

DENTAL PROFESSIONALS ONLY

DENTAL TRIBUNE

The World's Dental Newspaper • Middle East & Africa

PUBLISHED IN DUBAI

www.dental-tribune.me

Vol. 13, No. 3

ENDO TRIBUNE

"Today's solutions from FKG cater to the very diverse patient and dentist population..."

Insertion A

LAB TRIBUNE

Digital workflow for 3D-printed complete dentures

Insertion B

IMPLANT TRIBUNE

Guided maxillary arch implant restoration: Language and cross-border collaboration...

Insertion C

ORTHO TRIBUNE

Kuwait's dental speakers navigate evolving sector at exclusive masterclass, hosted by AG

Insertion D

HYGIENE TRIBUNE

Oral health matters: "This toothbrush is perfect, so why should we change it?"

Insertion E

New comprehensive review of 3D printing in oral and maxillofacial surgery

By Anisha Hall Hoppe, Dental Tribune International

BOSTON, US/KARAJ, Iran: The introduction of 3D printing in medicine has improved outcomes across surgical applications by decreasing costs, reducing surgical time and improving reliability of treatments. Researchers from the Harvard School of Dental Medicine and the Alborz University of Medical Sciences in Iran have created a handy summary of the current ad-

vances of 3D printing in the field of oral and maxillofacial surgery (OMFS) that offers clinicians a brief explanation of 3D printing and a broader look at how 3D printing can be used for specific purposes in OMFS.

Clinicians need not have a strong understanding of engineering or materials science to be able to utilise 3D printing in their treatment plans. Indeed, merely under-

► Page 02



3D printing enables surgeons to create surgical plans, implants and prostheses that are all tailored to the individual anatomy and needs of each patient while being cost-effective and reducing surgical time and complications. (Image: FOTOGRIN/Shutterstock)

AD

#whdentalwerk
video.wh.com

Now at
your dealer
or wh.com



The breakthrough in oral surgery

Piezo surgery for Implantmed - now as a simple add-on.

The new Piezomed module.

W&H presents the game changer in piezo surgery. As a simple add-on solution, the Piezomed module can now be used in conjunction with Implantmed Plus. W&H is breaking new ground in surgical applications. This ingenious modular system combines expertise from different areas.



piezomed
module

◀ Page 01

standing the differences between the various 3D-printing methodologies is an adequate place to start. Thanks to high-resolution imaging, the practitioner need only import image data and many 3D-printing software packages will process and render this information into a printable model, for which the clinician requires no CAD/CAM knowledge. In addition, clinicians can even outsource overall virtual surgical planning and surgical implant fabrication to the numerous companies now offering these services.

In their review, the researchers give a simple description of CAD/CAM's role in realising implants

and surgical solutions bringing implants and surgical solutions to life. Computer-rendered 3D models and printed guides advance surgery for maxillofacial trauma and reconstruction, reducing surgical time by ensuring bones are repositioned correctly, for example. Printed cutting guides improve surgical results, and even before surgery, CAD programs can calculate symmetry in areas of bone defects for restoration with CAM devices.

The power of visualisation
3D-printed models significantly aid in patient education and

communication, helping clinicians demonstrate the desired results of the planned procedure, particularly when the trauma or area of reconstruction is difficult to understand. CAD enables clinicians to even work with parents to prepare for needed corrections, such as for a known cleft palate, while their child is still *in utero*.

This ease of visualisation is particularly useful in complicated procedures such as those of orthognathic surgery. During the procedure, printed osteotomy guides ensure that bone segments are placed correctly, dental roots and nerves are avoided, and compli-

cated asymmetric movements can be achieved when desired. Additionally, 3D printing of titanium plates that are completely customised to patient anatomy ensure ongoing stability and strength of the bone.

A safer option

3D printing has also meant that microvascular reconstruction is no longer necessary in cases of reconstruction, as bone harvesting and transplantation has become a thing of the past. In maxillofacial prosthodontics, the risk of infection and obstruction of anatomical structures, among other issues, are already challenging enough without having to deal with problems such as donor site morbidity and added patient pain. There are a number of 3D-printable materials available for various reconstruction purposes that are both biocompatible and cost-effective, and designated software can easily remodel defects or completely missing bone and other facial structures into a symmetrical, aesthetic and functional result.

Materials of incredible strength and durability are available for surgical purposes, such as for temporomandibular joint prostheses. Reconstruction of the fossa and mandibular component requires different materials that work together and provide enduring strength. The advent of 3D-printed guides has meant that are patients no longer subjected to multiple surgeries for a procedure such as a condylectomy and prosthetic replacement. The authors do note that more research needs to be done into the new procedures that utilise some device or scaffolding solutions, as there is still a lack of information on how patient-tailored prostheses affect muscle and joint function in the long term.

The use of 3D-printed surgical guides for dental implant placement is well documented and has been shown to dramatically decrease both the surgery time and the errors that may arise from free-hand drilling. The fabrication of dental implants too using 3D printing is being increasingly investigated. Some studies on bone healing rates for a variety of structures and implant materials have indicated high rates of implant success, but long-term clinical evidence is lacking.

Bone tissue engineering has shown significant progress, researchers all over the world having developed scaffolding solutions that rely on various combinations of designs, cell sources and biomaterials, among others, all tailored to patient-specific anatomy. There is much more still to be done, and the

authors note a bright future for research in regeneration of neural and vascular networks, ensuring mechanical properties and more. It is also a field without much medical regulation and one that would benefit from more clinical studies, particularly considering the advances expected in bioactive synthetic materials in the coming years. The authors cite the success in one study of a 3D-printed scaffold for a cleft palate restoration that utilised bone marrow stromal cells and achieved new bone growth in 45% of the defect volume after just six months.

The need for updated curriculum

The review also highlights the overarching benefits of utilising 3D-printed models in clinician education, particularly because realistic, easy-to-access models can be printed anywhere and can be customised to virtually any training situation or patient model. 3D printing using both soft and hard materials can produce a lifelike cleft lip and palate model in a single print, for example. Researchers are constantly re-evaluating model creation based on surveys of tactile and haptic feedback and how realistic a model is compared with the real thing.

In addition to a list of materials and their associated applications across OMFS, the authors include some associated risks with 3D printing, including need for further classification of devices. They also note that clinicians should take the time to educate themselves on not only the associated costs of 3D printing but also the technology that they specifically will require. Not every material is compatible with every printer, and skilled technicians are essential for the various steps of the 3D-printing process. 3D printing itself involves the risks of exposure to chemicals, possibly lasers or other sources of injury and should really be undertaken with proper assistance. Though clinicians should not feel hesitant in adopting 3D printing, it is not as simple as printing and implanting. There are a myriad of sources on the topic and a number of companies specialising in helping clinicians use 3D-printed surgical solutions immediately, safely and with efficacy.

The study, titled "The impact of 3D printing on oral and maxillofacial surgery", was published online on 14 April 2023 in the *Journal of 3D Printing in Medicine*, ahead of inclusion in an issue.

AD

The advertisement features a dark blue background with a world map. At the center is a large white circle containing the 'dti' logo and 'Dental Tribune International'. Surrounding this central circle are five smaller white circles, each connected to the center by a thin line. These circles contain the following text: 'Dental newspapers', 'Specialty magazines', 'CE webinars', 'Online dental news', and 'Online CE events'. Below the map, the text 'WE CONNECT THE DENTAL WORLD' is written in large, bold, white capital letters. Underneath this, 'Media | CME | Marketplace' is written in a smaller white font. A QR code is positioned in the lower-left quadrant of the advertisement. At the bottom center, the website 'www.dental-tribune.com' is displayed in white text within a dark blue rectangular box. Below the website box are three social media icons: Facebook, Twitter, and LinkedIn.

IMPRINT INTERNATIONAL HEADQUARTERS

PUBLISHER AND CHIEF EXECUTIVE OFFICER:
Torsten OEMUS

CHIEF CONTENT OFFICER:
Claudia Duschek

Dental Tribune International GmbH
Holbeinstr. 29, 04229 Leipzig, Germany
Tel.: +49 341 4847 4302
Fax: +49 341 4847 4173
General requests: info@dental-tribune.com
Sales requests:
mediasales@dental-tribune.com
www.dental-tribune.com

Material from Dental Tribune International GmbH that has been reprinted or translated and reprinted in this issue is copyrighted by Dental Tribune International GmbH. Such material must be published with the per-

mission of Dental Tribune International GmbH. *Dental Tribune* is a trademark of Dental Tribune International GmbH.

All rights reserved. © 2023 Dental Tribune International GmbH. Reproduction in any manner in any language, in whole or in part, without the prior written permission of Dental Tribune International GmbH is expressly prohibited.

Dental Tribune International GmbH makes every effort to report clinical information and manufacturers' product news accurately but cannot assume respon-

sibility for the validity of product claims or for typographical errors. The publisher also does not assume responsibility for product names, claims or statements made by advertisers. Opinions expressed by authors are their own and may not reflect those of Dental Tribune International GmbH

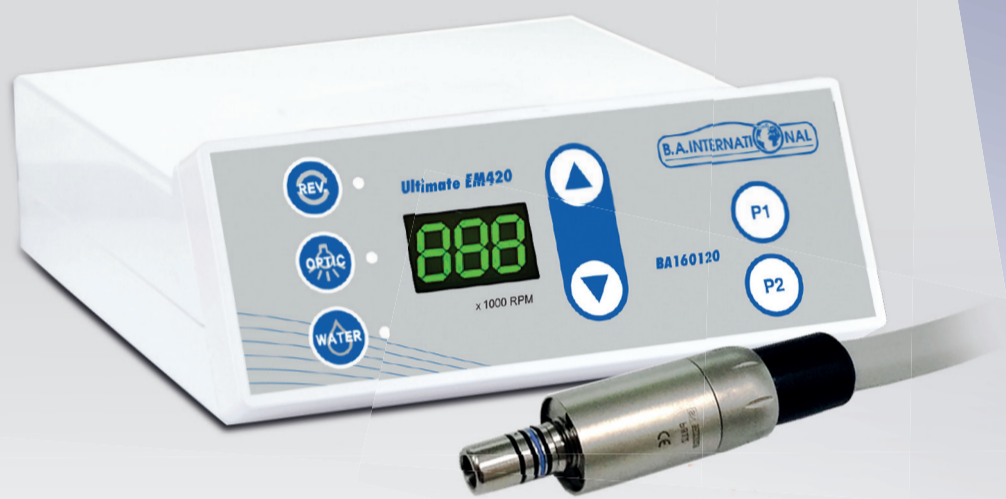
dti Dental
Tribune
International

MEA PUBLISHER:
Dr. Dobrina MOLLOVA

SALES:
Tzvetan DEYANOV
Petar MOLLOV

DENTAL TRIBUNE MEA
Onyx Tower 2, Office P204, Dubai, UAE
Mob.: +971 55 112 8581
www.dental-tribune.com
General requests:
dtmea@dental-tribune.me

LOOKING FOR THE HIGHEST QUALITY PRODUCTS AT THE LOWEST PRICES? YOU FOUND THEM!



Ultimate EM420

- Plug and play micromotor, easy to install
- Connects to your chair's air supply
- Cost-efficient conversion to electric
- Perfect for speed increasing handpieces
- Internal spray and LED

Optima E+ BAE380R

- Brushless endo motor with inbuilt apex locator
- 6:1, 360° rotatable contra-angle head.
- Presets for many file types incl. EdgeEndo.
- Small head diameter (8mm) and height (9.7mm): more visibility during operation
- Speed range: 100-2500rpm
- Torque range: 0.4Ncm-5.0Ncm



Ultimate BA250LT

- 1:5 red band contra-angle
- Anti-retraction valve
- Less aerosol generation
- Ceramic bearings
- Fibre-optics and quadruple spray
- Titanium body with PVD coating

2 YEAR WARRANTY

Made in Germany



Ultimate BA695L

- Anti-retraction valve.
- Hygienic head
- Fibre-optic and quadruple spray
- PVD coating
- Quick stop function
- Fittings available for most common coupling types on the market

2 YEAR WARRANTY

Made in Germany



Ultradent introduces J-Temp temporary resin

By Ultradent Products

Ultradent Products, Inc., a leading developer and manufacturer of high-tech dental materials, today released its newest product, J-Temp temporary resin, a pre-mixed, light-cured temporary resin designed for multiple use cases and maximum ease of use—for dentists, by dentists.

Engineered for maximum usability—offering four solutions in just one product syringe, dentists can utilize J-Temp temporary resin for everything from bite ramps and temporary occlusal buildups, to build structure for isolation clamping, for temporary restorations, and for splinting between implant copings.

On developing J-Temp temporary resin, Ultradent's vice-president of clinical affairs, Dr. Jaleena Jessop says, "J-Temp Temporary Resin started because there was always a need for something that didn't exist. The more I used J-Temp temporary resin for different procedures, the more I found that it is really nice to have one product that can cover a gamut of different needs, versus needing five or six different materials that may expire before you use them next."

Ultradent's J-Temp temporary resin features a consistency that's viscous enough that it won't run, but fluid enough to be self-leveling and easy enough to manipulate right in the operator. Ultradent



(Image: Ultradent Products)

recommends using J-Temp temporary resin with Ultradent's Black Mini tip for simple, precise placement. When it comes to removal,

the resin's light purple color allows for easy identification—making for a seamless experience for patient and dentist, start to finish.

For more information about J-Temp please contact sophia.yadi@ultradent.com.

AD

CURASEPT
LUXURY
WHITENING

WHITENING LUXURY SYSTEM
ADVANCED WHITENING TECHNOLOGY

Curasept Luxury whitening toothpaste has Superior whitening system that acts through the toothpaste-toothbrush synergy and the effectiveness of an exclusive formulation. Thanks to the combined action of its active ingredients, Whitening Luxury System, **not only whitens the teeth but also carries out a remineralising action** that helps to counteract the natural aging of the enamel. Curasept research guaranteed.

Distributors: www.curaseptworldwide.com/distributors

CAD/CAM Digital
Oral Facial Aesthetics
36th Dental ConfEx

CAPP
Dubai
27-28 Oct
2023



KEYNOTE SPEAKER
DR GALİP GÜREL



KEYNOTE SPEAKER
DR MAURO FRADEANI

JOIN US IN MADINAT JUMEIRAH ARENA & CONFERENCE CENTRE



**Pediatric Dentistry
Symposium (PDS)**

CAD/CAM Digital
Oral Facial Aesthetics
36th Dental ConfEx

CAPP
Dubai
27-28 Oct
2023



**Digital
Orthodontics
Symposium (DOS)**

CAD/CAM Digital
Oral Facial Aesthetics
36th Dental ConfEx

CAPP
Dubai
27-28 Oct
2023



**Dental
Hygienist
Seminar (DHS)**

CAD/CAM Digital
Oral Facial Aesthetics
36th Dental ConfEx

CAPP
Dubai
27-28 Oct
2023



**Dental
Technician
Int'l Meeting (DTIM)**

CAD/CAM Digital
Oral Facial Aesthetics
36th Dental ConfEx

CAPP
Dubai
27-28 Oct
2023



Exhibition

CAD/CAM Digital
Oral Facial Aesthetics
36th Dental ConfEx

CAPP
Dubai
27-28 Oct
2023



**Hands-on
Courses**

CAD/CAM Digital
Oral Facial Aesthetics
36th Dental ConfEx

CAPP
Dubai
27-28 Oct
2023



**Round Table
Trainings**

CAD/CAM Digital
Oral Facial Aesthetics
36th Dental ConfEx

CAPP
Dubai
27-28 Oct
2023



Free CME sessions

CAD/CAM Digital
Oral Facial Aesthetics
36th Dental ConfEx

CAPP
Dubai
27-28 Oct
2023



**Poster
Presentations**

CAD/CAM Digital
Oral Facial Aesthetics
36th Dental ConfEx

CAPP
Dubai
27-28 Oct
2023

Registration → www.cappmea.com/confex

Tel./WhatsApp: +971 50 279 3711 | Email: events@cappmea.com

Artificial intelligence: A gift to dentists

By Dr Kyle Stanley, USA

The May 2019 edition of *The Atlantic* magazine contained an article titled "The truth about dentistry". In it, the author visualised dentists—not a particular dentist but dentists in the abstract—as sinister authority figures looming over the helpless patient's recumbent form, drill in hand. Mistrust permeated the scene like swamp fog. "When he points at spectral smudges on an X-ray," the author pleads, "how are we to know what's true?"

Then there was the Dustin Hoffman movie *Marathon Man* with its Nazi dentist-cum-torturer, and the famous—or, if you're a dentist, notorious—1997 *Reader's Digest* article by a writer who visited 50 dentists in 28 states, picking them at random out of the Yellow Pages, and was given treatment plans ranging in cost from under US\$500 to nearly US\$30,000. That one really hit a nerve, so to speak.

Dentists have had their share of bad rap, but still, the experience of the *Reader's Digest* writer was probably not terribly far from the truth. It was borne out, with eerie accuracy, by a 2021 Dental AI Council study intended to quantify the suspected inconsistencies in dental diagnosis and treatment. The same set of full-mouth radiographs was presented to 136 dentists, and they were asked to provide tooth-by-tooth diagnoses and a treatment plan. A person with confidence in the scientific basis of dentistry might naturally expect a limited amount of diversity among the responses and would assume that the commonalities would far outweigh the differences. Not so. Not once did more than half of the participants agree about the diagnosis for a given tooth. The variety of estimated costs was almost comical, ranging from US\$300 to US\$36,000—figures strikingly similar to those cited by the *Reader's Digest* author. Worse, the range of cost estimates did not present as a bell curve, the majority of responses clustered together and only a few outliers at the extremes. Instead, the distribution was more or less at; the frequency of a cost estimate of US\$1,000 was about the same as that of a cost estimate of US\$10,000.

Other studies have found that dentists' interpretation of radiographs—the very foundation of diagnosis—was far from reliable. Esti-

mates of cavity depth and recognition of radiolucencies were wrong as often as they were right. In another study, three dentists examined several thousand radiographs; their interpretations were in full agreement only 4% of the time.

Houston, we have a problem

How should we account for this lack of precision in a medical field? Is it due to dishonesty? To greed? To variations in skill? To honest differences of opinion? Whatever the reason, it gives dentistry a bad name. But there is a remedy. It comes in the form of a powerful new technology that is already transforming many aspects of our lives: artificial intelligence, or AI for short.

AI is an umbrella term covering a wide range of computing techniques. They range from "general AI"—intelligence indistinguishable from that of a human being, in all circumstances—to "narrow AI", specialised programs whose expertise is limited to a particular class of problem. Most make use of a programming technique called a "neural network" by loose analogy to the structure of the human brain, and all have in common the property of trainability. They learn by taking in vast amounts of data of a certain type—say, photographs of faces or samples of text—and extracting commonalities. Once trained, an AI program can pick out a particular face in a crowd or write an essay or a love poem as well as or better than you can.

General AI is the darling of science fiction writers, but is very far from realisation. No AI system has anything like the broad knowledge of all aspects of the world that a human being has, and so, for the time being at least, we do not have to worry about being taken over by independent-minded and malevolent robots like the notorious HAL of 2001: *A Space Odyssey*. Even the comparatively limited task of safely operating a car in an urban environment has not yet been mastered, despite years of effort and oceans of investment.

Narrow AIs, however, already easily match or surpass human abilities, and they have become the tools of choice for performing many exacting tasks. Many of these involve computer vision, the analysis and recognition of objects or imagery. More than a decade ago, it was



Dr Kyle Stanley.

found that a trained AI could recognise and categorise nodules in radiographs of cancer patients' lungs as accurately as a panel of oncologists could, and much faster. Computer vision and AI are now familiar parts of the oncological toolkit, and they are being applied to a widening array of medical fields. One of those is dentistry.

Dentists are in an excellent position to take full advantage of AI. There exists, to start with, a virtually limitless supply of dental radiographs for training. The radiographic image is the coin of the realm in dentistry; patients are accustomed to having their pathologies explained to them with reference to the "spectral smudges on an X-ray" evoked by *The Atlantic's* reporter. The range of pathologies to be detected is relatively narrow, and the AI program can not only identify them but also quantify them with greater than human precision. The dental radiograph is, therefore, an ideal application for the sharp focus of narrow AI.

The second opinion—so to speak—provided by an AI program is directly valuable to the practitioner. The computer is hypersensitive to subtle greyscale gradations; it may detect something the human reader has overlooked. More importantly, it is never tired, distracted or rushed and so is not prone to the types of mistakes and oversights that people routinely make simply because they are human. The AI

program may in many cases simply duplicate the perceptions of the human, in which case nothing is gained but confirmation, but it may add information overlooked by the human or differ in its interpretation, leading to a re-examination and re-evaluation of the evidence.

Even if these benefits may seem minor to an experienced practitioner confident in his or her abilities, there is another side of the AI experience to consider: the patient's. The results of the AI program's analysis are presented to the patient in vivid, intuitively understandable form. The radiograph no longer consists merely of spectral smudges, but has become graphically compelling, having highlighted areas, colour-coded outlines and explanatory labels. For a patient, the enhanced display conveys a heightened sense of precision, clarity and objectivity. The diagnosis is no longer just the opinion of one person, whom a cynic might suspect of ulterior motives. It need not be taken on faith; it is supported by the unbiased authority of a digital computer.

While the graphic presentation of a computed analysis may impress a patient as something more than human, the practitioner should be aware that the AI program is an assistant, not a supervisor. Even though the accuracy of AI's radiographic analyses in various medical fields has been shown to be indistinguishable from that of human interpreters, the AI program actually

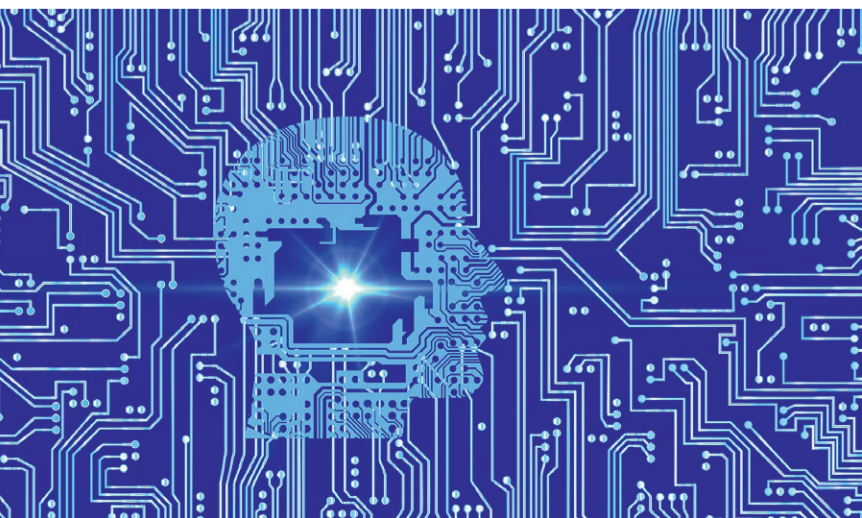
knows much less about teeth (or lungs or livers) than the trained and experienced practitioner does. What it does know, and knows very well, is how a large number of specialists have interpreted a very large number of radiographs. Its findings are, in effect, those that hundreds or thousands of dentists would make if they were to vote on the content of a given radiograph. Where there is not unanimous agreement, majority opinion prevails, or findings are presented in terms of probabilities. The practitioner using the AI program remains entirely free to form a different opinion or to disregard the advice the program gives, but has the benefit of knowing what a large group of peers would have made of the radiograph in question.

The most significant impact of dental AI, however, is not that it necessarily brings a superhuman level of certainty to the data upon which diagnoses are based—although in most cases it may—but that it provides, for the first time, an objective and universally accessible standard of reference. Objective standards are precisely the thing that dentistry has lacked in the past, and their absence has given rise to suspicions about the candour and consistency of dental diagnoses. Look at the *Reader's Digest* writer: guided only by a phone book, he collected a bewilderingly large variety of diagnoses. If he had visited only dental offices using an AI assistant, he would have been given a much smaller variety, and the differences would have been due to small variations among the radiographs made by different practices rather than to the whims of individual dentists or the immediate financial needs besetting them.

Consistency is not the only thing AI brings to dentistry. It also provides support for insurance claims and facilitates record-keeping, tracking of patients' dental health and comparison of performance among multiple practices in an organisation. It trains dentists at the same time as dentists train it. In the future, it may reveal connections between dental health and general health that we do not now suspect.

Those are some of the collateral benefits. Above all, however, AI will give patients the reassurance of knowing that the condition of their teeth is not merely a matter of opinion.

(Image: flutie8211/Pixabay)



Dr Kyle Stanley is a specialist in implantology and a passionate advocate for mental health in the dental profession. He is founder and chief clinical officer of Pearl, a company transforming patient care through artificial intelligence. Dr Stanley maintains a private practice in Beverly Hills in the US, where he focuses on implant surgery and prosthetics.

TOOTH ISOLATION

HySolate Dental Dam

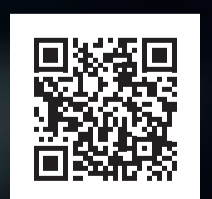
NEW

BLACK EDITION

A
clever
move



- Pre-printed to reduce the working steps
- Black colour for ultimate contrast
- Less hypersensitivity – low protein and powder free latex dam



 **COLTENE**

Choose the correct mask for your daily practice

By HuFriedyGroup

The spread of the pandemic over the last years has raised more and more awareness about the importance of wearing personal protection equipment such as gowns, gloves, caps, drapes and masks throughout daily routine in dental practices. During this difficult time, any type of mask was acceptable due to the emergency and the supply shortage, but now clinicians

have the possibility to choose wisely the correct mask to wear based on the amount of fluid, spray, aerosol, splashing or spattering of blood generated and the length of each procedure: by doing so, they protect their patients, the dental staff and the community itself.

The ASTM classification in three different levels help identifying the right mask for a particular procedure and our full portfolio of Crosstex Masks covers all levels

providing the appropriate protection to minimize the spread of potentially infectious diseases.

- ASTM Level 3 masks: provide high fluid protection and are ideal for procedures that generate moderate to high amounts of fluid, spray and aerosols, including complex oral surgery, crown preparation, implant placement, periodontal surgery and the use of

ultrasonic scalars. **Crosstex Ultra Masks** are part of this group.

- ASTM Level 2 masks: provide moderate fluid protection and can be worn during limited oral surgery, endodontics, prophylaxis, restoratives, sealants and others. **Crosstex Procedural Masks** are level 2.
- ASTM Level 1 masks: provide light fluid protection and are ideal for patient exams, impressions and orthodontics. **Crosstex Isofluid Masks** belong to this group.

Apart from the choice based on the level of protection, which is nowadays an essential requirement for any infection prevention program within the dental practice, clinicians may choose our masks also thanks to their comfort: unlike the most common masks available in the market, Crosstex masks feature a soft, white medical-grade facial tissue inner layer that makes the mask comfortable, other than the highest quality meltblown filter for best filtration efficiency and breathability. The elastic, flat ear loops, also, minimize pressure to the ears and are attached to the outside of the mask to eliminate skin irritation and providing the most comfortable fit.

Last but not least, Crosstex masks have some additional characteristics, among which the most important one and award-winning: Secure Fit Technology's patented design features flexible aluminum nose and chin strips for a customized fit that eliminates dangerous gaps around any face shape. A special option for people with allergic sensitivity is also available: Ultra-Sensitive is an extra soft white hypoallergenic inner cellulose

layer. The FogFree strip, lastly, block and absorb moisture, forming a strong seal preventing fogging of eyewear.

Some dental practitioners may be tired of wearing the standard white or blue masks and this is why we have listened to their request and decided to enlarge even more our portfolio, already full of colour options such as pink, yellow, lavender, blue, turquoise, sapphire, etc., with the new Ultra Earloop Facemask with SecureFit Technology, in Black! Belonging to the ASTM Level 3, they are ideal for procedures that generate moderate or high amount of fluid, spray and aerosols and now clinicians can feel safe during long and complex procedures while being cool with their new Black masks!

Scan this QR code to know more:



All company and product names are trademarks of Hu-Friedy Mfg. Co., LLC, its affiliates or related companies, unless otherwise noted.

Follow us on


- @HuFriedyGroupMiddleEast
- @HuFriedyGroupEurope
- @HuFriedyGroup Europe

Hu-Friedy Mfg. Co., LLC.
European Headquarters
Astropark - Lyoner Str. 9
60528 Frankfurt am Main, Germany
Tel.: +49 (0)69 24753640
Fax: +49 (0)69 25577015
Free Call: 0080048374339




Image: HuFriedyGroup


AD



PROMEDICA

Highest quality made in Germany






Urbical LC

Light-curing radiopaque calcium hydroxide


- Higher compressive strength than conventional calcium hydroxides
- Excellent adhesion, especially to composites
- Effective pulp protection
- Acid resistant
- Radiopaque



Success CD

Temporary crown & bridge material

- Less than 5 min. processing time
- Strong functional load
- Perfect long-term aesthetics
- Excellent biocompatibility




Medifil IX forte LC

Light-curing glass ionomer filling material

- Excellent working time & the setting time is individually adjustable by light-curing
- Suitable for large cavities
- No need to condition the dental hard tissue
- No varnish required- fill, polymerise and finish
- Does not stick to the instrument & is easy to model
- Immediately packable after placement in the cavity

Visit www.promedica.de to see all our products



Dental Material GmbH
24537 Neumünster / Germany
Tel. +49 43 21 / 5 41 73
eMail info@promedica.de
Internet www.promedica.de

WHAT'S NEW?

Secure Fit™ Masks Now in Black



Flexible aluminum closures create more breathing space and a customized fit.

Significantly reduces gapping at the top, bottom and sides.

Award-winning **Crosstex™ Surgical Masks with patented Secure Fit™ Technology** feature aluminum nose and chin strips to significantly reduce gapping at the top, sides, and bottom of the mask, providing you with better fit and performance than traditional masks.*



Discover more about our mask portfolio:
HuFriedyGroup.eu/face-masks-and-face-protection



* Patel RB, Skaria SD, Mansour MM, Smaldone GC. Respiratory source control using a surgical mask: An in vitro study [published correction appears in J Occup Environ Hyg. 2022 Jun;19(6):409]. J Occup Environ Hyg. 2016;13(7):569-576. doi:10.1080/15459624.2015.1043050

Free Call: 00800 48 37 43 39 | Free Fax: 00800 48 37 43 40
E-Mail: info@hu-friedy.eu | Website: HuFriedyGroup.eu
f @ in HuFriedyGroupEurope

Hu-Friedy Mfg. Co., LLC, • European Headquarters • Lyoner Str. 9 • 60528 Frankfurt am Main, Germany • HuFriedyGroup.eu
All company and product names are trademarks of Hu-Friedy Mfg. Co. LLC., its affiliates or related companies, unless otherwise noted.
©2023 Hu-Friedy Mfg. Co., LLC. All rights reserved. HFL-803GB/0423

 **HuFriedyGroup**
The Best In Practice