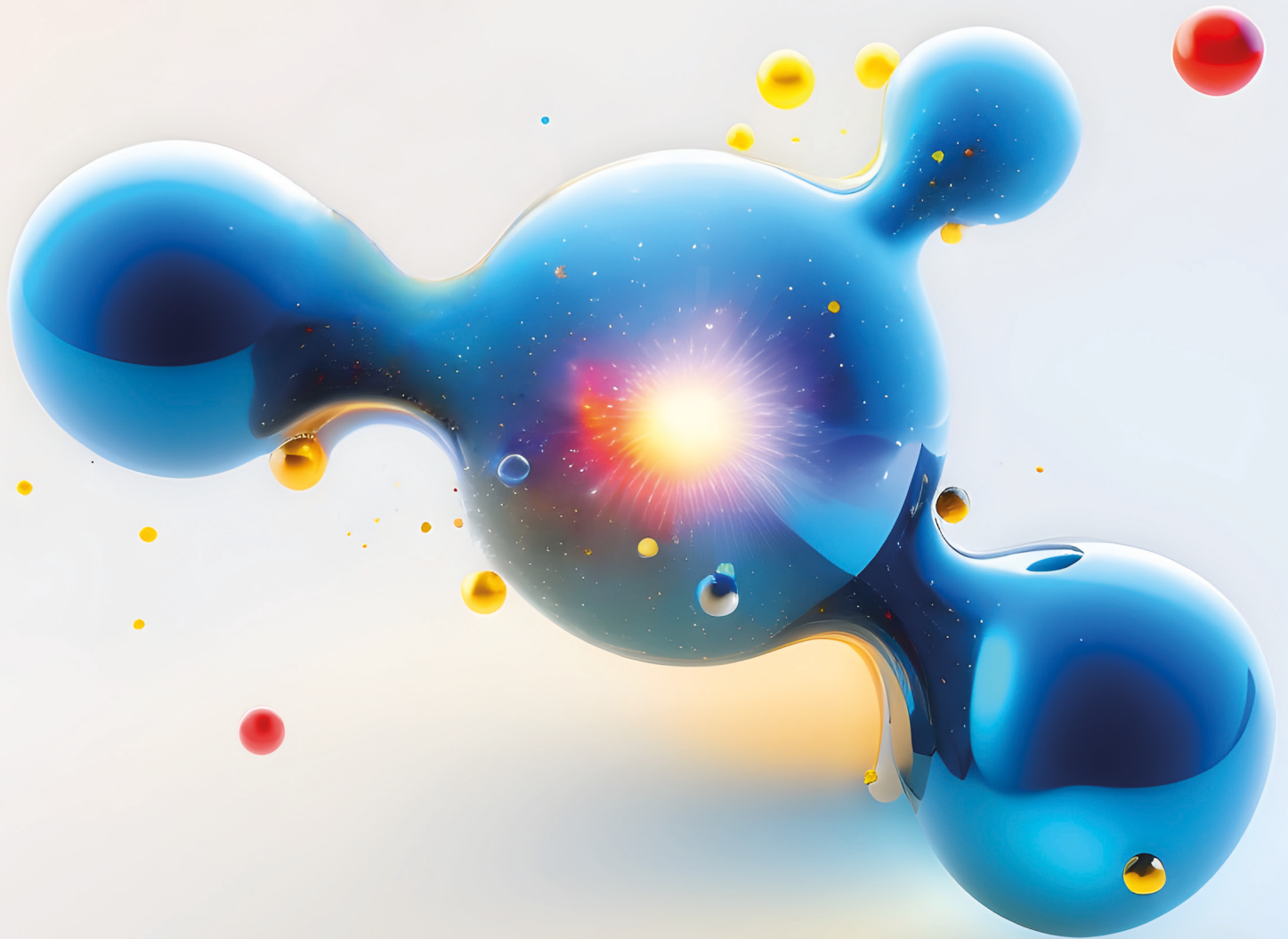


PULPDENT®


DENTAL INNOVATION SINCE 1947



CELEBRATING 10 YEARS
OF ACTIVA BIOACTIVE



2023-2024 CATALOG



“Activa isn’t merely an incremental improvement over the status quo. It’s a true breakthrough that should, and we think will, change the future of dentistry.”

– Pulpdent press release, February 2014

A MILESTONE FOR DENTISTRY

Welcome to the 2023–2024 Pulpdent catalog and our celebration of the 10-year anniversary of Activa Bioactive, the first esthetic, load-bearing dental restorative composite material. New technologies expand our horizons in all fields of endeavor, and the advancement of smart materials for dentistry has sparked our imaginations with new possibilities for our patients and our profession.

Clinical success is the true test for dental materials. Pulpdent products have stood the test of time and have been recognized for excellence for more than 75 years, and are distributed in more than 100 countries.

Dentistry is a fascinating profession. We have tried to capture that excitement in these pages. We hope you enjoy the stories, case studies, and product information as much as we enjoyed assembling them. We are grateful to Florian Sanchez for the catalog design, to the exceptional team at Pulpdent for their contributions, loyalty, and commitment, and to our customers worldwide for putting their trust in us for all these years.

PULPDENT®
DENTAL INNOVATION SINCE 1947

“ Helping people live in comfort and smile with confidence ”

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It all began with a dancing dentist.



Harold Berk danced his way through life, excelling at every step. Whether chairside or on the dance floor, his feet were always tapping. As he would often remind his family: “Of all the dancers, I was the best dentist, and of all the dentists, I was the best martini maker.”

Harold Berk was born to Lithuanian immigrants in 1917. He was raised in Dubuque, Iowa, in the days of Mississippi River boats, horse drawn apple carts, and three-scoop nickel ice cream cones.

Harold's older sister, Rose, was a choreographer and promoter, and he danced professionally with her troupe from the time he was a child. But Harold had another passion. At just 11 years old, Harold knew he wanted to be a dentist. So sister Rose lost her leading man, and Harold entered Northwestern University Dental School in Evanston, Illinois, at the age of 19.

At Northwestern, Harold became interested in research on vital pulp therapy and the reaction of the pulp to calcium hydroxide, a naturally occurring element first identified for use in dentistry in the 1920s. This would prove to shape his career in dentistry.

Upon graduation, Dr. Berk received the prestigious internship at Forsyth Dental Infirmary for Children in Boston.

When Tufts Dental School established its Department of Pediatric Dentistry in 1946, Dr. Berk joined the faculty. He taught there 59 years, until 2005, all while building a busy private practice.

At Forsyth, Dr. Berk continued his research on calcium hydroxide. That effort led to his patent on the first premixed calcium hydroxide aqueous methylcellulose pulpal dressing, Pulpdent Paste. In 1947, the company now known as Pulpdent Corporation was established to market Dr. Berk's invention.



Pulpdent campus in Watertown, Massachusetts

From Single Product to Family Company

When Dr. Berk developed Pulpdent Pulp Capping Paste, the first pre-mixed calcium hydroxide aqueous methylcellulose pulpal dressing, a major dental company offered to purchase the technology. It was 1946, and Dr. Berk was busy teaching and practicing dentistry. He asked the advice of friends at Harvard Medical School who had successfully commercialized products. They recommended that he patent his invention, find a business partner, and market the material—and any future inventions—through his own company.

Dr. Berk was soon introduced to Benjamin Rower, owner of Rower Dental Supply, and together they formed Rower Dental Manufacturing Company with offices in downtown Boston. Ben Rower handled the commercial side of the business, and Dr. Berk was its dental consultant. During the company's first three decades, the company added inventions of its own and distributed specialty items from established European manufacturers. In the 1960s, the company moved to larger quarters in neighboring Brookline, Massachusetts, and changed its name to Pulpdent Corporation of America.

When Ben Rower retired in the mid-1970s, the Berk family acquired his share of the business. Dr. Berk's three sons became involved and built the business known today as Pulpdent Corporation. Faced with the decision of what direction to take the company—importer/distributor or manufacturer—the brothers chose manufacturing. They built a lab to manufacture the chemical products and a machine shop to produce stainless steel instruments.

"The 1980s were transformative for Pulpdent," recalls Don Berk, the first brother to join the company full-time in 1976. "We built a facility for chemical production and machining, we expanded into acid gels and bonding accessories, and we manufactured our first resin-based materials." In 1989 Pulpdent moved to a much larger facility in nearby Watertown. It was there that the company's commitment to R&D sparked innovation, first with the development of hydrophilic resins, and later with fracture-resistant resins and bioactive dental materials, including ACTIVA BioACTIVE and materials containing Crysta MCP technology.



Meet Crysta, the next evolutionary step in bioactive technology

CRYSTA™ is the trade name for a patented methacrylate-functionalized calcium phosphate molecule that is stabilized in a highly active transitional state.

When incorporated into composite resins, Crysta supports the remineralization of damaged tooth structure and delivers top-tier esthetics.

In short, Crysta is the first of its kind. It creates new possibilities for bioactive materials and will be instrumental in Pulpdent's product development in the years ahead.



CRYSTA'S MECHANISM OF ACTION

The Crysta molecule attracts calcium in the saliva, binds to calcium on the teeth, and can help precipitate calcium phosphate from the oral environment, sealing the material-tooth interface.

HOW CRYSTA BENEFITS PATIENTS

Composites enriched with Crysta deliver calcium, phosphate, and fluoride, which supports remineralization and helps protect against microleakage, sensitivity, secondary caries, and restoration failure.

IS MY RESTORATIVE PROCEDURE THE SAME?

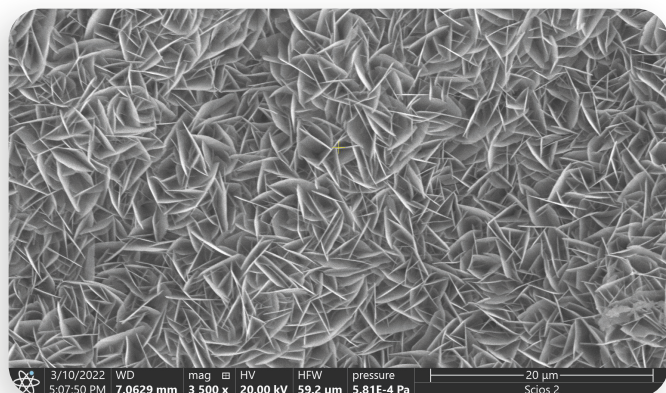
Yes. Use your standard restorative techniques to deliver outstanding cosmetics, strength, wear-resistance, and long-term health benefits to patients.

WHY CRYSTA IS IMPORTANT FOR DENTISTRY

Crysta merges restorative and preventive dentistry. It accelerates dentistry's transition from passive materials intended to do no harm to active restoratives that interact with enamel, dentin, and saliva.

IS CRYSTA A PRODUCT?

Crysta is a stabilized calcium phosphate filler that can be added to composite resins to spark greater bioactive potential. Crysta currently powers ACTIVA Presto and Lime-Lite Enhanced.

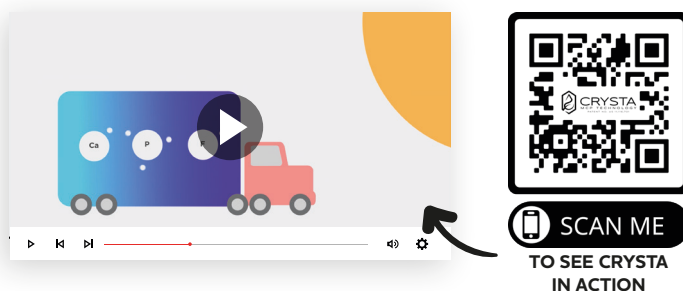


Calcium Phosphate Precipitation

An SEM image shows ACTIVA Presto, powered by Crysta, after 30 days in phosphate buffered saline with calcium and magnesium (3,500x). The SEM shows mineralization and the formation of well-developed, plate-like apatite crystals.

Image courtesy of Prof. Dr. Salvatore Sauro, Universidad CEU-Cardenal Herrera, Valencia, Spain

Watch the video to learn about Crysta's decade-long journey from idea to patented technology.



For additional information, visit pulpdent.com/crysta



ACTIVA™ Presto

Universal stackable composite

Product Overview

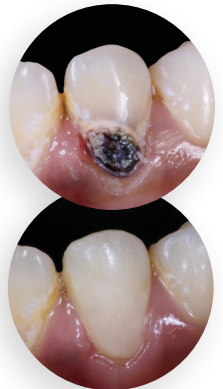
ACTIVA Presto is a versatile, highly esthetic, bioactive composite indicated for all classes of cavities and load-bearing applications. Its stackable, low-flow viscosity ensures superior handling and accurate placement, even in difficult to reach areas. ACTIVA Presto bioactively seals margins to help defend against secondary caries.



Exquisite form and function

The soft tissues respond beautifully to Activa Presto. The material performs remarkably well, even when placed sub-gingivally, thanks to the moisture-friendly resin and its ability to micro-flex with the tooth at the gumline. The cosmetic shade blending provides the desired result for this patient, and the release of calcium and phosphate will discourage recurrent caries.

Dr. Priti Lamba



Key Features

- Highly polishable – Top-tier esthetics
- Bioactive – Calcium, phosphate, and fluoride release supports remineralization
- Patented rubberized resin – Tough, durable, load bearing, fracture resistant
- Moisture friendly – Anxiety-free placement in the oral environment
- Stackable and injectable – Uniquely shapeable, low-flow viscosity
- Contains no bis-GMA, no bisphenol A, and no BPA derivatives
- Pediatric to geriatric shades: A1, A2, A3, A3.5, A4, A6, B1, Bleach

MERGING RESTORATIVE AND PREVENTIVE DENTISTRY

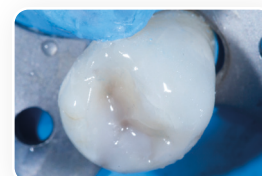
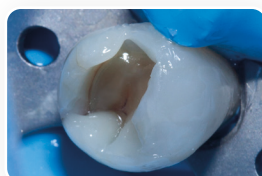
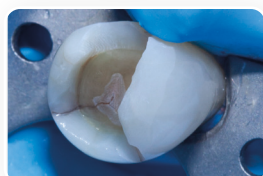
ACTIVA Presto helps transition dentistry from a passive repair model intended to do no harm to an active approach using dynamic restorative materials. Pulpdent's bioactive materials support remineralization and help protect against microleakage, sensitivity, secondary caries, and restoration failure.



Conservative dentistry – Preserves tooth structure

Using Activa Presto in this case, I was able to preserve tooth structure and avoid a crown. The stackable, low-flow viscosity was perfect for building up the walls and cusps in this large Class II. The combination of biomineralization, esthetics, and strength, together with the forgiving nature of the rubberized resin, provide a direct, economical, one-visit solution.

Dr. Delfin Barquero

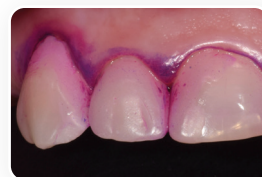


Class II restoration using ACTIVA Presto A2 shade delivers durable, wear-resistant results and is indicated for load-bearing applications.

High-risk patients – Low plaque retention

Restoring the anterior teeth of this high-caries-risk patient would require esthetics along with the benefits of essential minerals to combat recurrent decay. Activa Presto is unique because it provides both, and it also displays exceptional soft tissue compatibility. At the one-month follow-up visit, disclosing solution shows minimal plaque retention. This is unusual for dental composites. Note the excellent tissue health.

Dr. Stefano Daniele

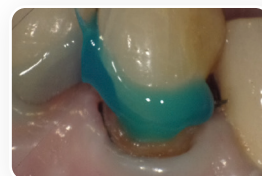


ACTIVA Presto A1 and A2 shades provide minerals and esthetics. At the one-month follow-up, disclosing solution shows minimal plaque. Note excellent tissue health.

Ideal for geriatric dentistry and cervical restorations

Activa Presto is my choice for geriatric cases and cervical restorations. Moisture-friendly properties overcome isolation issues, rubberized resin flexes with the tooth in cervical areas, and biomineralization discourages secondary caries. The A4 and A6 shades provide natural esthetics and are very useful for older patients.

Dr. Lou Graham



Multi-surface cervical restoration with ACTIVA Presto A3.5 shade on the mesial and A6 shade on the buccal provides shade matching and blending.

Cosmetic dentistry – Smile zone esthetics

Our patients expect an esthetic result in the smile zone, and Activa Presto delivered in this case. The cosmetic repair looks totally natural and blends perfectly with the dentition. The low-flow viscosity of the material made for easy placement and contouring, and the mineralization potential should seal the margins against staining.

Dr. Ray Kimsey



This anterior tooth is beautifully restored with ACTIVA Presto. Shades can be overlapped, swirled together, and blended for a natural esthetic.



Access for a conservative restoration – Minimally invasive

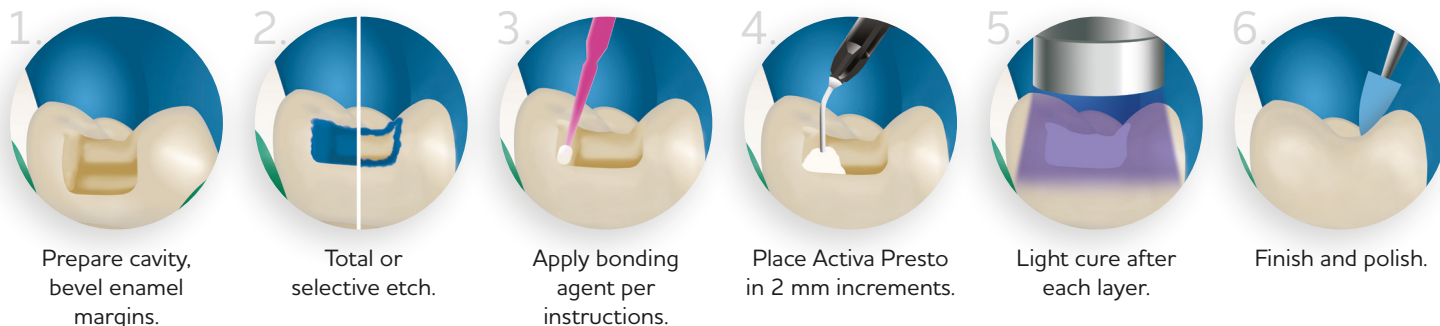
Activa Presto's stackable, shapeable viscosity and precise placement capability are ideal for conservative dentistry and facilitate access to this interproximal area. Packable composites would require removal of additional healthy tooth structure to gain access, and flowable composites would flow out of this area. The added fracture resistance of Activa Presto is beneficial for this patient.

Dr. Robert Ho



Syringe delivery of ACTIVA Presto A3 provides access and preserves healthy enamel when replacing this composite that fractured along the distal marginal ridge.

Chairside Guide

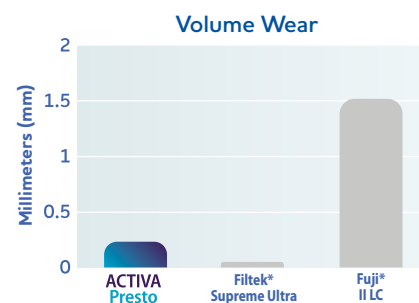
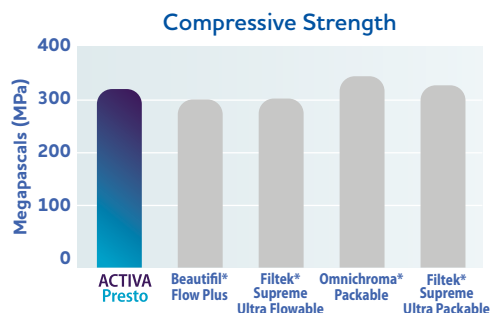
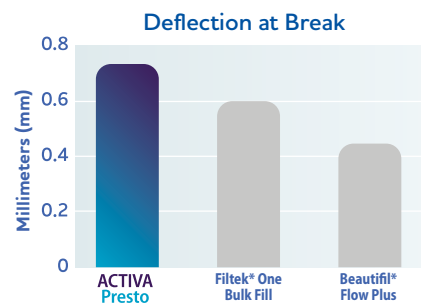


Physical Properties

* Not trademarks of Pulpdent Corporation

Light-cure setting time: **20 sec.**
% filler by weight: **70%**

Diametral tensile strength: **52 MPa**
Radiopacity: **2.5 AL (250%)**



VPF1* 4.4 gm (2 x 2.2 gm / 1.2 mL syringes) + 20 applicator tips
*Specify shade: A1, A2, A3, A3.5, A4, A6, B1, BW (bleach white)

19K20 Applicator tips, 19 ga. x 1/2" pre-bent tips, pkg. 20

19K100 Applicator tips, 19 ga. x 1/2" pre-bent tips, pkg. 100

MCP technology:

What it is and how it benefits patients

John Comisi, DDS, MAGD

MCP: Mineralization Potential

Dentists have recently been introduced to a new development in restorative dentistry—methacrylate-functionalized calcium phosphate (MCP) technology. MCP is a bio-interactive molecule that can help support remineralization of compromised teeth and act as a precursor for nucleation sites for apatite formation at the material-tooth interface. The patented MCP technology goes under the tradename Crysta.

MCP is the first technology that enables the single-barrel syringe application of a bio-interactive light-cure composite. It can also be added to dual dual-cure materials. MCP can deliver essential minerals to support the replenishing of demineralized tooth structure, and it can help form an apatite-like calcium phosphate precipitate. This has the potential to help occlude the material-tooth interface and discourage bacterial ingress.

Crysta MCP technology is currently available in Lime-Lite Enhanced cavity liner and Activa Presto universal stackable composite. Lime-Lite Enhanced is a protective base/liner that adheres to dentin and bonds to both traditional and bio-interactive restorative materials. When used in conjunction with an MCP-containing composite, such as Activa Presto, clinicians can create ion-releasing restorations with a uniform ionic seal along the entire cavity preparation.

Restoration Failure

Etchants and bonding agents are essential for today's restorative dentistry, and these materials are acidic in nature. Bonding agents infiltrate etched dentin and form a hybrid layer with the demineralized collagen, creating a "tissue-engineered" interface that is subject to chemical and mechanical stresses.

Factors that can compromise the hybrid layer and interfere with the formation of stable long-term bonds include acids and polymerization stress. These can lead to microleakage and restoration "failure from within." For example, restorative composites are all subject to polymerization shrinkage and stress, which can cause micro-gaps at the material-tooth interface.

The acids from etching and bonding activate matrix metalloproteinases (MMPs) in dentin. MMPs are enzymes that are capable of degrading demineralized collagen fibrils. As this occurs, the hybrid layer becomes more porous and accumulates water. This increases the potential for failure under mechanical stress and accelerates the water-dependent mechanisms of degradation and microleakage.

The MCP Advantage

There are interesting differences between Pulpdent's bio-interactive materials and traditional composites, and these can help overcome many clinical challenges. There is evidence from research studies that Pulpdent's moisture-friendly ionic resins can reduce MMP activity, that biofilm adheres less tenaciously, and that they can stimulate hard tissue formation in vivo. Pulpdent's patented rubberized-resin molecule provides fracture-resistance and helps absorb polymerization stress.

The addition of MCP as an active filler in the resin matrix opens new possibilities. The MCP molecule is a calcium deficient apatite, and Pulpdent's ionic resins are rich in phosphate. Both resin and filler can bind to calcium in tooth structure. MCP can also precipitate calcium phosphate.

What we see with Pulpdent's novel chemistry is the potential for a range of materials that adapt intimately to tooth structure and have the ability to form apatite at the material-tooth interface. Their release and recharge of calcium, phosphate, and fluoride, and the reduction of MMP activity could help protect the hybrid layer from degradation. Mitigation of polymerization stresses could also help protect the integrity of the marginal seal.

The combination of these attributes provides the potential for MCP-containing materials to support remineralization, develop a superior marginal seal against microleakage and restoration failure at the material-tooth interface, and extend the life of composite restorations for our patients.

References available online at pulpdent.com/crysta



John Comisi, DDS, MAGD is Associate Professor of Restorative Dentistry, Department of Oral Rehabilitation, Medical University of South Carolina. Prior to this appointment, he practiced dentistry in Ithaca, New York, for more than 30 years.



Lime-Lite™ Enhanced

Light-cure cavity liner



Product Overview

Lime-Lite Enhanced is a moisture-friendly cavity liner that protects against sensitivity. It provides the added benefits of Crysta MCP technology, which delivers calcium, phosphate, and fluoride to support remineralization. It also contains a rubberized-resin component that is tough and fracture resistant. It is radiopaque and specially formulated for use with adhesives, composites, and conventional restorative materials.



Learn more &
dealer purchase link



“Using Lime-Lite Enhanced in deep cavities, I observe a reduction of dentin sensitivity. With time, new sclerotic dentin forms under this base/liner. Its viscosity is ideal for deep, rough cavities with many undercuts. Lime-Lite Enhanced is visible on x-rays, which is very important in deep cavities.”

Dr. Lukasz Balcerzak

Additional Features and Benefits

- Adheres to dentin – Universal dentin shade
- Mineral-enriched formula releases calcium, phosphate, and fluoride
- Supports the natural remineralization process
- Durable – High compressive strength, resin-based material
- Shock absorbing – Will not fracture or crumble
- Contains no bisphenol A, no bis-GMA, and no BPA derivatives

Predictable and sensitivity-free restoration

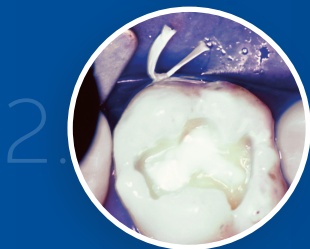


Lime-Lite Enhanced works because it releases the necessary trifecta—calcium, phosphate, and fluoride—for remineralization and hydroxyapatite formation. It's easy to place, and its rubberized resin imitates the physical properties of dentin—ideal for long-term success as a liner. The inclusion of Crysta MCP technology allows Lime-Lite Enhanced to integrate with the tooth for a predictable and sensitivity-free restoration after deep caries excavation.

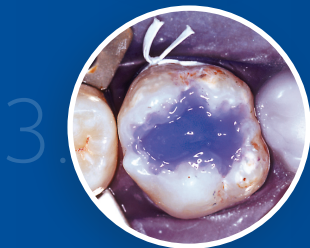
Dr. Neville Hatfield



1. Place Lime-Lite Enhanced in the cavity prep.



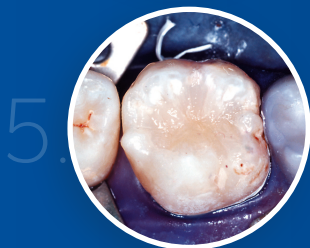
2. Light cure for 20 seconds.



3. Etch cavity prep with Etch-Rite 38% phosphoric acid.



4. Apply DenTASTIC UNO to the moist dentin surface for light cure or UNO + DUO for dual cure procedures.



5. Layer incrementally with composite to achieve the final restoration.

Images courtesy Dr. C.H. Pameijer

LLE 8 gm (4 x 2 gm / 1.2 mL syringes) syringes + 20 applicator tips

LLE3 5 gm / 3 mL syringe + 20 applicator tips

20L20 Pink, 20 ga. x $\frac{1}{8}$ " , pre-bent tips, pkg. 20

20L100 Pink, 20 ga. x $\frac{1}{2}$ " , pre-bent tips, pkg. 100

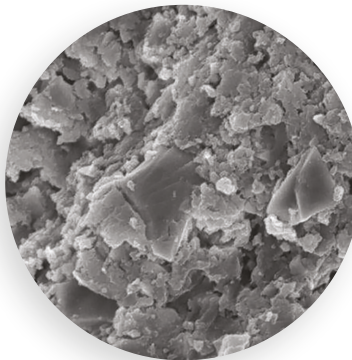


Merging restorative and preventive dentistry ...for 10 years and counting

ACTIVA BioACTIVE products offer more than traditional dental filling materials. They are moisture-friendly, dual-cure materials formulated with a dynamic ionic resin matrix, a true glass ionomer reaction, and a patented rubberized-resin component. This combination delivers esthetics, strength, and durability, resists fracture, reduces shrinkage stress, and releases and recharges calcium, phosphate, and fluoride, which support apatite formation and the natural remineralization process.

ACTIVA transitions dentistry from a passive, reactive repair model intended to do no harm to an active approach that promotes prevention and proactive care. ACTIVA materials have an affinity for tooth structure, absorb stress, and can help interfere with MMP activity that degrades the adhesive layer. The diffusion of essential minerals helps replenish what the tooth loses during low pH cycles, and the remineralization potential helps seal margins against microleakage and restoration failure.

Clinicians note that the moisture-friendly chemistry simplifies clinical placement, and that ACTIVA restorations display better long-term marginal seal than traditional resin-based materials. Patients derive direct benefits from materials that merge restorative and preventive dentistry, protect teeth, and support oral health.



In the presence of moisture, ACTIVA BioACTIVE has the ability to support the formation of hydroxyapatite, the primary mineral component of enamel and dentin.

B I O A C T I V E M A T E R I A L S :

Why ACTIVA Works

- Moisture-friendly – Activated by water
- Mineral-enriched – Calcium, phosphate, and fluoride
- Supports dental repair mechanisms – Dynamic behavior
- Supports remineralization – Apatite formation
- Responds to pH cycles – Ion release and recharge

Additional Benefits of ACTIVA

- Esthetic, durable, load-bearing – Resin-based
- Shock-absorbing – Fracture-resistant
- Low shrinkage stress – Seals margins against microleakage

“ What They’re Saying



ACTIVA BioACTIVE products are beneficial to my business and my patients' health. They have allowed me to provide durable, esthetically appealing restorations that offer the added benefits of bioactivity in an effort to prolong the life of both the restoration and tooth itself.

Dr. Todd Snyder

Thanks to its clinical reliability, **ACTIVA BioACTIVE-RESTORATIVE** has been my first-choice material for years, both for the restoration of deciduous teeth and intermediate restorations of hypomineralized teeth. In addition to bioactivity, the mechanical and esthetic characteristics of Activa, combined with the speed and simplicity of use, make it an essential material in my restorative armamentarium.

Dr. Giovanni Sammarco



ACTIVA KIDS BioACTIVE-RESTORATIVE is an efficient and reliable material. I count on Activa Kids for speed and consistency, and it does not disappoint.

Dr. Carla Cohn

Crown margins are never fully closed. There is always a 30–50 micron gap with the best fitted indirect restorations. The luting cement fills that gap. I feel much better with a bioactive luting cement, such as **ACTIVA BioACTIVE-CEMENT**. In the presence of saliva, it facilitates the precipitation of apatite crystals on the surface of the cement, ensuring the maintenance of a marginal seal that helps prevent future microleakage and the prospect of recurrent caries.

Dr. Robert Lowe



”



ACTIVA™ BioACTIVE-RESTORATIVE™ & ACTIVA™ KIDS

Combining esthetics,
strength, and durability

Merging restorative
and preventive dentistry



Key Bioactive Features

- After millions of restorations, clinicians report excellent marginal integrity and no staining
- Helps seal margins against microleakage and secondary caries
- Calcium, phosphate, and fluoride support remineralization and apatite formation

Additional Features

- Moisture-friendly chemistry simplifies clinical use
- Dual-cure capability facilitates bulk-fill technique
- Rubberized-resin component resists fracture and chipping

Clinical Pearls

- Easily injects into difficult-to-reach areas and strip crowns
- ACTIVA KIDS opaque white shade masks stains
- Safe for everyone: Contains no bis-GMA, no bisphenol A, and no BPA derivatives

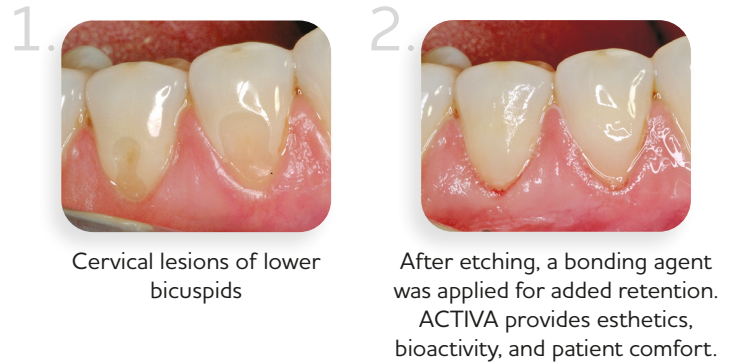
Class II restoration

Photos courtesy of Dr. Leon Katz



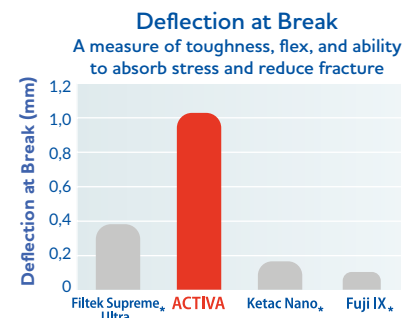
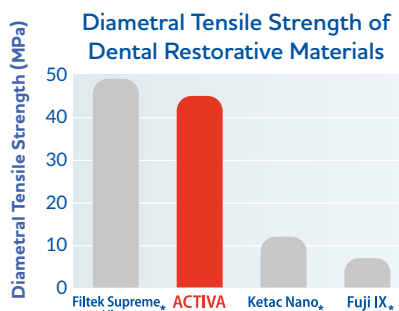
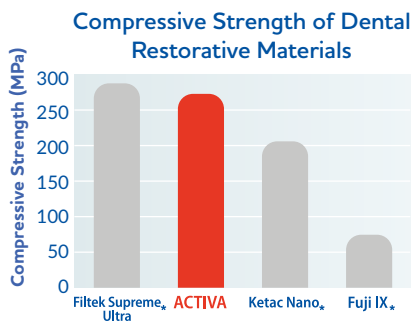
Repairing sensitive cervical lesions

Photos courtesy of Dr. C.H. Pameijer



Physical Properties

Independent testing shows compressive strength, wear, and durability are comparable to leading composites. Fracture resistance is superior to traditional composites, resin-modified glass ionomers (RMGIs), and glass ionomers (GIs).



*Not trademarks of Pulpdent Corporation

Initial self-cure setting time at 37° C: **2.5–3 min.**

Light cure setting time: **20 sec.**

Depth of light cure: **4 mm**

Polymerization shrinkage: **1.7%**

Fluoride release 1 day: **230 ppm**

Fluoride release 28 days (cumulative): **940 ppm**

Flexural modulus: **4.3 GPa**

Flexural strength: **102 MPa / 14,790 psi**

Compressive strength: **280 MPa / 40,600 psi**

Diametral tensile strength: **42 MPa / 6090 psi**

Water sorption (1 week): **1.65%**

Reactive glass filler by weight: **21.8%**

VR* Starter kit: 8 gm / 5 mL syringe, ACTIVA-SPENSER™ + 20 automix tips *Specify Shade: **A1, A2, A3**

VR1* Single refill: 8 gm / 5 mL syringe + 20 automix tips *Specify Shade: **A1, A2, A3, A3.5**

VR2* Value pack: 16 gm (2 x 8 gm / 5 mL syringes) + 40 automix tips *Specify Shade: **A1, A2, A3, A3.5**

VKP Starter kit: 8 gm / 5 mL syringe, opaque white shade, ACTIVA-SPENSER + 20 automix tips

VK1P Single refill: 8 gm / 5 mL syringe, opaque white shade, + 20 automix tips

VK2P Value pack: 16 gm (2 x 8 gm / 5 mL syringes), opaque white shade + 40 automix tips

A20N1 Automix tips, clear, with bendable 20 ga. metal cannula, pkg. 20

A50N1 Automix tips, clear, with bendable 20 ga. metal cannula, pkg. 50

DS05 ACTIVA SPENSER: Dispenser for 8 gm / 5 mL automix syringes

CASE STUDIES

Sealing against microleakage for long-term success

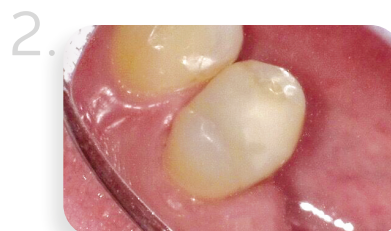
Photos courtesy of Dr. John Comisi

Brown Staining and lines around composite restorations are not reported when using ACTIVA. The potential for microleakage and gap formation are significantly reduced by the bioactive response and sealing ability at the material-tooth interface, and by the rubberized resin that mitigates polymerization stresses.



Patient Presentation

Prepared tooth after removal of failed amalgam restoration



4-year Recall

The tooth shows great esthetics, no wear or chipping, and no marginal staining.

Mineral-enriched is ideal for high-caries-risk patients

Photos courtesy of Dr. Ray Kimsey

High-caries-risk patients benefit from ACTIVA's continuous release and recharge of calcium, phosphate, and fluoride. ACTIVA has the perfect flow for strip crowns and is a fast and affordable solution for this patient. The bioactive material will withstand stress, resist recurrent marginal caries, and deliver an esthetic result.



Rampant caries



Decay is removed and teeth prepared for restoration.



Strip crowns were prepared in advance on a study model.

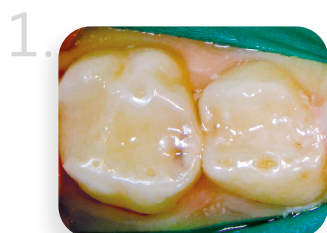


Teeth restored with ACTIVA BioACTIVE-RESTORATIVE using the strip crown technique

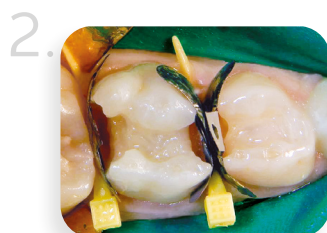
Fast, moist-field, bulk-fill placement for pediatric dentistry

Photos courtesy of Dr. Mark Cannon

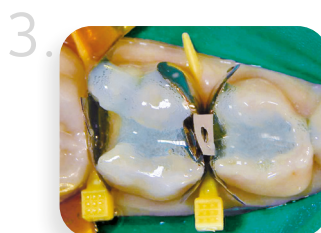
ACTIVA KIDS is an opaque white shade. Time is of the essence when treating children, and isolation can be an issue. The moisture-friendly resin and fast injection placement, combined with esthetics, reduced shrinkage stress, and bioactive properties, are ideal for pediatric dentistry and bulk-fill applications. The opaque shade also masks dark SDF stains.



Pre-op shows secondary caries on restored molars.



Prepared teeth



Teeth are etched for 10 seconds.

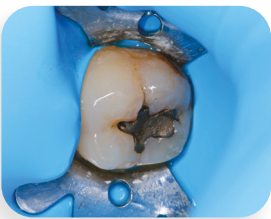

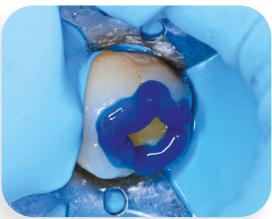


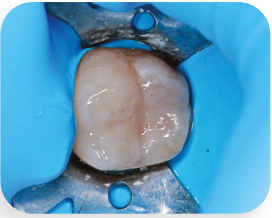
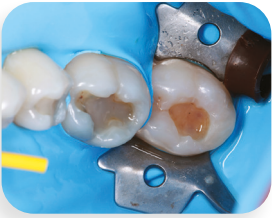



Teeth restored with ACTIVA KIDS

Economical, multi-unit, one-visit restorations


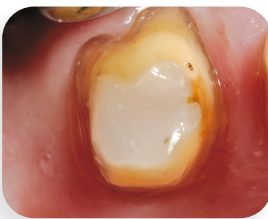
Photos courtesy of Dr. Delfin Barquero

Nine posterior restorations can be completed in one visit with ACTIVA. This patient would soon be undergoing radiation therapy. Due to concerns about infection from untreated caries, the brief window of time, and a limited budget, ACTIVA was the perfect solution. Each restoration was completed in eight minutes. The excellent results provide the added protection of the bioactive material.

- 
Failed amalgam restoration
- 
Amalgam and decay are removed and cavity prepared.
- 
Enamel is etched for 20 seconds.
- 
Bonding agent is applied.
- 
Placement of ACTIVA BioACTIVE-RESTORATIVE
- 
Completed ACTIVA restoration
- 
Several posterior teeth prepared for restoration
- 
Final posterior restorations with ACTIVA

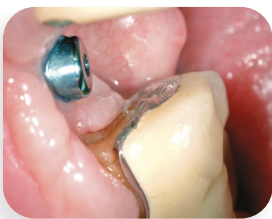
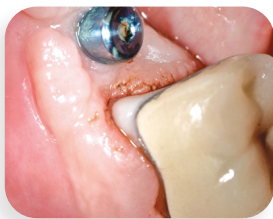
Core buildup

Photos courtesy of Dr. Robert Lowe

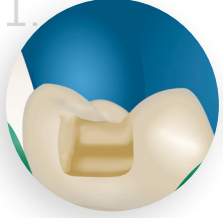
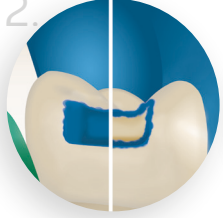
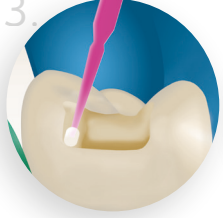
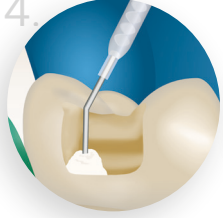
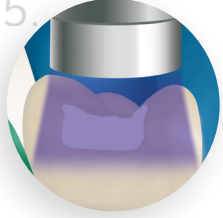
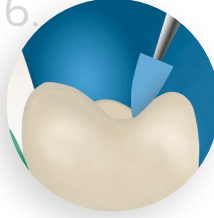
- 
ACTIVA is used to build the core on a badly broken-down molar.
- 
The tooth is ready to receive a crown.

Repairing caries under crown margin

Photos courtesy of Dr. Robert Lowe

- 
Caries under crown margin has been removed. (10-second etch and removal of all excess moisture not shown.)
- 
ACTIVA bonds to tooth, metal, and ceramics, and mimics the function of missing tooth structure.

Chairside Guide

- 
Prepare cavity, bevel enamel margins.
- 
Total or selective etch.
- 
Apply bonding agent per instructions.
- 
Place ACTIVA in 2 mm increments.
- 
Light cure after each layer.
- 
Finish and polish.



ACTIVA™ BioACTIVE-BASE / LINER™

Protect, help remineralize, restore



Key Features

- Physical and bioactive properties help protect pulp and dentin health
- Calcium, phosphate, and fluoride release support remineralization
- Moisture-friendly resin adapts intimately and seals dentin
- Strong, durable, rubberized resin absorbs shock and occlusal forces
- Controlled delivery and precise placement through bendable tips
- Contains no bis-GMA, no bisphenol A, and no BPA derivatives

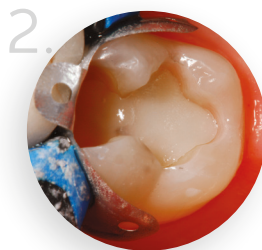
Replacement of a failed composite

ACTIVA BioACTIVE-BASE/LINER and ACTIVA BioACTIVE-RESTORATIVE

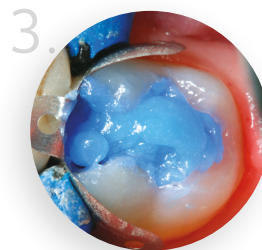
Sharing the same chemistry, ACTIVA-BioACTIVE-BASE/LINER and ACTIVA BioACTIVE-RESTORATIVE are a perfect match for this restoration. They are also compatible with other resin-based composites. ACTIVA BioACTIVE-BASE/LINER is placed in the deep part of the cavity without etching and bonding. Finish by etching, bonding, and placing ACTIVA BioACTIVE-RESTORATIVE.



Prepared tooth



ACTIVA BioACTIVE-BASE/LINER
after light curing



Etch with Etch-Rite
phosphoric acid gel.



Finish restoration using
composite or ACTIVA
BioACTIVE-RESTORATIVE.

Photos courtesy of Dr. Robert Lowe

Physical Properties

Initial self-cure setting time at 37° C: **2.5–3 min.**

Light cure setting time: **20 sec.**

Depth of light cure: **4 mm**

Percentage filler by weight: **45%**

Fluoride release 1 day: **360 ppm**

Fluoride release 28 days (cumulative): **1,300 ppm**

Flexural modulus: **3.7 GPa**

Flexural strength: **86 MPa / 12,470 psi**

Compressive strength: **226 MPa / 32,770 psi**

Diametral tensile strength: **37 MPa / 5365 psi**

Water sorption (1 week): **2.30%**

Reactive glass filler by weight: **19.3%**

VB1 Single pack: 7 gm / 5 mL syringe + 20 automix tips

VB2 Value pack: 14 gm (2 x 7 gm / 5 mL syringes) + 40 automix tips

A20N1 Automix syringe tips, clear, with bendable 20 ga. metal cannula, pkg. of 20

A50N1 Automix syringe tips, clear, with bendable 20 ga. metal cannula, pkg. of 50



ACTIVA™ BioACTIVE-CEMENT™

Self-adhesive, self-repairing, self-sealing

Product Overview

ACTIVA BioACTIVE-CEMENT is a self-adhesive, dual-cure system for all crown and bridge materials. Its bioactive properties support mineral apatite formation and the natural remineralization process at the material-tooth interface. This knits together the restoration and the tooth, reduces sensitivity, and seals margins against microleakage, the primary cause of secondary caries and failure.



Learn more & dealer purchase link

Additional Features

- Calcium, phosphate, and fluoride release discourage acid erosion
- Patented rubberized resin acts like a ligament to absorb shock and minimize stress
- Two shades, Translucent and A2, match requirements for both anterior and posterior areas
- Low solubility – Does not wash out
- More resistant to chipping and fracture than other dental cements

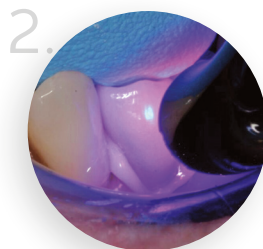
Indications

For indirect restorations including:

- zirconia
- CAD/CAM and glass ceramic restorations
- all ceramic
- resin
- metal/PFM
- implant dentistry
- preformed stainless steel and zirconia pediatric crowns



1. Tooth is prepared to receive a crown. Note retentive crown prep.



2. Crown filled with ACTIVA BioACTIVE-CEMENT is seated and tack cured 1-2 seconds.



3. Excess cement is easily removed.



4. Finished case

Photos courtesy of Dr. G. Franklin Shull

Physical Properties

Working time at room temperature: **90 sec.**

Light cure setting time: **20 sec.**

Self-cure anaerobic setting time at 37°C: **< 3 min.**

Percentage reactive glass filler by weight: **47%**

Fluoride release 1 day: **360 ppm**

Fluoride release 28 days (cumulative): **1,300 ppm**

Flexural modulus: **3.7 GPa**

Flexural strength: **88.4 MPa / 12,800 psi**

Compressive strength: **210 MPa / 30,500 psi**

Diametral tensile strength: **37 MPa / 5365 psi**

Water sorption (1 week): **2.30%**

Film thickness: **11 µm**

VC1A2 Single pack: 7 gm / 5 mL syringe + 20 automix tips A2 Opaque Shade

VC2A2 Value pack: 14 gm (2 x 7 gm / 5 mL syringes) syringes + 40 automix tips A2 Opaque Shade

VC1T Single pack: 7 gm / 5 mL syringe + 20 automix tips Translucent Shade

VC2T Value pack: 14 gm (2 x 7 gm / 5 mL syringes) syringes + 40 automix tips Translucent Shade

A20 Automix syringe tips, pkg. 20

A50 Automix syringe tips, pkg. 50

A20N1 Automix syringe tips, clear, with bendable 20 ga. metal cannula, pkg. of 20

A50N1 Automix syringe tips, clear, with bendable 20 ga. metal cannula, pkg. of 50

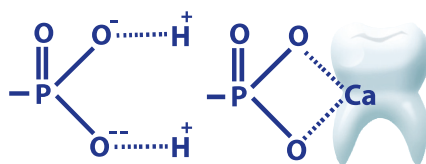
embraceTM wetbondTM

Moisture-friendly ionic resin chemistry

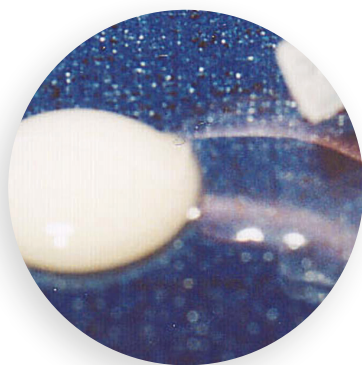
It is a fundamental principle of science that the potential for dynamic or bioactive behavior only exists with materials that are moisture friendly and have the capacity to transport water.

Pulpdent's introduction of moisture-friendly Embrace resins in 2002 opened the door for dynamic resin-based materials and esthetic bioactive restoratives.

Embrace WetBond resin chemistry has phosphate groups that contain acidic hydrogen. The negatively charged phosphates have greater affinity to calcium (+2) ions than to hydrogen (+1) ions. As a result, the hydrogen ions are readily replaced with positively charged calcium ions.



In the mouth, the phosphate acid groups bind to the calcium present on the tooth and form a strong bond. This is one reason for the intimate adaptation of Embrace resin to tooth structure and its highly acclaimed sealing ability. Another reason is that dentin and enamel contain water and are more compatible with the moisture-friendly Embrace resin than with traditional hydrophobic resin materials.



A drop of water is placed next to uncured Embrace resin.



Embrace mixes with the water.

“ What They’re Saying



In using **Embrace WetBond Pit & Fissure Sealant**, we appreciate the consistency that allows precise positioning, the off-white shade that guarantees visual control over time, and the hydrophilicity of the material. The moisture friendly properties of the material allow us to work more easily with children and in newly erupted teeth where rubber dam placement is often not possible.

Dr. Luigi Paglia

*Department of Pediatric Dentistry, Istituto Stomatologico Italiano (Milano-Italy)
Editor in Chief, European Journal of Paediatric Dentistry*

Embrace Resin Cement has high retention to zirconia and is indicated for all substrates. I have seen consistently successful results for 13 years in a wide variety of clinical cases. The hydrophilic, self-adhesive, dual-cure properties contribute to ease of use and ensure success with subgingival crown margins. For non-retentive crown preps, I do not hesitate to use a bonding agent.

Dr. Rumpa Wig



Embrace products have changed how I think about dental materials. Embrace products are free from bisphenol A, bis-GMA, and BPA derivatives, and positively interact with the oral environment. As a hygienist, I can work easier with **Embrace Wetbond Pit & Fissure Sealant**. An added bonus—key ions are released and recharged, offering my patient long-term protection. This is one smart material if you ask me.

Dr Joy Void-Holmes, BSDH, DHS

Pulpdent’s Embrace WetBond Opaquer is my ‘go-to’ when I need to cover anything up (e.g., old amalgam stains, posts, or metal substructures). It is easier to use than every other brand I have tried. I need very little material—a thin layer is usually enough. Embrace Opaquer is also very resistant to dissolving when the bonding agent is applied, so it stays put, and the pink Opaquer covers metal completely.

Dr. Marty Zase



”



Embrace™ WetBond™ Pit & Fissure Sealant

Exceptional marginal adaptation, effortless placement

Product Overview

Embrace WetBond Pit & Fissure Sealant forms an intimate association with the slightly moist tooth. Its tooth-integrating properties create a margin-free interface between the resin and the tooth that seals against microleakage and caries. Unlike other sealants, Embrace releases and recharges fluoride and phosphate. The material is renowned for its ease of placement, especially under adverse conditions.



Pulpdent's Embrace WetBond Pit & Fissure Sealant is the only sealant I can rely on to stay intact for years. Like other products in the Embrace line, moisture-friendly, easy to place, and supported with unmatched science. Embrace Sealant will continue to be my go-to sealant for years to come.

Amber Auger, RDH

Key Features

- Moisture friendly, tooth integrating, and margin free
- No drying or bonding agents required
- Available in off-white or natural shade
- Contains no bisphenol A, no bis-GMA, and no BPA derivatives

Physical Properties

Compressive Strength: **34,800 psi / 240 MPa**

Diametral Tensile Strength: **6,300 psi / 43.4 MPa**

Percent Solubility: **0.06%**

Film Thickness: **12 µm**

Percent filled (EMS, EMS3, EMSB): **36.6%**

Percent filled, Low-Fill Formula (EMSWLF): **7.9%**



“

It is one of the best and most reliable materials I ever used in pediatric dentistry. For me, it is the perfect choice as a pit and fissure sealant as well as for small Class I caries lesions.

”

Dr. Joseph P. O'Donnell

Real-world Clinical Performance

A study assessed the real-world clinical performance of Embrace WetBond Pit & Fissure Sealant in a busy suburban pediatric practice. Dr. Joseph O'Donnell followed 334 Embrace sealants over a period of 4–6 years. The patients had different hygiene habits and caries risk, and no patients were excluded from the study. The long-term results were dramatic.

After four to six years:

- 299 of the 334 Embrace sealants remained in excellent condition.
- 32 required resealing with no evidence of occlusal caries.
- 3 teeth developed occlusal caries.

The sealed teeth were 99% caries free.

Strassler HE, O'Donnell JP. A unique moisture-tolerant, resin-based pit and fissure sealant: clinical technique and research result. Inside Dentistry. 2008;4(9):108–110.

"Virtually undetectable margins."

—The Dental Advisor



Clean teeth and apply Etch-Rite for 15 seconds.



Rinse and lightly dry. Remove surface water. Do not dessicate tooth. It should be shiny, not chalky. Apply sealant.



Light cure.



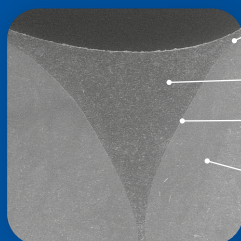
After curing, the margins are undetectable with an explorer.

Exceptional Marginal Adaptation

Embrace resins form an intimate association with the moist tooth.

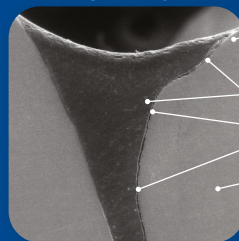
They are tooth integrating, creating a margin-free interface between the resin and the tooth that helps eliminate microleakage.

Embrace Sealant



Perfect marginal integrity
Embrace Sealant
Perfect adaption to tooth
Enamel

Leading Competitor



Poor marginal integrity
Sealant
Gap
Enamel

SEM imaging shows Embrace sealant without a bonding agent. Note smooth margin and extraordinary adaptation of sealant to the tooth. By contrast, the sealant of a leading competitor shows a large gap.

Kane B, Karren J, Garcia-Godoy C, Garcia-Godoy F. Sealant adaptation and penetration into occlusal fissures. *Am J Dent.* 2009;22(2):89–91.

EMS 4 x 1.2 mL / 1.9 gm syringes, natural shade, + 20 tips

EMS3 3 mL / 4.72 gm syringe, natural shade

EMSB 20 x 1.2 mL syringes, natural shade, + 100 tips

23R20 Red, 23 ga. x 1/2", pre-bent tips, pkg. 20

22K20 Black, 22 ga. x 1/2", pre-bent tips, pkg. 20

EMSW 4 x 1.2 mL / 1.9 gm syringes sealant + 20 tips, off-white shade

EMS3W 3 mL / 4.72 gm syringe, off-white shade

EMSWB 20 x 1.2 mL syringes, off-white shade + 100 tips

EMSWLF 4 x 1.2 mL syringes Low-Fill sealant, off-white shade + 20 tips

22K100 Black, 22 ga. x 1/2", pre-bent tips, pkg. 100



Embrace™ Varnish

5% sodium fluoride plus calcium, phosphate, and xylitol

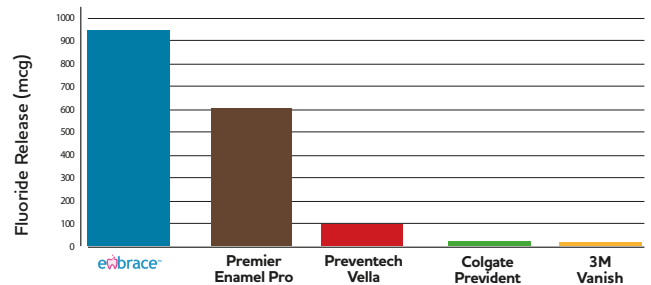


A Calcium and Phosphate Boost

Using a proprietary process, the calcium and phosphate in Embrace Varnish are coated with xylitol to prevent them from reacting until they come in contact with saliva. Saliva dissolves the xylitol and releases bioavailable calcium and phosphate ions, which react continuously with the fluoride to form protective fluorapatite on the teeth.

4-hour Cumulative Fluoride Release

In micrograms relative to 50.0 +/- 1.0 mg solid weight



THE DENTAL ADVISOR

Yapp R, Powers JM. Fluoride Ion Release from Several Fluoride Varnishes. Dent Advis Res Rpt 45:1, March 2012.

Key Features

- Embrace Varnish releases 10 times more fluoride than the leading brand in four hours
- Contains bioavailable calcium and phosphate, the essential building blocks of teeth
- Fluoride is suspended in the resin and does not require mixing
- Sustained time-release, uniform dose, pleasing taste
- Contains xylitol



What They're Saying



I've applied many brands of varnish over the years, but most recently I've used Embrace Varnish. I love the way it flows onto the tooth in a thin layer. And instead of a 'fake' flavor, the xylitol makes the varnish naturally sweet!

Lori Bulloch, RDH

I plan and implement community-based public health programs. My goal for fluoride treatments is to not only coat the teeth in high-dose fluoride, but also provide the salivary environment with the building blocks for the body to naturally repair superficial non-carious enamel lesions. Embrace Varnish provides this with calcium, phosphate, and fluoride, and by positively supporting the oral microbiome.

That's what I call a win-win-win!

Dr. Erinne Kennedy



Treatment of Hypersensitivity Using Embrace Varnish By Dr. Fariha Tamkanat

Embrace Varnish is my go-to varnish for treating hypersensitivity and preventing discomfort. Its gel-like consistency makes it very easy to use. Embrace Varnish has been well received by patients due to its pleasant flavor, and they benefit from its outstanding fluoride release and other clinical properties.

Case Study

A 29-year-old female presented with a complaint of occasional mild-to-moderate sensitivity in her lower teeth, particularly to cold.

She had no previous medical history, but had received orthodontic treatment six years ago.

Since that time she had worn both upper and lower fixed retainers.

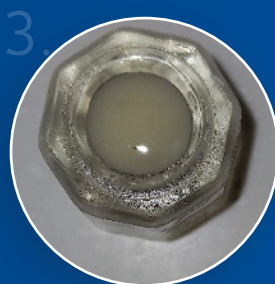
After only one application of Embrace Varnish, the patient reported her sensitivity was greatly reduced.



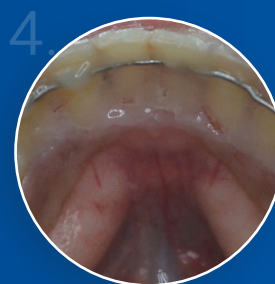
1. Calculus deposits and marginal gingivitis were observed around lower gingival margin from canine to canine.



2. Minimal cleaning was performed and all teeth in the anterior region were dried with compressed air and gauze before application of varnish.



3. Embrace Varnish was dispensed into a dappen dish.



4. A brush was used to apply a thin layer of varnish in the lower anterior region.

FV50 Box of 50 x 0.4 mL / 0.4 gm packets

FV200 Box of 200 x 0.4 mL / 0.4 gm packets

FVT Tube, 12 mL / 12.6 gm

FVX100 100 x 0.4 mL / 0.4 gm (no brush)



Embrace™ WetBond™ Seal-n-Shine™

Penetrating finish and polishing resin

Product Overview

Embrace WetBond Seal-n-Shine is a clear resin that penetrates and seals margins and leaves a glaze-like finish on restored surfaces.

Penetrates and seals margins of composite restorations

- Cures clear – no yellow tint
- Seals microporosities and cracks
- Eliminates the final polishing steps
- Bonds in a slightly moist field
- Does not alter occlusal anatomy or discolor the restoration



Etched enamel and composite restoration



Seal-n-Shine applied to etched enamel and composite and light cured.



Provisional restoration before Seal-n-Shine.



Provisional restoration after application of Seal-n-Shine.

Photos left courtesy of Dr. C.H. Pameijer; photos right courtesy of Dr. Shradha Sharma and Dr. Gerard Kugel

EMSNS 6 mL bottle, brush handle + 100 brush tips

EMSNY 2 x 1.2 mL syringes + 40 flocked tips

Sparkle Diamond Polishing Paste

Sparkle produces a glaze-like high luster finish on porcelain, gold, composite, and metal. It does not splatter and washes off easily.

SPARK 4 x 1.2 mL syringes

SPARK-3 3 mL syringe





Embrace™ WetBond™ Resin Cement

Moisture friendly, seal adhesive, dual cure, radiopaque

Product Overview

Embrace WetBond Resin Cement is moisture friendly and dual cure, and it seals against microleakage. This durable material releases phosphate and fluoride and protects crown margins. Embrace Cement is strong, insoluble, and has a long history of clinical success.



Available online:
physical properties
and dealer
purchase link



Compatible With the Moist Oral Environment

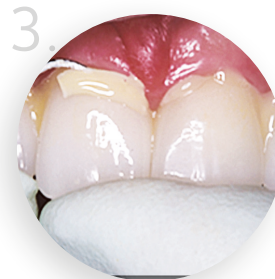
- The first self-adhesive resin cement that bonds to the slightly moist tooth
- Embrace forms bonds to dentin and enamel, precious and non-precious metals, ceramics, composites, and fiber posts.
- Retention value to zirconia copings of 29.32 kg compares favorably with the leading brands
- Medium viscosity ideal for crowns – Low viscosity for post cementation
- Contains no bis-GMA, no bisphenol A, no BPA derivatives



1. Prepare teeth to receive restorations. Leave teeth slightly moist. No etching, silane, or bonding agents are required.



2. Dispense cement directly into the restoration from the automix syringe.



3. Seat the restoration, light cure 1-2 seconds, and remove excess cement.



4. Final result

Photos courtesy of Dr. Christopher Ramsey

EMCAR Low viscosity automix syringe kit 7 gm cement + 20 automix tips

EMCMR Medium viscosity automix syringe refill 7 gm cement + 20 automix tips

A20 Automix syringe tips, pkg. 20

EMCAR2 Low viscosity automix syringe refill
3.5 gm cement + 10 automix tips

EMCMR2 Medium viscosity automix syringe refill
3.5 gm cement + 10 automix tips



DenTASTIC™ UNO™

Fifth generation light-cure bonding agent



Product Overview

DenTASTIC UNO is a single-component, light-cure adhesive for bonding to dentin, enamel, porcelain, metal, composite, and other resins. Use UNO for all direct bonding light-cure applications.

- Light-cure adhesive with dual-cure option
- Exceptional bond strength
- Total etch, wet-bonding technique



High Shear Bond Strength

DenTASTIC UNO	34.2 MPa
One-Step*	32.6 MPa
Prime & Bond 2.1*	31.8 MPa

Testing performed at University of Texas Health Science Center at San Antonio.

*Not trademarks of Pulpdent corporation

DenTASTIC™ DUO™

Dual-cure catalyst for DenTASTIC UNO

Use UNO plus DUO for indirect restorations, core build ups, or whenever self-cure or dual-cure capability is indicated.



1. Apply Etch-Rite to the cavity prep for 15 sec.



2. Rinse and leave dentin moist for wet-bonding technique.



3. Use DenTASTIC UNO for light cure, or UNO + DUO for self-cure or dual-cure applications.



4. Light cure for 10 sec.

Images courtesy Dr. C.H. Pameijer

UNO 2 x 6 mL UNO, 5 mL Etch-Rite, 20 applicator tips, 50 brush tips

UNDO 6 mL UNO, 3 mL DUO, 5 mL Etch-Rite, 20 applicator tips, 50 brush tips

UNO-R 6 mL bottle UNO

DUO 3 mL bottle DUO, dual-cure catalyst for UNO



Ortho-Coat™

Orthodontic sealant

Product Overview

Orthodontic brackets trap food and plaque. It is difficult to clean under and around the brackets. Caries lesions can form, and the results can be disastrous. Ortho-Coat coats the brackets and the teeth, preventing decalcification, staining, and discoloration under the brackets.

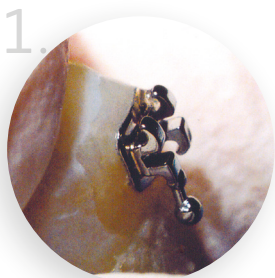
- Reduces or eliminates decalcifications
- Fluoride releasing
- Prevents microleakage



Learn more &
dealer purchase link



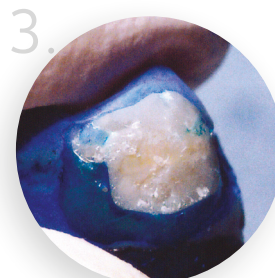
If you see this when you remove brackets,
you needed Ortho-Coat.



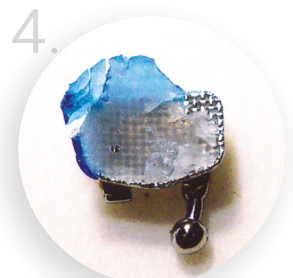
Orthodontic bracket bonded to a tooth and coated with Ortho-Coat after immersion in saline solution for two months



Tooth stained with 0.25% methylene blue after two-month immersion in saline solution



Stained tooth after removal of coated bracket. Note lack of dye penetration under bracket. The white area shows the outline of the coating, not the bracket, which has a smaller footprint.



Underside of the stained bracket pad. Despite intense staining of the tooth and Ortho-Coat with methylene blue, there is no dye penetration or leakage beneath the bracket.



Tuff-Temp™ Plus

Provisional crown and bridge material
Dual cure, snap set, fracture resistant

Product Overview

Tuff-Temp Plus is formulated with a patented rubberized-resin molecule that is more fracture resistant and ensures tighter fitting provisionals than can be achieved with acrylics and bisacrylics. Margins do not soften or distort when finishing.



Learn more &
dealer purchase link



Add-on and Glaze

Tuff-Temp Plus **Add-on** and **Glaze** are formulated with the same patented rubberized-resin chemistry and are ideal for making alterations, smile design cases, and enhanced esthetics and patient satisfaction.

2021
REALITY
AWARDS
Four Star Award
★★★★



Rubberized urethane chemistry that results in increased fracture toughness sets Tuff-Temp Plus apart. Fracture toughness is especially important to me when fabricating provisional restorations for long-term placement during implant osseointegration or tissue healing after gingival surgery. Also, because provisional restorations for porcelain veneers are very thin and can easily break during fabrication or placement, Tuff-Temp Plus is my material of choice for these applications.

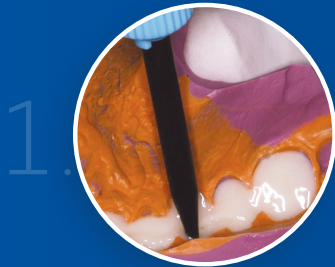
Dr. Robert Lowe

Features and Benefits

- Patented, tough, fracture-resistant, dimensionally stable resin
- Grinds and powders to crisp, accurate margins
- Finishing burs do not gum up and clog
- Remarkable tissue health even after long-term use
- Fluorescent under black lights
- Contains no bis-GMA, no bisphenol A, no BPA derivatives

The Perfect Fit

Tuff-Temp's tight fit and crisp, accurate margins help eliminate food traps, inflammation, staining, and sensitivity. The rubberized resin facilitates removal from crown preps that may have small undetected undercuts that lock in other provisional materials.



1. Fill matrix 3/4 full with Tuff-Temp Plus and seat in the mouth.



2. Removal time is 2 minutes from the beginning of the mix (approximately 75 seconds after insertion in the mouth).



3. Check the provisional restoration for marginal integrity.



4. The provisional is trimmed and polished but not yet glazed. Note the perfect margins.



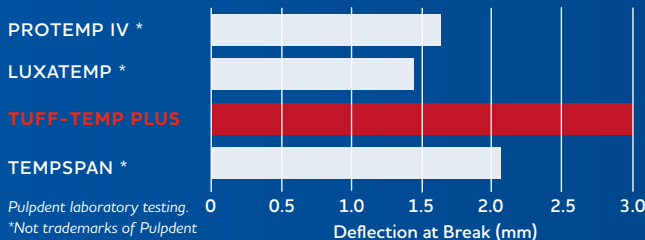
5. The 12-unit provisional is glazed and cemented to place. The margins and esthetics are exceptional.



6. Note the excellent tissue condition upon removal of the provisional four weeks later.

Fracture Resistance

Tuff-Temp Plus is significantly tougher and more fracture resistant compared to bisacrylics.



Physical Properties

Working time: 45 sec.

Light-cure setting time: 20 sec.

Initial self-cure setting time: 2 min. from beginning of mix

Final self-cure setting time: 4:45 min. from beginning of mix

Compressive strength: 200 (± 20) MPa

TTP*	76 gm / 50 mL cartridge, 1.2 mL Add-on, 3 mL Glaze + 20 automix tips *Specify shade: A1, A2, A3, A3.5, B, B1
TTP50*	76 gm / 50 mL cartridge + 10 automix tips *Specify shade: A1, A2, A3 only
TTP5*	7.6 gm / 5 mL syringe, 3 mL Glaze + 8 automix tips *Specify shade: A1, A2, A3, A3.5, B, B1

TTG	Glaze, 6 mL bottle
FSB20	20 automix tips for 50 mL cartridge
A20	20 automix tips for 5 mL syringe
DS50	Dispenser for 50 mL, 1:1 automix cartridge



Spee-Dee™ Build-Up

One-step post cementation and core build up

Really Does Cut Like Dentin

Rotary instruments transition smoothly and accurately from dentin to Spee-Dee Build-Up without ditching, gouging, gumming up, or chattering

One Material for Cementation and Core Build Up

Ensures homogenous, one-piece internal mono-block structure
Saves time chairside

Moisture-friendly Urethane Resin

Simplifies clinical technique in the moist oral environment

Contains no Bis-GMA, no bisphenol A, and no BPA derivatives



Learn more &
dealer purchase link



“Spee-Dee Build-Up enables me to use one material for two applications. I can create a solid core for a crown on a vital tooth, and I can cement a fiber post and do the core build up in an endodontically treated tooth. Spee-Dee actually cuts like dentin using either an air-driven or electric handpiece. It flows easily into cracks and voids, and is ideal for repairing broken teeth, lost or fractured cusps, divots and defects in crown preparations, and even chipped crowns and bridges.

Dr. Howard S. Glazer

Indications

- Post and core build up after endo
- Direct bonded core without a post
- Vital tooth build up for crown prep
- Recementing loose post and core
- Base/liner under restorations

Physical Properties

Compressive strength: 40,625 psi / 280 MPa

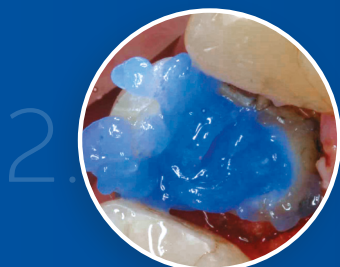
Flexural strength: 14,065 psi / 97 MPa

Self-cure intraoral setting time at 37°C: 3:10 min.

Light-cure setting time: 20 sec.



1. After endodontic treatment, a premolar is prepared with two post holes.



2. To achieve highest bond strength, apply Etch-Rite to the post holes and the preparation for 15 seconds, rinse well, and lightly dry.



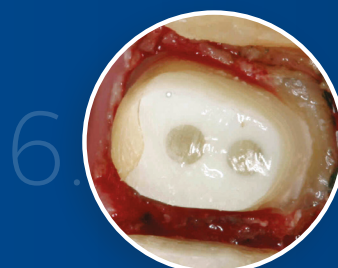
3. Apply UNO-DUO or your preferred bonding agent following manufacturer's instructions, and dispense Spee-Dee Build-Up into the post holes and around the preparation.



4. Insert the posts with a twisting, up and down motion to ensure uniform coverage of Spee-Dee Build-Up, and light cure for 20 seconds.



5. Apply Spee-Dee Build-Up around the posts and build the core to the occlusal level. Light cure.



6. After trimming and finishing, the post and core preparation is ready for an impression or digital scan.

SBU50 83 gm / 50 mL automix cartridge
+ 30 mix tips

SBU 42 gm / 25 mL automix cartridge
+ 20 mix tips

FD20 Automix tips + intraoral tips for
cartridges, pkg. 20

F20N2 Automix tips, clear, with bendable
19-ga. metal cannula, pkg. 20

DS24 Dispenser for 25 mL,
1:1 Automix cartridge

DS50 Dispenser for 50 mL,
1:1 Automix cartridge

Core Forms



Puldent core forms are transparent, clear polyethylene for light cure. They will not stick to core material. A tab on top and tapered sides make for easy pickup and retrieval. A reference ring ensures accurate trimming.

HCF-AS Box of 64 assorted core forms,
16 each size: S, M, L, XL

HCF- Box of 64 core forms, all one size: S, M, L or XL
Specify size: 1 = small, 2 = medium, 3 = large, 4 = x-large



Etch-Rite™

38% phosphoric acid etch gel



Product Overview

Etch-Rite is a soft, thixotropic blue gel with handling characteristics most preferred by clinicians. It provides the optimal etch pattern on dentin and enamel surfaces to ensure mechanical retention of bonding agents, restorative resins, and resin cements.

- Dispenses through small-gauge needles
- Stays where placed
- Washes off with ease



THE INDUSTRY STANDARD FOR DECADES

More than 20,000,000 applications every year

Available in a wide variety of packaging options

ETCH	4 x 1.2 mL / 1.6 gm syringes + 8 tips	ET-50	2 x 25 mL syringes (65 gm), + 5 x 3 mL empty syringes + 50 tips
ET-6	6 ml / 8.3 gm syringe	ET-50R	2 x 25 mL syringes (65 gm)
ET-12	12 mL / 16.6 gm syringe	25B20	Light blue, 25 ga. x 1/2", pre-bent tips, pkg. 20
ET-24	24 x 1.2 mL syringes	25B50	Light blue, 25 ga. x 1/2", pre-bent tips, pkg. 50
ET-TWIN	2 x 3 mL syringes + 25 tips	25B100	Light blue, 25 ga. x 1/2", pre-bent tips, pkg. 100

Etch-Royale™

37% phosphoric acid etch gel



Product Overview

For clinicians who prefer a creamier gel that readily settles into dentin and enamel but does not run, Etch-Royale is the perfect choice. The darker blue color is easier to see in thin applications. Etch-Royale has all the same features as Etch-Rite, but the consistency is slightly creamier than its famous sister product.

- Creamy, thixotropic consistency
- Dark blue color
- Washes off easily



ER	4 x 1.2 mL / 1.6 gm syringes + 20 tips	ER50	2 x 25 mL syringes (65 gm) + 5 x 3 mL empty syringes + 50 tips
ER24	24 x 1.2 mL syringes	ER50R	2 x 25 mL syringes (65 gm)



Porcelain Etch Gel

9.6% hydrofluoric acid

Product Overview

- Prepares ceramic surfaces for bonding
- Does not stain ceramics or composites
- Superior quality gel and syringe delivery ensure precise placement



Learn more &
dealer purchase link



SEM images taken **before** and **after** etching demonstrate the effectiveness of a **one-minute application** of Pulpdent Porcelain Etch Gel on a glazed porcelain surface (500x).



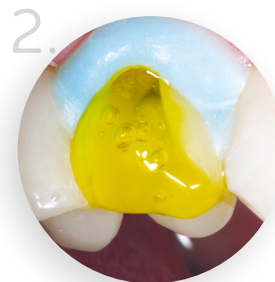
SEM shows glazed porcelain surface **before** treatment.



SEM shows glazed porcelain surface **after** one-minute treatment with Pulpdent Porcelain Etch Gel. Note the microscopic tags in the porcelain surface.



1. This fractured PFM crown can be repaired intraorally. Always etch porcelain surfaces of crowns, inlays, and veneers prior to bonding.



2. Apply Pulpdent Porcelain Etch Gel to ceramic surface. The exposed metal surface should be abraded with a fine diamond. Note placement of Kool-Dam (blue) to protect soft tissue.

PEG 4 x 1.2 mL / 1.4 gm syringes + 8 applicator tips
PEG-3 3 mL / 3.5 gm syringe

25B20 Light Blue, 25 ga. x 1/2", pre-bent tips, pkg. 20
25B50 Light Blue, 25 ga. x 1/2", pre-bent tips, pkg. 50



Porcelain Prep Kit

Economical kit for preparing porcelain surfaces for bonding



Learn more &
dealer purchase link

Porcelain Etch Gel

9.6% hydrofluoric acid gel for etching ceramics and composites

Silane

Increases the bond strength of composites and resin cements to ceramics

Dry-Rite

For chemical drying of etched porcelain surface prior to applying silane

Kool-Dam

Heatless, light-cure liquid dam and block-out resin for protecting soft tissues

PPK

Kit: 1.2 mL syringe each: Porcelain Etch Gel, Kool-Dam, Silane, and Dry-Rite + 12 tips

Silane

For bonding composites and resin cements to porcelain



Learn more &
dealer purchase link

Product Overview

Silane acts as a bridge between organic resin materials and inorganic ceramics.

- Apply Silane to etched porcelain.
- Strengthens bond of resin to ceramic
- Single-component material



SIL 4 x 1.2 mL / 0.95 gm syringes Silane + 8 applicator tips

SIL-3 3 mL / 2.38 gm syringe

22DR15 Dark blue, 22 ga. x 1/2" pre-bent red dropper tips, pkg. 15

22DR75 Dark blue, 22 ga. x 1/2" pre-bent red dropper tips, pkg. 75



Embrace™ WetBond™ Restoration & PFM Repair Kit

Multifunctional repair kit



Product Overview

A complete repair system that primes, protects, opaques, polishes and seals.

- Compatible with all restorative composites
- No solvents, no modifiers, no mixing, no mess
- Cures with all curing lights

Porcelain Etch Gel

9.6% hydrofluoric acid gel for etching ceramics and composites

Embrace WetBond Opaquer

A thin film neutralizes discolored tooth and restorative surfaces. Cures in 20 seconds.

Kool-Dam

Heatless, light-cure liquid dam and block-out resin for protecting soft tissues

Seal-n-Shine

Penetrates and seals margins and leaves a glaze-like finish on restored surfaces.

First-Coat

One-step, resin-based, light-cure primer for ceramic and metal



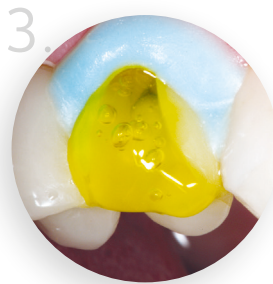
Learn more & dealer purchase link



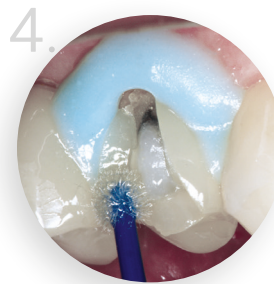
Fractured porcelain.



Apply Kool-Dam to protect gingiva and adjacent porcelain. Microabrade exposed metal.



Apply Porcelain Etch Gel to the porcelain for one minute or according to the instructions for the ceramic substrate.



Apply First-Coat to etched porcelain and abraded metal surface, thin lightly with air, and light cure.



Apply Embrace Opaquer to the metal surface. Apply composite, finish, polish, and apply Seal-n-Shine for perfect results.

Images courtesy Dr. C.H. Pameijer



First-Coat
Learn more & dealer purchase link

EMFC

1.2 mL syringe First-Coat
+ 10 flocked tips

EMPFM

1.2 mL syringe each: First-Coat, Seal-n-Shine, Embrace WetBond Opaquer, Porcelain Etch Gel, Kool-Dam + accessories

EMO*

2.1 gm / 1.2 mL syringe Embrace WetBond Opaquer in bleach white, off-white, or pink (1 = bleach white, 2 = off-white, 4 = pink)



Opaquer
Learn more & dealer purchase link

Pulpdent Calcium Hydroxide Pastes for Root Canal Therapy and Vital Pulp Therapy



Pulpdent patented and introduced the first pre-mixed calcium hydroxide aqueous-methylcellulose pulpal dressing in 1947. It was named **Pulpdent Paste**.



Multi-Cal and **TempCanal Enhanced** are water-based pastes similar to Pulpdent Paste but with different viscosities and dispensing systems.



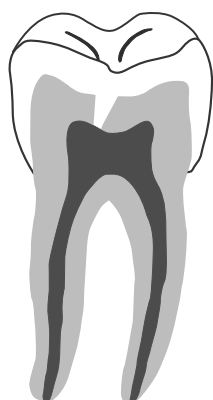
Forendo Paste contains calcium hydroxide and iodoform in a silicone oil base.



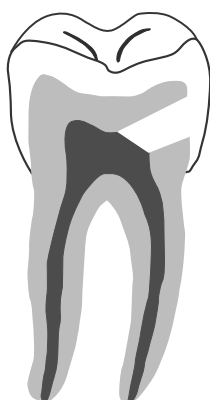
Vital Pulp Therapy Dentin bridge formation

When placed on the exposed or amputated pulp, a new dentin bridge can usually be seen radiographically in 1–3 months. Place a hard base over the calcium hydroxide pulpal dressing for compressive strength.

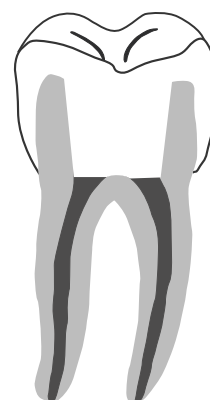
Indications include:



Direct pulp capping



Pulpal curettage

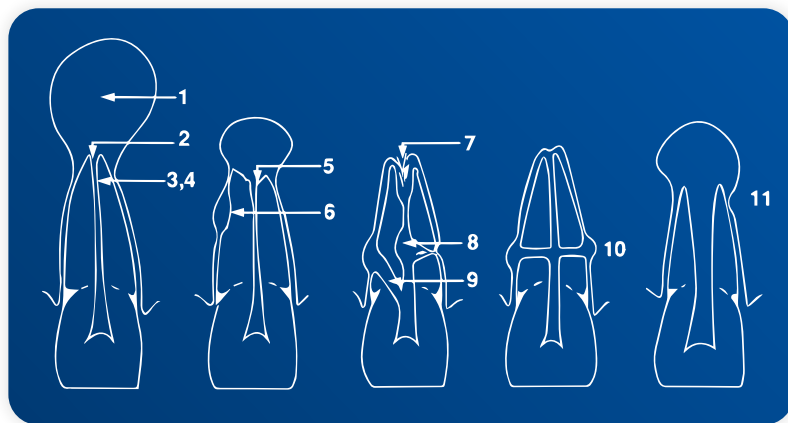


Vital pulpotomy

Root Canal Therapy

Pulpdent Paste, Multi-Cal, and TempCanal Enhanced are renown for their use in root canal therapy both as an intracanal dressing between office visits and for extended use to treat complicated cases.

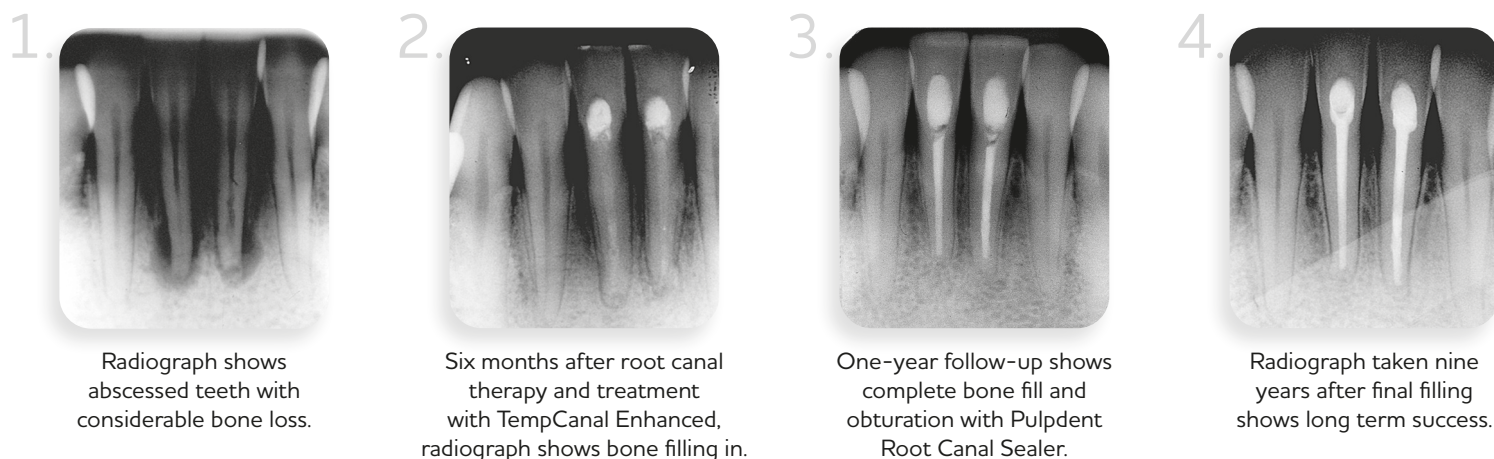
- Treats abscesses, periapical lesions, root fractures and perforations
- Treats traumatic injuries, avulsed and luxated teeth
- Discourages traumatic root resorption
- Stimulates hard tissue formation



Heithersay GS. Calcium hydroxide in the treatment of pulpless teeth with associated pathology. J Brit Endo Society 1975;8(2):74-93.

Treatment of Abscessed Teeth with TempCanal

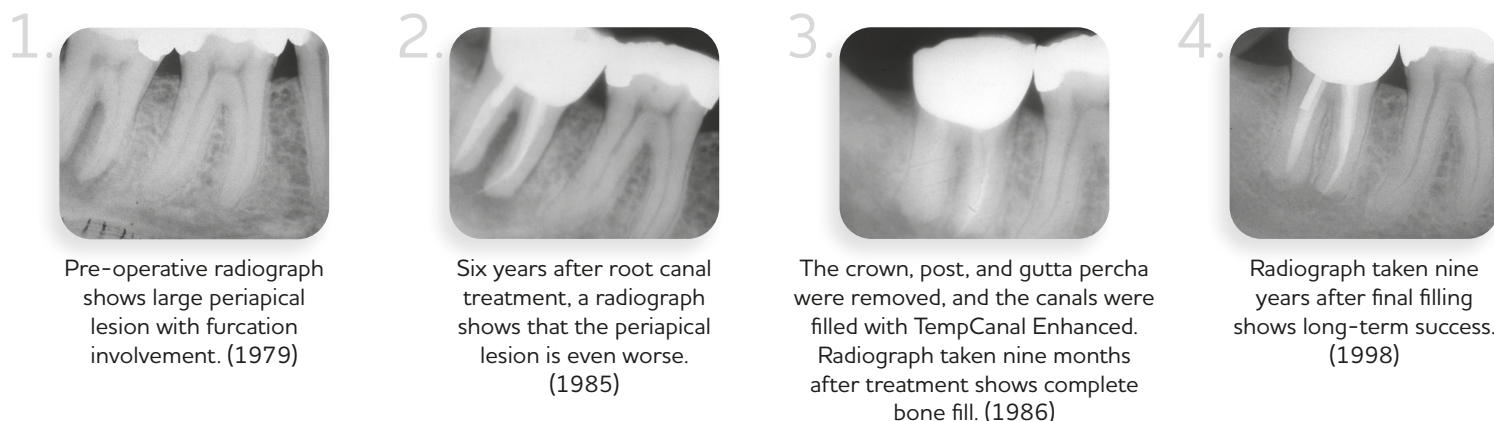
Four months after an auto accident in which her chin hit the steering wheel, the patient presented with painful loose lower central incisors. The case was treated immediately by removing the pulps and placing TempCanal.



Images from Save that Tooth by Dr. Harold Berk

Reversing Root Canal Failures

Six years after root canal therapy, a patient presented with a large periapical lesion. This tooth can be saved.





Pulpdent® Paste

Non-setting, all-purpose calcium hydroxide paste



Product Overview

- For root canal therapy and vital pulp therapy
- Thick paste, 40% ($\pm 2\%$) calcium hydroxide
- Dispenses through 18-gauge x 1" applicators
- Easily removed from canals with file and irrigation
- Radiopaque, water-based paste, pH > 12

PSYK 3 mL syringe + 24 applicator tips (18 ga. x 1")

PSY 3 mL syringe

Multi-Cal™

Non-setting, all-purpose calcium hydroxide paste



Product Overview

- For root canal therapy and vital pulp therapy
- Creamy paste, 40% ($\pm 2\%$) calcium hydroxide
- Dispenses through 22-gauge x $\frac{1}{2}$ " applicators
- Easily removed from canals with file and irrigation
- Radiopaque, water-based paste, pH > 12

MULTI 4 x 1.2 mL syringes + 8 applicator tips (22 ga. x 1/2")

MULTI-3 3 mL syringe

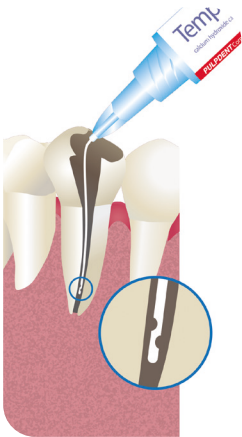
22D20 Dark blue, 22 ga. x 1/2", pre-bent tips, pkg. 20

22D100 Dark blue, 22 ga. x 1/2", pre-bent tips, pkg. 100



TempCanal™ Enhanced

Temporary calcium hydroxide canal treatment paste



Product Overview

- Non-setting paste for root canal therapy
- Non-drying formula extends shelf life
- Creamy paste, 40% ($\pm 2\%$) calcium hydroxide
- Flows through 27-gauge x 1" (25 mm) endo irrigation needle
- Blunt-end, side-vent irrigation needles for precise placement
- Easily removed from canals with file and irrigation
- Radiopaque, water-based paste, pH > 12

TEK 3 mL syringes + 12 endo irrigation needles (27 ga. x 1", 2-side-vent)

TE4 4 x 1.2 mL syringes + 20 endo irrigation needles (27 ga. x 1", 2-side-vent)

TE3 3 mL syringe

TE20N 27 ga. x 1" (0.4 mm x 25 mm), two side-vents, pkg. 20

Forendo™ Paste

Calcium hydroxide with iodoform for root canal therapy



Product Overview

- Non-setting silicone oil-based paste
- The strong action of iodoform plus the benefits of calcium hydroxide
- Powerful treatment for complicated cases
- Intracanal dressing for routine use between office visits
- Radiopaque

FORE 2.2 gm syringe + 20 applicator tips



EDTA

To facilitate the instrumentation of root canals and for smear layer removal

Clinical Overview

EDTA (ethylenediaminetetraacetic acid) materials are chelating agents that decalcify and soften canal walls, making it easier to enlarge and shape canals with files and reamers.

EDTA 17% Solution



Key Features

- Economical liquid solution
- Buffered to a neutral pH
- Applied with a syringe or pipette

EDTA-30 30 mL bottle

EDTA-60 60 mL bottle

EDTA-120 120 mL bottle

EDTA480 480 mL bottle

Prep-Rite™ RC



Features and Benefits

- 15% viscous EDTA paste with lubricant and peroxide
- Designed for picking up on files or filling the access cavity
- Peroxide provides an effervescing action
- Lubricant helps prevent binding and breaking of files
- Buffered to a neutral pH
- Rinses out easily with irrigation

PRC 4 x 5 gm syringes

File-Rite™



Features and Benefits

- 17% EDTA semi-gel with lubricant
- Dispenses directly into canal through 30 ga. x 1" / 2.5 cm applicators
- Lubricant helps prevent binding and breaking of files
- Buffered to a neutral pH
- Rinses out easily with irrigation

FILE 4 x 5 gm syringes + 50 each 30 ga. x 1" applicator tips

30F50 Orange, 30 ga. x 1", straight applicator tips, pkg. 50



Pulpdent® Root Canal Sealer

Modified zinc-oxide eugenol formula for primary and permanent teeth

Pulpdent Root Canal Sealer meets ANSI/ADA specification 57 for endodontic filling material.

Features

- Tissue compatible
- Radiopaque
- Does not shrink upon setting
- Resorbs with roots of deciduous teeth
- Can be drilled for a post



Powder

Zinc oxide, zinc stearate, calcium phosphate, barium sulfate

Liquid

Eugenol, Canada balsam



Learn more & dealer purchase link

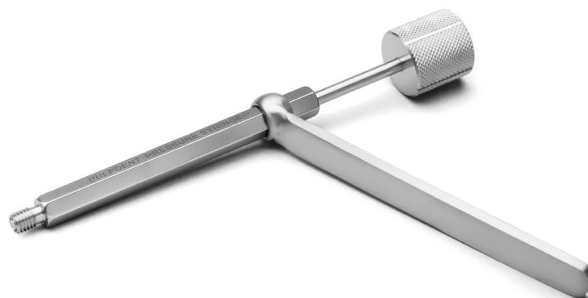
Compatible with all permanent filling techniques

- Pressure Syringe® technique
- Together with solid core
- Paste filler / Lentulo
- Lateral condensation

RK Root Canal Sealer Kit: 15 cc powder, 7.5 mL liquid, mixing pad, scoop

Pulpdent® Pressure Syringe®

Endodontic syringe fills the apex first



Learn more & dealer purchase link

PSK

Pressure Syringe, 30 assorted needles, Pulpdent Root Canal Sealer Kit, Wonder Orange cleaning solution

PS-O

Pressure Syringe



Snoop™

Caries detecting dye

Product Overview

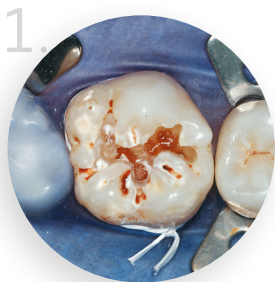
A 10-second application of Snoop stains outer infected carious dentin, which is infused with bacteria and should be removed. Clinicians can preserve inner affected dentin—which is not stained in 10 seconds, not infused with bacteria, and capable of remineralizing—and should not be removed.



Learn more &
dealer purchase link

Key Features

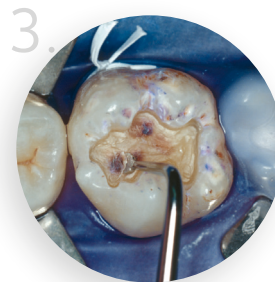
- An important tool for conservative dentistry
- Dark blue color provides strong contrast to dentin and the pulp
- Distinguishes outer infected dentin from inner affected (uninfected) dentin in 10 seconds



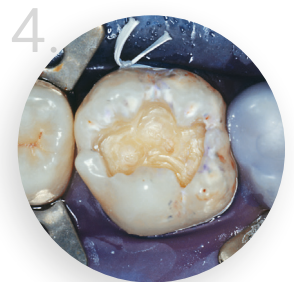
1. Tooth shows obvious occlusal caries.



2. After removing obvious caries, apply Snoop for 10 sec.



3. Rinse and remove only the stained infected dentin.



4. Reapply Snoop and rinse. No further staining means no remaining infected dentin.

Images courtesy Dr. C.H. Pameijer

SNOOP

12 mL bottle



Dentin Desensitizer

5% glutaraldehyde in water with fluoride

Product Overview

Dentin Desensitizer contains 5% glutaraldehyde in water with fluoride added to enhance stability. It is compatible with adhesives and composites as well as traditional cements, and it does not interfere with bonding.



Learn more &
dealer purchase link

Key Features

- For application to all dentin surfaces
- Compatible with adhesives, composites, and traditional materials
- Does not interfere with bonding

DES 12 mL bottle

Wonder Orange™

100% natural Citrus essences – Cleans surfaces, instruments, and skin

Product Overview

For removing zinc oxide dental cements, impression materials, and waxes from vinyl furniture, face, and hands. Also used for cleaning the Pulpdent Pressure Syringe. No artificial ingredients.



Learn more &
dealer purchase link

WO-8 Wonder Orange, 8 oz. / 236 mL



Kool-Dam™

Heatless liquid dam and block-out resin, light cure

Product Overview

Apply Kool-Dam on the gingival or tooth surface and light cure prior to bleaching, sandblasting, applying porcelain etch gel, or other procedures requiring intraoral protection. Also use Kool-Dam to block out undercuts prior to taking impressions.



Learn more &
dealer purchase link



“As a rubber dam fan, Kool-Dam is the best ally for isolating complex cases. Sometimes placing a clamp and a regular rubber dam is impossible, and even if placed, fluids can appear. Kool-Dam is my wingman in my bonding procedures and makes my isolation just perfect.”

Dr. Delfín Barquero

Key Features

- Does not produce heat when cured – Ensures patient comfort
- Remains rubber-like and flexible after curing
- Tear resistant – Easily removed



Kool-Dam is placed to protect the gingiva. It light cures in 20 sec.



Kool-Dam is placed to protect soft tissue prior to bleaching.



Kool-Dam is placed on the model prior to making a custom bleaching tray.

PD 2 x 3 mL syringes, + 10 pre-bent tips, 18 ga., + 10 pre-bent tips, 20 ga.

PDB Bulk pack: 10 x 3 mL syringes

18G20 Green, 18 ga. x 1/2", pre-bent tips, pkg. 20

20L20 Pink, 20 ga. x 1/2", pre-bent tips, pkg. 20



Applicator Tips

All items on page 54 are luer lock applicator tips.



Learn more &
dealer purchase link



File-Rite

Orange, 30 ga. x 1",
straight tips

30F50 pkg. 50

30F100 pkg. 100



Etch-Rite Etch Royale Porcelain Etch Gel

Light blue, 25 ga. x
1/2", pre-bent tips

25B20 pkg. 20

25B50 pkg. 50

25B100 pkg. 100



Embrace WetBond Pit & Fissure Sealant Ortho-Coat

Red, 23 ga. x 1/2",
pre-bent tips

23R20 pkg. 20

23R100 pkg. 100



Multi-Cal

Dark blue, 22 ga. x
1/2", pre-bent tips

22D20 pkg. 20

22D100 pkg. 100



Embrace WetBond Pit & Fissure Sealant

Black, 22 ga. x 1/2",
pre-bent tips

22K20 pkg. 20

22K100 pkg. 100



Silane Dry-Rite

Dark blue, 22 ga. x
1/2", prebent red
dropper tips

22DR15 pkg. 15

22DR75 pkg. 75



Kool-Dam Lime-Lite Enhanced

Pink, 20 ga. x 1/2",
pre-bent tips

20L20 pkg. 20

20L100 pkg. 100



ACTIVA Presto Kool-Dam

Black, 19 ga. x 1/2",
pre-bent tips

19K20 pkg. 50

19K100 pkg. 100



Kleer-Veneer Kool-Dam

Green, 18 ga. x 1/2",
pre-bent tips

18G20 pkg. 50

18G100 pkg. 100



TempCanal Enhanced

27 ga. x 1" (0.4 mm x
25 mm), 2 side-vents,
blunt end

TE20N pkg. 20

TE50N pkg. 50

TE100N pkg. 100



Automix Tips

Automix syringe tips fit all standard 2.5 mL, 5 mL, and 10 mL double barrel 1:1 syringes.
Automix cartridge tips fit all standard 25 mL and 50 mL double barrel 1:1 and 2:1 cartridges.



**Tuff-Temp Plus
Embrace Resin
Cement**
**ACTIVA BioACTIVE
CEMENT**
*Automix syringe tips,
straight, tapered,
light safe black mixer*

A20 pkg. 20
A50 pkg. 50



**ACTIVA BioACTIVE
RESTORATIVE
BASE / LINER
CEMENT**
*Automix syringe tips, clear,
with bendable 20 ga.
metal cannula*

A20N1 pkg. 20
A50N1 pkg. 50



Multiple Uses
*Automix syringe tips, clear
+ long narrow intraoral
tips (IOR)*

AD20R pkg. 20
AD50R pkg. 50



Multiple Uses
*Automix syringe tips,
clear + short intraoral
tips (IOT)*

AD20T pkg. 20
AD50T pkg. 50



Multiple Uses
*Automix syringe
tips, clear, straight,
tapered*

AS20 pkg. 20
AS50 pkg. 50



**Embrace
Seal-n-Shine**
**Embrace
First-Coat**
*Dark blue, 25 ga. x
1/2", all-plastic with
flocked tips, luer lock*

P2520 pkg. 20
P25100 pkg. 100



**Spee-Dee
Build-Up**
*Automix cartridge tips
with bendable 19 ga.
metal cannula*

F20N2 pkg. 20



**Spee-Dee
Build-Up**
*Automix cartridge
tips + intraoral tips,
light-safe black mixer*

FD20 pkg. 20



Tuff-Temp Plus
*Automix cartridge
tips, straight, tapered,
light-safe black mixer*

FSB20 pkg. 20



Flecta™

Disposable mirrors

Product Overview

Flecta's high quality and low single-use price allow you to have a shiny, new mirror for every patient—no more scratches or blotches. Flecta is made in the Pulpdent factory in Watertown, Massachusetts, USA.



Advantages

- Highest quality single-use mirror
- 40% larger viewing surface
- Removable protective film protects mirror surface
- Lightweight comfort handle
- Tongue guard, cheek retractor, patient take-home gift



40% more viewing area, plus no more scratches or blotches



Expanded posterior view using Flecta disposable mirror

FLEC

Box of 200



Mixing Wells

Compatible with all solvents, bonding agents, and dental materials

Economical bulk packs available



Product Overview

- Available in 2-well and 4-well styles
- Perforated sheets for convenient handling and storage
- Made from high molecular weight polymer
- Made in USA

MW-2 2-well style, box of 480

MW-4 4-well style, box of 420



Pic-n-Stic™

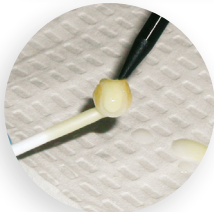
A handle for small objects



Product Overview

Pic-n-Stic has numerous applications from dentistry to model-making to replacing hearing aid batteries. Apply light pressure to pick up small items for easier handling and placement.

- 2" long, 2 mm in diameter
- Adhesive tip on one end
- Twist stick gently to release



Embrace Resin Cement is placed on an inlay seated on a Pic-n-Stic.



Assists with picking up inlay.



Assists with an orthodontic bracket.

PIC Box of 60

Brush Tips & Handles

Application accessories



- | | |
|------------|--|
| BR | Brush tips, 24 mm length, bag of 100 |
| BRL | Brush tips, 24 mm length, bag of 500 + 2 handles |
| HAN | Brush handles (random colors), 5" length |

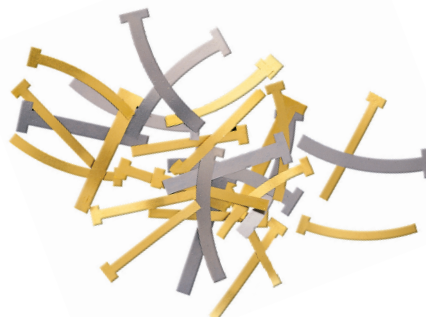


T-Bands™

Self-contained matrix bands

Product Overview

- **Soft, adaptable brass** or **stainless steel**, 0.002"/0.05mm thick
- Available **straight, curved, narrow** (5/32"), **wide** (1/4"), and **assorted**
- Matrix retainers are not required
- Especially popular for pediatric dentistry



BTBS/N Brass Straight /Narrow (5/32") Box of 100

BTSS/N Stainless Straight /Narrow (5/32") Box of 100

BTBC/N Brass Curved/Narrow (5/32") Box of 100

BTSC/N Stainless Curved/Narrow (5/32") Box of 100

Most popular codes shown. Also available wide (1/4"). See online for complete offering.



PerioCare™

Periodontal dressing

Product Overview

PerioCare is a two-paste, highly elastic periodontal dressing that sets resiliently hard and does not chip or fall apart in the mouth.

- Non-eugenol formula is kind to the tissues
- Soft tissues appear clean and healthy upon removal of dressing
- Patient-pleasing neutral taste
- Vegetable oil base with metal oxide



Learn more & dealer purchase link

PC 90 mL tube paste, 90 mL tube gel, mixing pad

Mini-Bowls

Product Overview

- Nonstick silicone bowls for mixing acrylic
- Suction cup at bottom holds to the table
- Sterilize by any method



Learn more & dealer purchase link

B-MS3 Small, 8 cc, set of 3 (1" diameter)

B-MM2 Medium, 30 cc, set of 2 (1.625" diameter)

B-ML Large, 80 cc, one each (2.25" diameter)

B-MA Assorted: 2 small, 1 medium, 1 large

Code Rings

Product Overview

- Medical-grade silicone
- Sterilize by any method
- 11 colors

Standard size: 1/8" ID, 1/8" wide

CR* Pkg. 100

CR*-50 Pkg. 50, all one color

Large size: 7/32" ID, 5/32" wide

CR-ASL Pkg. 60, 7 assorted colors

CR*-60L Pkg. 60, all one color (1-6 and 9 only)

*Specify color: 1 = white, 2 = yellow, 3 = blue 4 = red, 5 = green, 6 = black, 7 = gray, 8 = brown, 9 = orange, 10 = mauve, 11 = pink, AS = Assorted



Learn more & dealer purchase link

Dear Friends in Dentistry,

This year we celebrate the 10-year anniversary of Activa Bioactive. The anniversary is significant in that it validates the long-term viability of the material, and bolsters what we and others have observed clinically and in research studies. But more than that, it marks a greater moment for the practice of dentistry. It validates the notion that dental materials can mimic and even enhance nature itself.

The idea that dental materials could be “active” was articulated by John F. McCabe and his coauthors in 2011 in their landmark article “Smart Materials in Dentistry.”¹ In that article, Professor McCabe postulated that instead of a passive, do-no-harm approach, dental materials could be designed to respond favorably to changes in the oral environment through release and recharge of their ionic components and reversible changes in their physical properties. Notably, McCabe showed how smart dental materials can help prevent demineralization.

The development of Activa Bioactive combines several technologies to achieve this. The balance of hydrophilicity, ion exchange, and a patented rubberized resin molecule result in biochemical and biophysical properties that imitate and support natural processes, and produce better long-term outcomes for patients. Activa continually delivers minerals that teeth need to stay healthy. In many ways, Activa Bioactive fulfills McCabe’s vision.

Activa is also a reflection of the founding principles of Pulpdent. Those principles, rooted in both academic dentistry and everyday clinical practice, guided Pulpdent’s founder, Dr. Harold Berk, whose goal was to “Save teeth and help patients live in comfort and smile with confidence.” Activa is the next evolutionary step in that mission.

The introduction of Pulpdent’s first smart materials changed the trajectory of restorative dentistry and inspired the dental profession with what is possible. Today, millions of patients are in a better place thanks to the dentists who placed restorations with Activa.

You have many choices in the materials and treatment protocols you select to serve your patients. We thank you for choosing Pulpdent—and the idea that patients can and should have the elevated standard of care available through new technologies. We wish you all the best in your practice of dentistry.

Keep smilin’,

The Berk Family



1. McCabe JF, et al. Smart Materials in Dentistry. *Aust Dent J.* 2011;56(Suppl 1):3-10.





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