DENTAL TRIBUNE

The World's Dental Newspaper · Middle East & Africa Edition

PUBLISHED IN DUBAI | www.dental-tribune.me | November-December 2018 | No. 6, Vol. 8

Dubai Health Authority bags two golden International Stevie Awards

The Dubai Health Authority (DHA) won two golden International Stevie Awards for their innovative projects in the field of healthcare.

By Dubai Health Authority

The DHA won for two of its primary healthcare innovative projects: the implementation of 3D printing technologies in dental care and for their smart headache clinic, which uses telemedicine technology to conduct remote doctor consultations.

Dr Manal Taryam, CEO of the Primary Healthcare Sector at the DHA received the awards on behalf of H. E. Humaid Al Qutami, Director General of the DHA during the award ceremony, which was held in London, UK in the presence of notable decision makers and businessmen from around the world.

Commenting on the win, Al Qutami said this achievement reflects the innovative environment of the UAE and Dubai in specific. This international recognition also reaffirms Dubai's pioneering role in the health sector and acts as an incentive to all those working in the health sector to continue on the path of providing quality healthcare services using the latest state-of-the-art technology.

Dr Manal Taryam (second from the left), CEO of DHS's Primary Healthcare Sector, collected the awards. There were 3,900 other candidates and organisations from 74 countries in the running

Al Qutami stressed that winning this international award was possible due to the support of His H.H. Sheikh Mohammed bin Rashid Al Maktoum, Vice President and Prime Minister of the UAE and Ruler of Dubai. This is also possible thanks to the support of H. H. Sheikh Hamdan bin Mohammed bin Rashid Al Maktoum, Crown Prince of Dubai and Chairman of the Executive Council and H.H Sheikh Hamdan bin Rashid Al Maktoum, Deputy Ruler of Dubai, Minister of Finance and President of the DHA.

He added that winning such a notable award is a testimony to Dubai's healthcare services, which are based on the best international standards and practices.

Dr Taryam on the other hand expressed her happiness with the win, as the DHA won after competing against 3,900 other candidates and organisations representing 74 countries around the world.
She said the DHA won for its implementation of 3D printing within dental care, which has many benefits including: producing highly accurate dental modules and casts at a shorter time and reducing patients' waiting time.

It also reduced multiple visits made by patients to ensure accuracy of sizes as implementing 3D technology increased the accuracy of dental module's color and size to 100 per cent.

Other benefits include enhancing patients' comfortability, storing all data electronically and reducing the cost of making dental casts and prosthetics

Implementing 3D printing in Dental care has also increased the success rate of tooth transplants to 97 per cent.

Dr Taryam added that the DHA won the second award for its headache clinic, which utalised telemedicine and has been implemented in a number of DHA facilities through the Robodoc device, which greatly aided the implementation of remote consultation and helped reduce the waiting time by 25 per cent.

According to a survey the implementation of this clinic has also increased customer satisfaction to more than 90 per cent and increased customer trust to 98 per cent.

The Stevie Awards are one of the world's premier business awards. They were created in 2002 to honor and generate public recognition of the achievements and positive contributions of organizations and working professionals worldwide.

There are seven Stevie Awards programmes, each with its own focus and list of categories. DT

Whole mouth extractions in children on the rise in the UK

By Dental Tribune UK

LONDON, UK: New data released by the National Health Service (NHS) has painted a bleak picture of the state of oral health in children in the UK, with 322 children under the age of ten undergoing full dental extractions or full clearances in UK hospitals in the past 5 years. In response to this data, dental experts have called on local and national authorities to do more to address preventable oral disease.

According to the NHS's figures, 75 children underwent full dental extractions in the period between 2017–2018, which is up from 54 children in 2012–2013. The British Dental Association (BDA) warned that full dental extractions are an extreme sign of the epidemic of tooth decay among children, particularly those who come from disadvantaged backgrounds.

"It's tragic whenever a dentist has to perform a full clearance on a child, but in many hospitals, it is simply business as usual," said Dr Mick Armstrong, Chair of the BDA.

"Tooth decay is wholly preventable, but remains the number one reason for admissions among young children. Sadly, these are just the most extreme examples of an epidemic that's costing our NHS millions. The sugar levy is progress, but must not mark the end of government interest. Kids in England deserve a real national effort to turn the tables on decay," Armstrong said.

Dr Max Davie of the Royal College of Paediatrics and Child Health added that "the leading cause of decay is poor diet. With one in three children obese by the time they leave primary school, cases of tooth extraction are likely to increase unless something is done urgently to prevent it."

In response, NHS England stated that "sugary food and drinks is driving this unnecessary epidemic of extractions".

"NHS England is working with the dental profession, local authorities and health providers on Starting Well, a campaign to help children improve their dental health." DT

IMPRINT

PUBLISHER/ CHIEF EXECUTIVE OFFICER
Torsten R. OEMUS

CHIEF FINANCIAL OFFICER
Dan WUNDERLICH

DIRECTOR OF CONTENT
Claudia DUSCHEK

CLINICAL EDITORS
Nathalie SCHÜLLER
Magda WOJTKIEWICZ

EDITOR & SOCIAL MEDIA MANAGER
Monique MEHLER

EDITORS
Franziska BEIER
Brendan DAY
Kasper MUSSCHE

ASSISTANT EDITOR & VIDEO PRODUCER
Luke GRIBBLE

COPY EDITOR
Ann-Katrin PAULICK
Sabrina RAAFF

IT & DEVELOPMENT
Serban VERES

BUSINESS DEVELOPMENT & MARKETING MANAGER
Alyson BUCHENAU

DIGITAL PRODUCTION MANAGER
Tom CARVALHO
Hannes KUSCHICK

PROJECT MANAGER ONLINE
Chao TONG

IT & DEVELOPMENT
Serban VERES

GRAPHIC DESIGNER
Maria MACEDO

E-LEARNING MANAGER
Lars HOFFMANN

EDUCATION & EVENT MANAGER
Sarah SCHUBERT

PRODUCT MANAGER SURGICAL TRIBUNE & DDS. WORLD
Joachim TABLER

SALES & PRODUCTION SUPPORT
Puja DAYA
Madleen ZOCH

EXECUTIVE ASSISTANT
Doreen HAFERKORN

ACCOUNTING
Karen HAMATSCHEK
Anita MAJTENYI
Manuela HUNGER

EXECUTIVE PRODUCER
Gernot MEYER

ADVERTISING DISPOSITION
Marius MEZGER

DENTAL TRIBUNE INTERNATIONAL
Holbeinstr. 29, 04229 Leipzig, Germany
Tel.: +49 341 48 474 302
Fax: +49 341 48 474 173
www.dental-tribune.com
info@dental-tribune.com

DENTAL TRIBUNE ASIA PACIFIC LTD.
Room A, 20/F
Harvard Commercial Building
105–111 Thomson Road, Wanchai, HK
Tel.: +852 3113 6177
Fax: +852 3113 6199

THE AMERICA, LLC
116 West 23rd Street, Ste. 500, New York
N.Y. 10011, USA
Tel.: +1 212 244 7181
Fax: +1 212 244 7185

DENTAL TRIBUNE MEA EDITION EDITORIAL BOARD
Dr. Aisha SULTAN ALSUWAIDI, UAE
Prof. Paul TIPTON, UK
Prof. Khaled BALTO, KSA
Dr. Ninette BANDAY, UAE
Dr. Nabeel HUMOOD ALSABEEHA, UAE
Dr. Naif Almosa, KSA
Dr. Mohammad AL-OBAIDA, KSA
Dr. Meshari F. ALOTAIBI, KSA
Dr. Jasim M. AL-SAEEDI, Oman
Dr. Mohammed AL-DARWISH, Qatar
Dr. Dobrina MOLLOVA, UAE
Dr. Ahmed KAZI, UAE
Dr. Munir SILWADI, UAE
Dr. Khaled ABOUSEADA, KSA
Dr. Rabih ABI NADER, UAE
Dr. Ehab RASHED, UAE
Aiham FARRAH, CDT, UAE
Retty M. MATTHEW, UAE

PARTNERS
Saudi Dental Society
Saudi Ortho Society
Lebanese Dental Association
Qatar Dental Society
Oman Dental Society
American Academy of Implant Dentistry
International Federation of Dental Hygienist
British Academy of Restorative Dentistry
British Academy of Dental Implantology

DIRECTOR OF mCME
Dr. Dobrina MOLLOVA
mollova@dental-tribune.me
Tel.: +971 50 42 43072

DIRECTOR
Tzvetan DEYANOV
deyanov@dental-tribune.me
Tel.: +971 55 11 28 581

PRINTING HOUSE & DISTRIBUTION
Al Nisr Printing
P. O. Box 6519, Dubai, UAE
800 4585/04-4067170

Do it your way – with CEREC

CEREC is just what you need it to be

By Dentsply Sirona

Start your CEREC journey by discovering the digital solution and workflow that best matches your practice needs. For more than 30 years, CEREC has been synonymous with the creation of restorations in a single visit. We have continuously developed and improved CEREC to meet your requirements and satisfy your patients' demands. Today its capabilities extend far beyond single restorations. The CEREC solution spectrum now covers three key areas: **restorative, implantology and orthodontics, both for chairside and clinic-to-laboratory** workflows – giving you the ideal set-up for the future.

CEREC is a fully scalable system that lets you start with taking digital impressions and evolve into chairside CAD/CAM when you're ready. Taking a digital impression is always your first step, no matter which workflow you are following, which is why our intraoral scanner, the CEREC Omnicam, can be installed in the practice as a unit to solely take impressions. From there it is up to you to take the next step. Sirona Connect allows a simple and secure clinic-to-laboratory digital connection so you can collaborate with well-established partners if required, giving you flexible treatment strategies. Or you can take advantage of single-visit dentistry and take your CEREC journey chairside.

The full CEREC system includes a digital scanner, milling unit and furnace that allows you to fabricate anything from single-unit crowns to multi-unit bridge frameworks, orthodontic aligners, and custom implant abutments — all in your practice.

CEREC is your partner every step of the way. Be free to start your digital workflow just the way you want. DT

Dentsply Sirona
The Bay Gate Tower Dubai, UAE
Tel.: +971 4 523 0600
Web: www.dentsplysirona.com

Predictable implant impressions

Using 3M Impregum Soft Quick Step Polyether impression material. Open Tray/Pick-up Technique

By Dr Izchak Barzilay, USA

A 31-year-old female patient presented for clinical recall evaluation after not being seen for five years. Her initial treatment involved restoration of a missing upper right lateral incisor with an osseointegrated external hex implant of narrow diameter. The restoration was designed to be retrievable and had functioned well. The patient had noticed over the past six months that the crown no longer seemed in place and appeared to be rotated. On presentation, the implant crown was firm and non-mobile. Radiographic assessment (Fig. 1) showed an apparently well integrated implant with bone levels that had changed very little since initial restoration. After removal of the crown and abutment, ISQ values and clinical assessment suggested that the implant was stable and healthy. Examination suggested that there was movement of the other teeth in relation to the implant and the decision was made to fabricate a new restoration for this implant.

A pickup impression coping was secured to the implant and seating was verified (Fig. 2). This impression coping is designed to stay in the impression material when the impression is removed from the mouth. The central screw of the impression coping must exit the impression tray while the impression is setting so one can disengage the screw and then remove the impression. It was decided that a 3M Directed Flow Impression Tray would be used to make the impression. An appropriate sized tray was chosen and tried in for fit.

This tray was chosen for several reasons:
- It fits well into the patient's arch
- It needs no adhesive
- It is secure and rigid
- It is easily adjustable
- The tray has the unique feature of incorporating a palatal reservoir so that when used, the excess impression material that escapes out the distal portion of the tray can be scooped up with a mirror and housed within this area thereby keeping the mouth clear and creating a more gag free impression.

A marking medium was placed on the top surface of the implant impression screw and this marking was transferred to the inside of the tray by seating the tray intraorally (Fig. 3). An acrylic bur was used to create a hole in the base of the tray (Fig. 4) and the impression tray was then tried in the mouth to ensure that there was clear access to the impression screw (Fig. 5).

The impression material chosen for this situation was a polyether-based material. This material was chosen for a several reasons:
- Polyether is inherently hydrophilic. With the mouth always being wet, this is a good choice in impression materials for all intraoral applications.
- Polyether is rigid enough to support an implant impression coping without distortion or movement.
- It is easily injected through an impression syringe in either a monophase or dual phase technique.
- It is easily poured in the lab using many stone formulations.
- It is accurate and can be poured multiple times if needed.
- It has multiple setting times to choose from.

A monophase technique was chosen since a medium body material shows ideal characteristics in terms of rigidity and detail capture. A 3M Intra-oral Syringe is loaded directly from the 50ml cartridge and set aside (Figs. 6 & 7). The syringe has not yet been activated. Blue rope wax is placed into the end of the impression screw to make sure that no impression material gets lodged in this area (Fig. 8). This facilitates future screw retrieval using an appropriate driver.

The area of interest is dried using compressed air and isolated. The impression syringe is activated, and an initial amount of impression material is "bled" from the impression syringe tip (Fig. 9). Impression material is then syringed around the impression coping and the neighbouring teeth. While this is being done, the impression tray is loaded with the same medium body (monophase) polyether material that is dispensed from a 3M Pentamix 3 Automatic Mixing Unit (Figure 10). Once loaded, the tray is seated to place so that the impression coping screw can be visualized protruding though the impression tray (Fig. 11). The area is wiped away over the impression screw and the tray is held in place for the setting time prescribed by the manufacturer. Once the impression is set, the impression screw is unscrewed (Fig. 12) and the impression is removed from the mouth (Fig. 13). The impression coping is picked up in the impression material and can be seen inside the impression. An implant lab analogue (replica) is then connected to the impression coping by positioning it onto the impression coping and securing the impression screw from the opposing end of the tray (Fig. 14). The impression is now ready to be poured.

The new prosthesis is now in place and had addressed the malposition issues that were initially evident when the patient presented for treatment (Fig. 15). DT

About the Author
Dr. Izchak Barzilay, , D.D.S., Cert. Prostho., M.S., F.R.C.D.(C), received his DDS from the University of Toronto in 1983, a Certificate in Prosthodontics from the Eastman Dental Center in Rochester, NY in 1986, and a MS from the University of Rochester in 1991. He is currently Head of the Division of Prosthodontics and Restorative Dentistry at Mt. Sinai Hospital in Toronto, Ontario.

To learn more 3M Impregum Polyether Impression Material please visit:
www.3Mae.ae (Gulf countries)
www.3m.com.sa (Saudi Arabia)

To request Pentamix 'Test Drive' or visit of 3M specialist please contact us at:
3MOralCareGulf@mmm.com

Fig. 1: Implant radiograph at recall appointment shows stable bone levels and a secure restoration.

Fig. 2: A pickup impression coping has been secured to the implant. Note the central screw which extends out of the implant impression sleeve.

Fig. 3: The 3M Directed Flow Impression Tray has been chosen for its strength and handling characteristics. Note the palatal reservoir.

Fig. 4: An acrylic bur is being used to cut a hole in the tray to access the impression screw.

Fig. 5: The 3M Directed Flow Impression Tray is being tried in the mouth to make sure that the impression screw is accessible.

Fig. 6: A 3M Intra-oral Syringe is ready to be loaded with 3M Impregum Soft Polyether Impression Material.

Fig. 7: The 3M Intra-oral Syringe is loaded from the hand-held gun but not yet activated.

Fig 8: Wax is placed on the impression screw to obturate the driver receptacle.

Fig. 9: The 3M Intra-oral Syringe is activated and must be bled before using for final impression.

Fig. 10: Inject impression material around the impression coping while the dental assistant is loading the 3M Directed Flow Impression Tray using the 3M Pentamix 3 Automatic Mixing Unit.

Fig. 11: The 3M Directed Flow Impression Tray has been loaded and is seated intraorally. Note the extrusion of impression material in the area of the impression coping.

Fig. 12: Once the 3M Impregum Soft Polyether Impression Material has set, use an implant driver to unscrew the impression screw. Remove the 3M Directed Flow Impression Tray.

Fig. 13: The impression has been removed from the mouth and is ready for inspection.

Fig. 14: Place an implant lab analog into impression coping and secure with the screw. The impression is now ready to be sent to the dental laboratory for pour up and crown fabrication. Note the incredible detail and accuracy seen in the 3M Impregum Soft Polyether Impression Material.

Fig. 15a and 15b: Final insertion of implant crown 12

3M Science. Applied to Life.™

Because a great-fitting restoration should never be a surprise.

When it comes to impression making, you don't have to choose between precision and ease of use. The impression procedure from 3M gives you both. It integrates products that function simply, to give you control at every step. And VPS and polyether material choices are designed to enhance your success with everyday procedures and more challenging cases. It's simply a better way to make better impressions.

1 Retract

3M™ Astringent Retraction Paste

2 Mix

3M™ Pentamix™ 3 Automatic Mixing Unit

3 Impress

3M™ Impregum™ Polyether Impression Material

PlanMill dentists to get even more choice

The range of materials for PlanMill has been extended to include Tetric CAD and IPS e.max ZirCAD

By Ivoclar Vivadent AG

The Tetric CAD composite blocks and the IPS e.max ZirCAD zirconium oxide materials have now been released for use with the PlanMill milling units (Planmeca). This provides practitioners with even more opportunities to produce high-quality restorations at chairside. In addition, three new shades have been added to the range of Telio CAD cross-linked PMMA blocks.

Tetric CAD is an aesthetic composite block designed for the efficient production of single-unit restorations. Due to the pronounced chameleon effect of the material, restorations made of Tetric CAD optically blend into the existing tooth structure to generate a natural aesthetic integration. The block is easy to use and efficient to process: restorations can be milled and polished quickly and then seated using an adhesive technique. The new composite blocks are available in an MT and HT level of translucency, in five and four shades respectively and in sizes I12 and C14.

Zirconium oxide for thin wall thicknesses

IPS e.max ZirCAD LT (low translucency) is a monolithic zirconium oxide block designed for crowns and 3-unit bridges. The material allows posterior crowns to be designed in a reduced wall thickness of 0.6 mm and anterior crowns in a reduced thickness of 0.4 mm due to its high mechanical strength of 1,200 MPa(a) and high fracture toughness of 5.1 MPa1/2(b). The reduced thicknesses increase the translucency of the restorations and benefit the esthetic outcome. A fluorescent effect can be achieved with IPS e.max CAD Crystall./Glaze Fluo. The restorations are placed using either a conventional cementation technique or a self-adhesive resin cement, such as SpeedCEM Plus. Sintering is carried out in the Programat CS4 furnace. The LT blocks are available in the shades BL, A1-3, B1-2 as well as in C2 and D2.

Extended range of shades for Telio CAD

Shades B3, C2 and D2 have been added to the range of Telio CAD blocks for PlanMill. As a result, the cross-linked PMMA blocks are now available in nine LT shades (BL3, A1, A2, A3, A3.5, B1, in addition to the three new shades) and in two different block sizes (B40L and B55).

All you need for restorations in a single visit

Ivoclar Vivadent offers a treatment concept that empowers practitioners to restore the dentition of their patients in a single visit. In addition to the blocks and cementation materials, the range includes coordinated materials for the entire restorative workflow starting from the Optra-Gate lip and cheek retractor to luting materials and oral care products. DT

IPS e.max, Tetric, Telio, Programat, SpeedCEM and OptraGate are registered trademarks of Ivoclar Vivadent AG.

Dentists using PlanMill can now benefit from an even larger range of Ivoclar Vivadent materials to produce their restorations

a) typical mean value of flexural strength, R&D Ivoclar Vivadent AG, Schaan/Liechtenstein
b) R&D Ivoclar Vivadent AG, Schaan/Liechtenstein

Ivoclar Vivadent AG
Bendererstrasse 2
9494 Schaan/Liechtenstein
Phone: +423 235 35 35
Fax: +423 235 33 60
E-mail: info@ivoclarvivadent.com
Web: www.ivoclarvivadent.com

EVO.15 – The world's safest contra-angle, developed by Bien-Air

Bien-Air EVO.15 1 :5 L (back)

Bien-Air EVO.15 1:5 L (back) + EVO.15 1:1 L (left)

By Bien-Air

In response to public health authorities' growing concern over patient burns caused by rotary dental instruments, Swiss medical technologies company Bien-Air Dental has developed the EVO.15, the safest contra-angle on the market today.

In procedures involving contra-angles, the slightest contact between the instrument's push-button and the inside of the patient's cheek may cause the instrument to overheat, resulting in possible burn injuries. "While overheating can be an indication of a damaged or clogged instrument, laboratory evaluations reveal that this hazard is just as prevalent in new and properly-maintained handpieces," says Clémentine Favre, Chief Technical Officer. She goes on to specify that the most severe cases have caused third-degree burns requiring reconstructive surgery, and potentially exposing the practitioner to lengthy legal action.

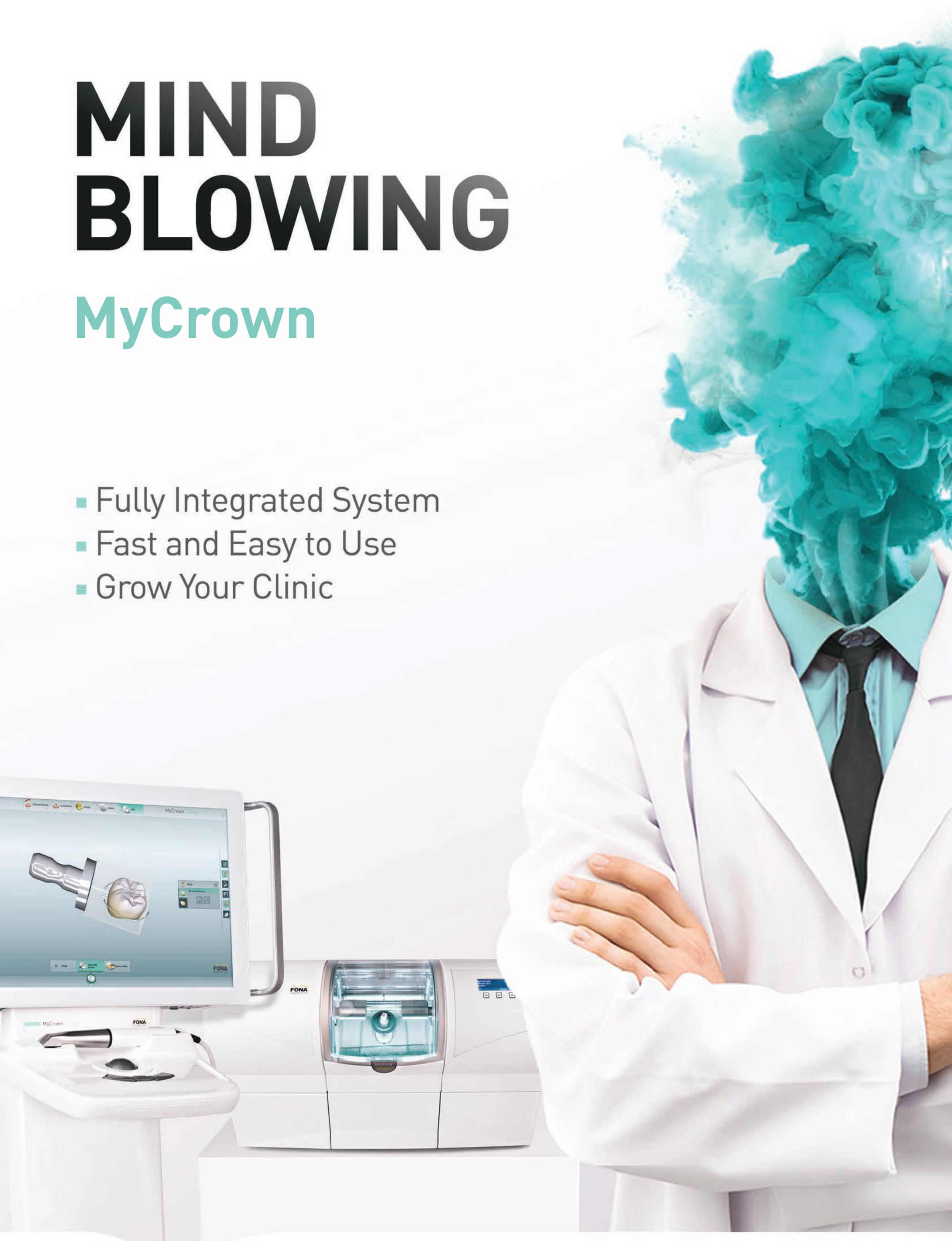
Equipped with patented Cool-Touch+™ heat-arresting technology, the EVO.15 is the only contra-angle proven never to exceed human body temperature. After years of research and development, this technology works to protect both the patient and the clinician during some of the profession's most frequently performed procedures. Additionally, the EVO.15 features a considerably smaller and lighter shockproof head and premieres technological innovations ranging from a new spray/lighting system to an improved bur-locking system. Committed to safety, the EVO.15 gives progressive dental practitioners peace of mind in all situations. DT

Fanny von Gunten
Communication Project Manager
Länggasse 60, 2500 Bienne 6, Switzerland
E-mail: fanny.vongunten@bienair.com
Web: www.bienair.com

MIND BLOWING

MyCrown

- Fully Integrated System
- Fast and Easy to Use
- Grow Your Clinic



Find out more on
www.fonadental.com

FONA
CLOSER TO YOU

Oral care brand Beverly Hills Formula finish off a fantastic year in style

By Beverly Hills Formula

2018 has been an exceptional year for trailblazing brand Beverly Hills Formula. Now synonymous with the very best in at-home teeth whitening, the brand has seen a huge growth and demand for their products, expanding the business worldwide at a phenomenal rate.

New product development was the company's main objective this year resulting in two highly innovative, highly effective products added to continually impressive portfolio.

This year saw the expansion of the Perfect White family, the brand's now best-selling and increasingly popular range. Consisting of the acclaimed Perfect White Black, Perfect White Gold, Perfect White Black Sensitive and Perfect White Black Mouthwash. After years of scientific research, the brand was delighted to announce the introduction of two new products – Perfect White Optic Blue and Perfect White Gold Mouthwash – products which look and feel as luxurious as they sound.

The Perfect White Range shot to fame with the introduction of Perfect White Black. The brand was the first to bring activated charcoal to the market – known for its love of tannins and the ideal ingredient to add to teeth whitening products. The secret weapon, Activated Charcoal, has been clinically proven to be one of the most effective teeth whitening ingredients available today. Perfect White Black works to whiten teeth, remove surface and deep stains and helps to eliminate the bacteria that causes nasty bad breath.

Perfect White Black Mouthwash followed on from this, along with Perfect White Black Sensitive - containing hydroxyapatite, known for remineralisation and repairing the enamel, Perfect White Black Sensitive gives an amazing deep clean, epic stain removal and incomparable protection for sensitive teeth.

Also, in this innovative range is Perfect White Gold – a whitening toothpaste which contains real gold particles. Gold is known for it's anti-bacterial and anti-inflammatory properties. Due to Perfect White's non-abrasive stain removal power, it has become one of the most popular ranges for the brand to date.

Naturally, the brand was keen to utilise their extensive knowledge and bring to the market two excellent products – designed to remove stains, whiten and care for your teeth & gums at the highest level.

Perfect White Optic Blue Whitening Toothpaste contains innovative Blue Filter Technology, guaranteeing a whiter brighter smile after each use. The Blue Filter technology forms a special layer over teeth during brushing to reflect the light which creates an optical whitening effect after each use, making visible results immediate with this advanced technology. The time-tested formulation containing Advanced Hydrated Silicas and Pyrophosphates also provides effective stain removal, and the 1400 ppmF Sodium Fluoride protects your enamel at the same time, for strong and healthy teeth.

Along with Optic Blue is the introduction of Perfect White Gold Mouthwash, a luxurious, shake to activate formula containing real gold particles. Acknowledged for its anti-bacterial, anti-inflammatory and blood flow regulating properties, this luxurious mouthwash eliminates bad breath and provides a long-lasting freshness. Pyrophosphates help to remove surface and deep stains for a brighter and whiter smile, always. Scientifically formulated to combat bad breath, this innovative mouthwash is made from cruelty-free ingredients and does not contain parabens.

It's safe to say that Irish brand Beverly Hills Formula have something in their range for every preference. They firmly believe that the creation of safe, effective products and excellent customer service have set them apart from their competitors. The brand thanks all its loyal customers for their support and looks forward to huge success in 2019. DT

Beverly Hills Formula
Unit P1/P2 North Ring Business Park
Swords Road
Dublin, 9, Ireland
Web: www.beverlyhillsformula.com
E-mail: info@beverlyhillsformula.com
Tel: + 353 1 842 6611
Fax: + 353 1 842 6647

Beverly Hills Formula

PERFECT WHITE

TOOTHPASTE