By Shofu Dental Staff

Dentin hypersensitivity, also referred to as root sensitivity or tooth sensitivity, has long been recognized as one of the most common chronic conditions of the teeth. Clinical evidence signals that as much as half of the U.S. population may be suffering from the pain associated with dentinal hypersensitivity, also suggesting that this condition could be on the rise.

Over decades, a myriad of treatment options have been developed to assuage tooth sensitivity, with the majority of modalities falling into one of two categories: in-office treatments or at-home desensitizing systems.

Formulated to provide immediate and prolonged relief to patients experiencing severe dentinal hypersensitivity, PRG Barrier Coat is a light-cured, in-office varnish inclusive of Shofu’s proprietary bioactive Giomer technology.

Indicated for a variety of applications, PRG Barrier Coat has been demonstrated to deliver instant comfort to patients suffering from severe gum recession, newly erupted molars or decalcified enamel, according to the company.

This unique desensitizer incorporates Shofu’s proprietary Giomer technology, in which an arrangement of glass ionomer and six beneficial ions — fluoride, sodium, strontium, aluminum, silicate and borate — form a bioactive coat, lasting several months. This protective surface has been proven in clinical studies to successfully neutralize acids, inhibit plaque build-up and release and recharge fluoride, according to the company.

PRG Barrier Coat is self-adhesive, with no separate etching or bonding steps required. Only an ultra-thin surface layer of about 15 µm is needed to facilitate instant pain desensitization for up to six months after application. Containing no alcohol, acetone or HEMA, PRG Barrier Coat is safe to use adjacent to soft tissue.

Clinicians are encouraged to swab PRG Barrier Coat around orthodontic brackets, clasps, crowded teeth or other hard-to-brush areas to provide long-lasting protection against the hypersensitivity discomfort. Shofu’s bioactive varnish is composed of a base and activator that are easy to mix, can be swiftly applied with a brush, and light-cured for 10 seconds to expedite the desensitization process. Because PRG Barrier Coat is self-adhesive, the material can varnish flat or slanted surfaces.

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Visit us at the Chicago Midwinter Meeting Booth No. 2712!
Here at the Midwinter Meeting, Henry Schein Practice Solutions, the U.S. practice solutions business of Henry Schein Inc., is announcing the availability of DEXIS™ for Dentrix Ascend® – a cloud-based imaging solution built exclusively for Dentrix Ascend to help quickly capture and store images to the cloud.

It’s all about creating a “digital clinical workflow,” said Adam McDaniel, product manager for Henry Schein, who demonstrated the system during an interview with today Friday afternoon.

As McDaniel explained, DEXIS for Dentrix Ascend eliminates the need for additional digital imaging software, and it automates daily procedures, such as insurance billing, to enhance efficiency and productivity in the dental practice.

According to a press release issued Thursday by Henry Schein, the software, initially available to users in North America, offers practitioners four key benefits: seamless integration with Dentrix Ascend; enhanced digital workflow; quick access to images from the cloud; and automatic upgrades and backups, thus reducing the need for maintenance and hardware.

As McDaniel demonstrated to today, because DEXIS for Dentrix Ascend is built into Dentrix Ascend, practices no longer need to leave Dentrix Ascend and open a separate application to capture, store and manipulate images.

With the cloud-based system, patient X-rays and intraoral images are available to all authorized devices and users on the system from any location, saving time for clinical procedures.

In addition to improving productivity and efficiency, the cloud-based system captures original digital images and uploads them (not a copy) with virtually no loss of quality because of a compression algorithm that provides fast upload speeds to help maintain image quality, McDaniel explained. Once in the cloud, the images can be edited using a variety of tools, including filters, annotation and density reading, he said.

According to Henry Schein, users of DEXIS for Dentrix Ascend have been impressed with its capabilities. “DEXIS for Dentrix Ascend has helped make our practice’s insurance billing more efficient,” said Dr. Mau Nguyen, of Newport Commons Dental Care. “I also really like having the ability to remotely view, with clarity, an X-ray from anywhere when consulting with patients or colleagues.”

More information about DEXIS for Dentrix Ascend is available online at www.dentrixascend.com, by calling (855) 232-9493 or by visiting the booth, No. 3211.
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Freehand vs. guided surgery: Clinical considerations and case examples

By Siamak Abai, DDS, MMEdSc

When treatment planning dental implant therapy, one of the biggest questions practitioners face is whether to employ freehand or guided surgery. Exploring the advantages and disadvantages of each approach via case examples can help clinicians arrive at an informed decision.

Case example No. 1: Freehand implant placement

A 54-year-old female with an existing implant in the area of tooth #30 presented with pain in the area of the implant, stock abutment and crown. Intraoral and radiographic examination revealed a significant amount of crestal bone loss and soft-tissue inflammation surrounding the implant. This was likely the result of residual excess cement. To avoid such complications, custom implant abutments or screw-retained crowns are recommended.

A treatment plan was proposed in which the patient’s existing implant would be removed, a bone augmentation procedure performed, and a new dental implant placed. Freehand surgical placement was selected for the case, as a flap would need to be reflected to visualize the implant site, and the planned implant position was a safe distance from any vital patient anatomy.

First, the implant crown was removed, revealing substantial inflammation in the peri-implant soft tissue. The implant was then removed. The socket left by the removed implant and the surrounding ridge were curetted and augmented with a xenograft material.

After four months of healing, a surgical flap was reflected and an osteotomy created. A 3.5-mm-diameter Hahn™ Tapered Implant (Glidewell Direct; Irvine, Calif.) was threaded into the implant site with relative ease, and a healing abutment was placed.

Four months later, a BruxZir® Solid Zirconia crown was designed based on the final VPS impression. The crown was delivered without complication, establishing a natural-looking emergence profile. Final radiography exhibited stable levels of crestal bone surrounding the implant (Figs. 1a, b). The final result provided the patient with an excellent long-term prognosis (Fig. 2).

Case example No. 2: Guided surgery

A 55-year-old male presented for treatment with a missing second molar. After thorough intraoral and extraoral evaluation, guided implant surgery was proposed to and accepted by the patient, who wanted treatment to be as efficient and painless as possible. Because bone grafting was unnecessary and there was adequate keratinized tissue present, a flap would not need to be reflected, making the flapless approach facilitated by guided surgery ideal. Further, the added expense was not an obstacle for the patient.

A digital impression was taken using an intraoral scanner, which was combined with CBCT scanning data to produce the digital treatment plan. A surgical guide was fabricated that would precisely control the location of osteotomy.

At the next appointment, a tissue punch was used to access the implant site. The osteotomy was created through the surgical guide. A 5.0-mm-diameter Hahn Tapered Implant was placed.

With favorable primary stability established, a healing abutment was attached to the implant.

After three months, the patient returned for final impressions. Based on the final impression, the lab produced a screw-retained BruxZir crown. The final restoration was delivered without complication (Figs. 3a, b).

Final radiography displayed excellent crestal bone levels in the area of the Hahn Tapered Implant.

Figs. 1a, b: Comparison of preoperative radiograph of compromised implant (top) and final radiograph with new Hahn Tapered Implant (bottom) illustrates complete osseointegration as well as regeneration of the crestal bone. (Photos/Provided by Glidewell Laboratories)

Fig. 2: The patient was extremely pleased with the final restoration, the CAD/CAM design of which established ideal gingival margins.

Here in Chicago

To learn more about Hahn Tapered Implants and BruxZir Solid Zirconia crowns, stop by the Glidewell Laboratories booth, No. 3617.
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Lead: Is it in your varnish?

By Nanova Biomaterials Staff

What is more important in your practice: Patient care quality or perception?

There are pros and cons to everything in life, and fluoride varnish is no exception. In the past few years, there has been a movement toward using white (hydrogenated) rosin in fluoride varnish, based solely on the preference of esthetics over efficacy. If you are using a hydrogenated white varnish, your practice has chosen a misinformed perception of varnish capabilities over high-quality patient care.

There are many factors that affect fluoride release of a varnish. A major contributor is the base material—in many cases rosin. Products that solely use hydrogenated white rosin consistently have lower fluoride release compared to StarBright. Hydrogenated rosins undergo an additional chemical process, which bleaches the rosin by heating the material with hydrogen gas over a metal catalyst—lead, aluminum, nickel, platinum and/or palladium.

The second stage of the process removes as much of the metal residue as possible, but it never completely removes these metals.

In addition to the issue of using metal, the chemical processing of the hydrogenated white rosins causes the varnish to be less adhesive than natural-based rosins. Most of the varnishes using this processed rosin do not adhere well to teeth, and those that initially stick to the surface wear off in a few hours after application. When you attempt to brush the varnish off your teeth, and you do not see the varnish on your toothbrush, it proves it is not still adhering at that point. This means that your patients have a much higher possibility of swallowing the fluoride, as well as ingesting trace amounts of metal.

Natural rosins do not use chemicals or metals to change the color of rosin before being added to the varnish. The natural rosins are heated in a still to allow the unwanted materials to be filtered out through phase separation.

StarBright 5 percent sodium fluoride varnish, manufactured by Nanova Biomaterials, Inc., utilizes a natural-based rosin, eliminating the risks of your patients ingesting chemically-altered rosin. It is sweetened with Xylitol and comes in five flavors: caramel, bubblegum, mint, strawberry and cinnamon.

Due in large part to the natural rosin, StarBright has one of the highest fluoride release rates on the market, according to Nanova Biomaterials. It actually stays on teeth, ensuring the fluoride goes to the tooth and not the tummy.

In addition, when applied in a thin layer to dry teeth, the tinted rosin is not visible on the teeth.

So Nanova Biomaterials invites you to ask yourself what is more important to your practice: Patient care quality or a misinformed perception of varnish?

Here in Chicago

To check out StarBright 5 percent sodium fluoride varnish for yourself, stop by the Nanova Biomaterials booth, No. 2449.
NEW! Visalys® Core – Secure core build-up for high stability.

Visalys® Core is a fluoride-containing, dual-curing composite, developed for the fabrication of radiopaque core build-ups and core fillings and for cementing root posts. The product incorporates Active-Connect-Technology (ACT), which is unique in the market. This enables the material to bond actively with popularly used light-curing and dual-curing, single-step and multi-step adhesives, without an additional activator. The advantage for users is that it allows them to use the bonding agent they are used to – no matter whether it is a light-curing or dual-curing, a single- or multi-bottle system. Call 877-532-2123 direct to place an order.

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By Preventech Staff

Studies show that saliva containing calcium and phosphate can aid the remineralization process in the presence of fluoride.

NuFluor®, a patented combination chemistry containing fluoride, calcium and phosphate, was developed by Ken Peterson, vice president of research and development at Preventech.

Peterson explained the logic: “With the extended contact time associated with fluoride varnish, it just makes sense to add these building blocks of tooth enamel.”

NuFluor joins the list of calcium phosphate additives currently available in fluoride varnish: ACP (amorphous calcium phosphate), TCP (tri-calcium phosphate) and RECALDENT® (Casein Phosphopeptides—amorphous calcium phosphate—CPP–ACP).

NuFluor has recently been added to both Vella and VellaMini 5 percent fluoride varnish to boost saliva concentration and give varnish patients the extra protection they need. It’s specifically designed to enhance the remineralizing effects of fluoride, because fluoride requires a good source of calcium and phosphate to remineralize the tooth in the first place.

NuFluor coexists within the fluoride varnish formula until it reaches the tooth surface. Once moistened by saliva, it releases calcium, phosphate and fluoride ions to react with the tooth surfaces.

Vella’s smooth, clear, thin layer formula goes on easy, offering improved esthetics and mouth feel to help with patient compliance, according to Preventech. Vella provides fast fluoride release and uptake at two hours, aiding in relief from sensitivity. Plus it’s sweetened with xylitol and gluten-free. And both Vella and VellaMini are n-Hexane free.

Visit booth No. 2712 here at the Chicago Midwinter Meeting for more information, a product demonstration and samples to take back to your office and apply on your patients. To order Vella or VellaMini, ask your favorite dealer sales representative or call Preventech at (800) 474-8681, and they will ship your order in your dealer’s name.
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When it comes to infection control, there is one crucial piece of equipment that receives little attention: The evacuation valves that come into use hundreds of times a day during patient treatments. These frequently touched valves are covered with millions of pathogens, including blood proteins that travel through high- and low-volume suction tips and aerosolized saliva, although not evident to the naked eye, that coats nearby surfaces and equipment. All of this bioburden has the potential to infect every person who comes in contact with the valve.

Numerous infection control standards are currently in use: Critical instruments are autoclaved; counters, cabinets and chairs are disinfected; barrier protection is used; closed waterline systems are maintained; single-use items are disposed; and water lines are flushed. While most equipment is sterilized or disposed, the majority of dental practices just simply wipe down the outside of the evacuation valves in between patients. Research has confirmed that wiping down valves is ineffective in decontaminating evacuation valves, while sterilizing the valves breaks down the o-rings, requiring them to be frequently replaced. It is inefficient to break down and disinfect the valves in between patients, and breaking down the bacterial-laden valve can put the dental team at risk.

What is the solution? The new disposable saliva ejector DOVE® Backflow Prevention Valve, introduced this month by Stoma Dental, is a one-way valve that prevents backflow and eliminates cross-contamination between your patients.

Make it clean, make it work With staff and patient safety being of such great concern, the disposable DOVE prevention backflow valve, which also is coated with an antimicrobial, provides the safest route. The DOVE system adapts to a wide range of single-use tips and includes tailcaps to reduce noise and bacterial aerosols between DOVE valve replacements. Come learn about it at the Stoma Dental booth, No. 5234.
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Dental professionals can spend copious amounts of time searching for a prophy paste that does it all. A paste considered to be ideal would be one that works well for the dentist, does its job in patients’ mouths and enables patients to leave the office with a good taste.

With Gelato prophy paste by Keystone Industries, the possibilities have no limits, according to the company. The paste, which provides a smooth, splatter-free application, is 1.23 percent fluoride ion and will leave a patient’s teeth with excellent polish—and stains removed. Minimal enamel loss is met with each use.

Review: ‘Top Prophy Paste’
One of the biggest bragging rights Gelato prophy paste has earned is from The Dental Advisor. For two consecutive years (2013 and 2014), Keystone’s paste won Top Prophy Paste. In the review, based on more than 2,500 uses with 35 consultants, it earned a 4.5 grade out of 5 and a 91 percent clinical rating.

The ranking would appear to confirm how the paste gets the clinical job done and also provides patients with the flavor options to leave their mouths feeling fresh and clean. Coming in four different grits (fine, medium, coarse and x-coarse), Gelato has a wide range of uses for removing stains. Dental hygienists normally use the fine grit for routine work and move their way up the grit scale for heavier stain removals.

A flavor for every taste
Keystone’s Gelato comes in six flavors: bubble gum, cherry, mint, piña colada, orange sherbert and raspberry. The paste is available in 6- and 12-ounce jars, and also boxes of 200 individual cups.

To order, visit Keystone Industries online at www.keystoneind.com/en/home.

Here in Chicago
Learn more about the Gelato prophy paste by visiting the Keystone Industries booth, No. 4011.
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The field of digital dentistry is rapidly evolving with new dental technologies emerging as part of a more efficient and comprehensive workflow. Pairing Planmeca CAD/CAM solutions with X-ray units in the Planmeca ProMax® 3-D family allows dental professionals to bring together a wide range of detailed information for treatment planning and diagnostic purposes.

This combination of CAD/CAM and CBCT technology presents new possibilities for an improved standard of care for patients — offering several specialist features, all available through one software interface. Planmeca Romexis® is the only dental software platform in the world to combine all imaging and the complete CAD/CAM workflow, the company asserts. This solution is at the heart of the Planmeca ecosystem, as it provides dental professionals with the ability to acquire more detailed data sets than ever before. Planmeca Romexis includes advanced tools for all specialties, such as implant planning and other restorative treatments. The software presents dental clinics with an excellent way to improve patient flow and enhance the level of care offered.

Seeing more than ever before
Bringing together CBCT data and CAD/CAM work provides a comprehensive level of clarity. Planmeca ProMax 3-D imaging units reveal intricate information on soft and hard tissues, including the mandibular nerve canal, while the Planmeca PlanScan® intraoral scanner captures precise data above the gum line. The combination of this data ensures a complete understanding of any case and makes 3-D prosthetic designing quick, accurate and easy. Clinics are able to operate more flexibly, as restorations can either be milled at a clinic with the Planmeca PlanMill® 40 milling unit or easily sent to a dental lab in an open STL data format.

The rise of same-day dentistry
A more active role in the manufacturing of restorations opens up avenues for dental clinics to increase patient volume and grow business, according to Planmeca. A streamlined digital workflow ensures the full utilization of resources, leading to more efficient treatment. Same-day dentistry is as beneficial for patients as it is for clinics; for instance, instead of two appointments, patients can be treated in one visit — with no temporary crowns or physical dental models required.

Open architecture for maximized efficiency
Standardized data is the driving force behind many of the latest developments in digital dentistry, as it guarantees the interoperability of images and dental data across various hardware platforms — reducing costs, increasing predictability and enhancing patient safety. Bringing Planmeca’s CBCT and CAD/CAM systems together through the Planmeca Romexis software platform makes effective chairside dentistry a reality, the company asserts, and offers clinicians a streamlined approach to substantially grow revenue.
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Sirona Dental has announced the introduction of CEREC Zirconia, an all-ceramic substitute for the traditional PFM (porcelain fused to metal), and the CEREC SpeedFire furnace into the family of Sirona products and technology.

CEREC now provides a completely new process in the dental practice. Combining the new CEREC SpeedFire furnace and CEREC/Zirconia material, dentists can now deliver full contour crowns and small bridges made of the full-strength, high-quality zirconium oxide in a single visit.

Previously, the complicated working steps required to process zirconia limited its application to the laboratory environment. Sirona's new CEREC Zirconia and SpeedFire furnace will bring many workflow steps together into a reliable, simple process, according to the company, making chairside production of zirconia possible.

CEREC Zirconia is a pre-shaded translucent zirconium oxide available in 10 classic VITA shades. The material is milled in an enlarged form and then densely sintered to its final size in the new sintering furnace, CEREC SpeedFire.

The over-sized milling facilitates a new level of milling precision, leading to superb fitting restorations, according to the company. The sintering process takes 10 to 15 minutes for crowns and less than 30 minutes for bridges. The subsequent glaze firing gives a high-gloss finish to the restoration.

Other benefits include minimal tooth reduction, financial savings as zirconia is less expensive than alternative materials and less post-operative sensitivity.

The short process to produce CEREC Zirconia restorations is both convenient and economical, according to the company. With this introduction, Sirona also offers a new wet/dry mill option for its milling units. Dry milling reduces the overall processing time for zirconia and, combined with the fast sintering cycles, enables the chairside procedure.

The workflow is easy to learn, according to the company. The CERECSOFTWARE 4.4.1 guides the dentist through the whole process, including sending the sintering and glazing information to the furnace. No programming of the furnace is required as the software handles it all automatically.

Patients avoid messy impression material, receive less anesthetic and do not have to deal with a temporary crown. Now, with CEREC/Zirconia and the CEREC SpeedFire furnace, dentists who prefer zirconia can provide crowns and bridges to their patients in a single visit.

About Sirona Dental
Sirona, a dental technology leader, has served dealers and dentists worldwide for more than 130 years. Sirona develops, manufactures and markets a complete line of dental products, including CAD/CAM restoration systems (CEREC); digital intra-oral, panoramic and 3-D imaging systems; dental treatment centers; and handpieces. Visit www.sironausa.com for more information about Sirona and its products.
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Practitioners recognized for participation in Alpha Omega-Henry Schein Cares Holocaust Survivors Oral Health Program

Henry Schein, one of the world’s largest providers of health-care products and services to office-based dental, animal health and medical practitioners, joined the Alpha Omega International Dental Fraternity’s (AO) Chicago chapter in recognizing 28 area oral-health professionals for their participation in a program that provides free dental care to Holocaust survivors in need.

The Alpha Omega-Henry Schein Cares Holocaust Survivors Oral Health Program was launched in November 2014 in response to the White House’s call to action to help Holocaust survivors age with dignity and respect. To date, the program has provided free oral care to more than 140 economically vulnerable Holocaust survivors across North America.

In Chicago, dental practitioners have finished treating 19 survivors and are currently treating 22 more. The participating dentists were honored at a recent reception held at the Renaissance Chicago North Shore Hotel. Chicago Mayor Rahm Emanuel congratulated the honorees, AO and Henry Schein Cares in a letter read at the event by AO chapter Ambassador Dr. Laurie Gordon Shaw.

“The success of the Alpha Omega-Henry Schein Cares Holocaust Survivors Oral Health Program relies heavily on the generosity of local practitioners, and Henry Schein stands proudly with the Alpha Omega International Dental Fraternity to honor and thank the Chicago-area oral-health professionals for their dedication,” said Stanley M. Bergman, chairman of the board and CEO of Henry Schein. “Holocaust survivors have lived through the unspeakable, and it is incumbent upon the private and public sectors to ensure that essential health services are never beyond their reach.”

The initiative provides care to people identified by the network of Jewish Family and Children’s Service agencies or other identified partner organizations, as well as people of any faith who were victims of Nazi persecution and meet the program’s other eligibility requirements. In addition to financial need, patient participation is prioritized by three factors: the elimination of pain, restoration of function and lack of dental coverage. Participating clinicians determine each patient’s scope of care.

This program fills a critical need for many of the 120,000 Holocaust survivors living in the United States, one quarter of who live in poverty. Survivors often have special oral-health needs, as many suffered from prolonged nutritional deprivation and had little to no dental care access as children during World War II.

Originally launched in nine cities — Chicago, New York City, the New York/New Jersey metropolitan area, Boston, Philadelphia, Detroit, Seattle, Montreal and Toronto — the program has since expanded to Atlanta, Columbus and Calgary.

“Being the ambassador of Chicago’s program has been one of the highlights of my career,” said Dr. Laurie Gordon Shaw. “I feel so privileged to be able to provide these patients, who have endured so much during the Holocaust, with the dental care they so desperately need while also giving them an opportunity to share their experiences.”

Honored at the event were Shaw, Dr. Brent Agran, Dr. Natalie Baker, Dr. Sanford Barr, Dr. Jeffrey Bressman, Dr. Janet Century, Dr. Barry Cherry, Dr. Scott Emalfarb, Dr. William Feingold, Dr. Bruce Hochstadter, Dr. Richard Isaacson, Dr. David Kanarek, Dr. Paul Landman, Dr. Carole Landman Feingold, Dr. Bianca Malin, Dr. Alan Moltz, Dr. Robert Pick, Dr. Sergio Rubinstein, Dr. Mitt Salzer, Dr. Sheldon Seidman, Dr. Wendy Shorry, Dr. Chuck Tannenbaum, Dr. Terri Tiersky, Dr. Dan Uditsky, Dr. Michael Wasser- man, Dr. Howard Weisbart, Dr. Alan Weisz, and Dr. Sam Weisz.
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DEXIS Eleven retains all the functionality of previous versions while also delivering:

» Improved workflow, including drag-and-drop tooth numbering, and faster case presentation

» Safe, real-time storage and synchronization of patient images with Cloud Backup

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The TurboVue Illuminated MagnetostRICTive Ultrasonic Scaler provides excellent visibility when scaling all areas of the oral cavity. It features a light source built into the handpiece, allowing a significant amount of light to emit through the 30K light-transmitting ultrasonic inserts.

For more information, stop by the Parkell booth, No. 2311, here at the Chicago Midwinter Meeting.

LIQUID MAGIC RESIN BARRIER AND CA-LOK FLOWABLE ADHESIVE CALCIUM BASE/LINER

TAUB Products, a long-time manufacturer of dental consumable products, announced the release of Liquid Magic Resin Barrier for implant and cosmetic dentistry. Liquid Magic is a light-cured resin used to protect threading, screws and internal components of implants and abutments.

Used prior to the placement of a crown, Liquid Magic works in conjunction with ZERO-G Bio-Implant Cement, resulting in better seating of the crown and easier cleanup.

Taub also announced a new breakthrough in base/liner materials with the release of Ca-Lok Flowable Adhesive Calcium Base/Liner. Ca-Lok is a light-cured, calcium-filled resin with adhesive properties to dentin and seamless compatibility to other restorative materials. Ca-Lok is radiopaque and releases fluoride.

Ca-Lok is used as a protective liner and can be placed under restorative materials and cements for all deep cavity preparations.

To check out Liquid Magic and Ca-Lok, stop by the booth, No. 2209, here at the Chicago Midwinter Meeting or go to www.taubdental.com.

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