denture attachment housing to securely snap into place and then pivot to the desired position. Once in place, it’s fixed for the patient and can easily be removed by the clinician during hygiene and maintenance visits.

**Simplified angle correction/stress-free passive fit**
- The LOCATOR F-Tx Abutment features a unique, spherical coronal geometry, which allows the denture attachment housing to rotate in any direction and correct up to 40 degrees of convergence/divergence between two implants, eliminating the need for angled abutments.
- Chairside processing procedures at final prosthesis delivery ensures a stress-free passive fit.

**Denture attachment housing**
- Denture attachment housing is thread-ed internally to accept a PEEK Retention Ball that snaps into the LOCATOR F-Tx Abutment.
- Features an anodized pink finish for improved esthetics.
- Aggressive grooves and flats limit vertical and rotational movement.
- Denture Attachment Housing is pas-sively picked-up in the prosthesis via a chair side technique.

**Retention/processing balls**
- PEEK retention balls are available in low, medium- and high-retention lev-els based on the needs of the case.
- A processing ball comes pre-inserted with the denture attachment housing, an additional processing ball is included, and both are used for provisiona-lization and laboratory procedures.

**Abutment**
- DuraFic™ Coating provides a hard, smooth and wear-resistant abut-ment exterior with a gingival tone.

**All-in-one packaging**
- LOCATOR F-Tx features all-in-one packaging that is sterile and in-cludes everything you need: abutment (with cap to deliver the abutment to the implant site), denture attachment hous-ing with pre-inserted processing ball, an extra processing ball, as well as one blue (low), tan (medium) and green (high) retention ball.

Photos/Provided by Zest Dental Solutions
The Newport Biologics™ line of bone grafting materials and resorbable barrier membranes represents the highest quality of regenerative products available. By assembling only the most versatile, effective and frequently used regenerative materials the industry has to offer, we provide clinicians a simplified buying experience, unparalleled value, and the confidence to efficiently and reliably treat the majority of grafting indications.

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W&H Implantmed SI-1015: Respects your needs

By W&H Staff

W&H introduced the Implantmed surgical unit in 2001. The company asserts it’s a high-quality device — safe, simple to use with a high degree of precision and flexible application options. The new generation builds on those tried-and-tested features and adds an array of all new benefits: a color touchscreen interface, a wireless foot pedal, shorter/lighter and more powerful motor with LED+ capability and a unique ISQ module for assessing the stability of an implant.

W&H Implantmed SI-1015 supports practitioners for both oral surgery and implantology.

Improved safety

Immediate load ... early load ... or the conventional route?

Deciding on the best time for loading implants is becoming more complex when trying to take into account all of a patient’s risk factors.

The integrated automatic thread-cutter function and precise torque control actively help the operator during implant placement — especially in dense bone. Using the documentation function stores all parameters, the implant insertion torque/time graph, optional ISQ measurement data, documentation ID and tooth position on a USB stick for patient records.

As an option, the W&H Osstell ISQ (Implant Stability Quotient) module for the Implantmed SI-1015 is a non-invasive measuring system of primary stability/osseointegration.

Combining the detailed insertion torque graph with the ISQ measurement reduces risk in deciding optimum loading time and assists in monitoring osseointegration of an implant.

Simplicity: New color touchscreen user interface and redesigned pump

The new Implantmed SI-1015’s user interface helps the practice team to streamline. A high-tech color touchscreen with a tempered glass surface makes it easy to operate and disinfect. The logically designed navigation system and the customizable programs allow the operator to focus on the surgery.

The Implantmed can be customized for up to six individual users for reduced risk in group practices using multiple implant brands and their individual protocols. Staff will appreciate the redesigned coolant pump as the irrigation tubing can now be loaded faster under sterile conditions.

Precise: Powerful motor and new surgical handpieces with LED+

In its class, the new motor is the strongest (6.2 Ncm), lightest and shortest. The ergonomic shape and balance combined with a W&H handpiece reduces operator physical strain. Five new short surgical handpieces with LED+ fully illuminate — regardless of the motor speed.

Quality stainless steel with scratch-resistant coating is best for a gloved hand, optimum hygiene and will preserve the “as new” appearance, according to the company.

Flexibility: Wireless multi-functional, multi-device foot pedal

The new optional wireless foot pedal offers even greater flexibility and convenience, according to the company. The Implantmed can be operated easily with the foot control as an alternative to the touchscreen. One foot pedal can be used with W&H devices (Piezomed, etc.).

‘The logically designed navigation system and the customizable programs allow the operator to focus on the surgery.’
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to see the all new Implantmed SI-1015.

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