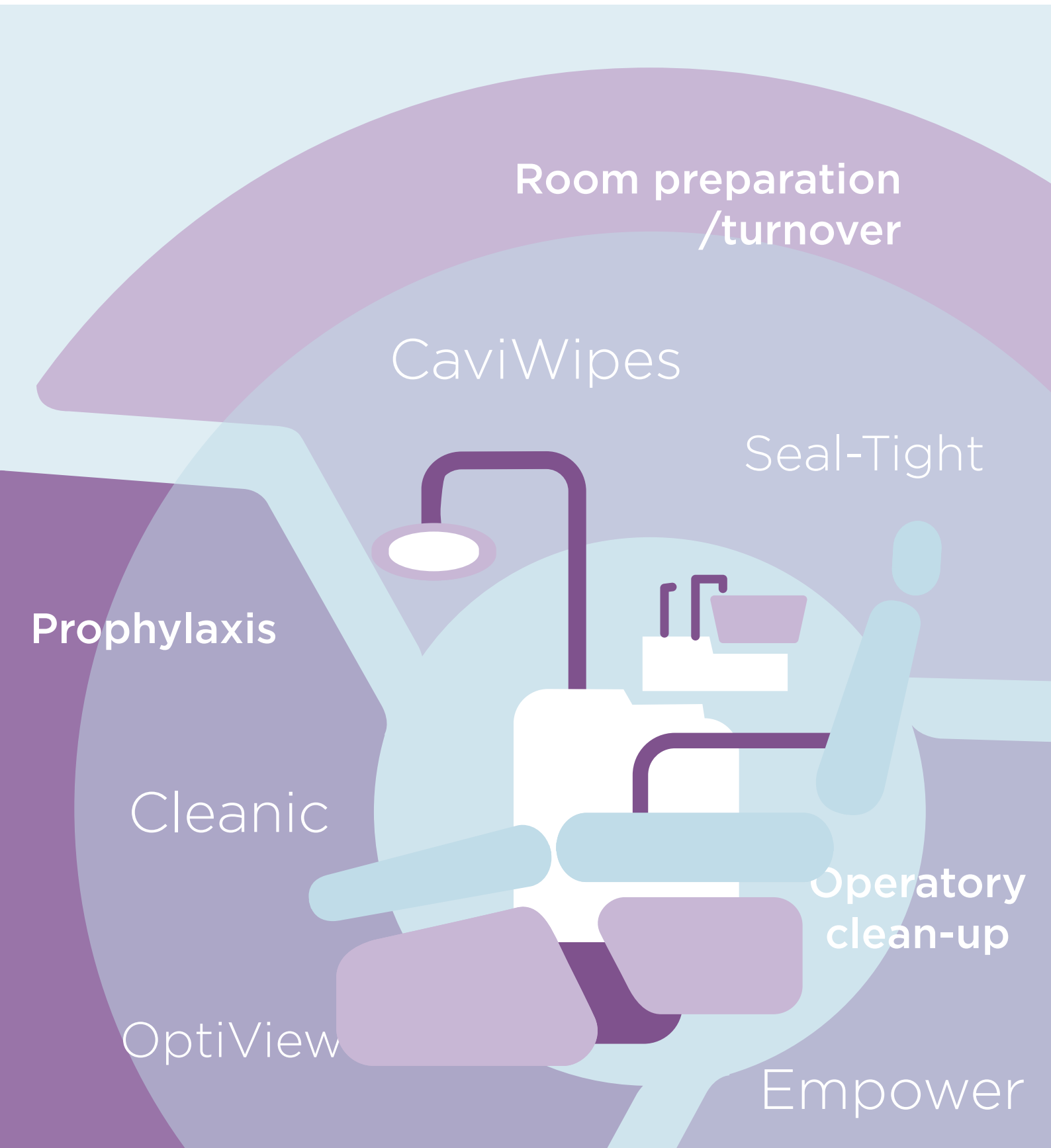


# Prevention according to Kerr

One brand for all your prevention needs



Room preparation  
/turnover

CaviWipes

Seal-Tight

Prophylaxis

Cleanic

Operatory  
clean-up

OptiView

Empower

**Kerr Europe**

Via Strecce 4  
P.O. BOX 272  
6934 Bioggio  
Switzerland

[www.prevention.kerrdental.eu](http://www.prevention.kerrdental.eu)  
[www.kerrdental.eu](http://www.kerrdental.eu)

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# INTRODUCTION

Modern dental hygiene therapy combines treatment and prevention to help patients achieve and maintain a good level of oral health. The hygienist role, which is continuous in nature, can be divided into three primary components:

- 1. Room prep/turnover**
- 2. Prophylaxis**
- 3. Operatory clean-up**

This prevention workflow offers an overview of Kerr and Kerr TotalCare products to help dental professionals in their role.



# ORAL PROPHYLAXIS

Oral prophylaxis is at the heart of prevention and its need is set to increase in line with human longevity. It is also of particular importance in maintaining dental implants.

Prevention workflow is key to the recognition, treatment and prevention of oral disease, comprising:



1.

## Room prep/turnover

encompassing operatory cleaning, disinfection, barrier placement and patient chart assessment, as well as instrument preparation for each patient

2.

## Prophylaxis

from patient assessment, periodontal treatment and planning to oral hygiene instruction, scaling, cleaning and polishing



3.

## Operatory clean-up

involving the appropriate transportation of instruments and their sterilisation, as well as waste disposal



# Breaking the 'chain' of infection requires practical and effective processes during dental procedures.

Disease transmission requires a source of microbes, a method of transmission and exposure, an entry portal, and a susceptible host.

Microbial exposure may occur through injury or contact with non-intact skin, mucosal tissue and ocular tissue, or through ingestion.

A well-structured infection control programme breaks the 'chain' of infection by applying the concept of cleaning prior to disinfection or sterilisation and minimises the risk of exposure for patients and staff while enabling the practice to operate efficiently.

## DIRECT TRANSMISSION - PRIMARY EXPOSURE

---

Needle-stick and sharps injuries

---

Injury from an instrument during a procedure

---

Sprays or debris entering the eye

---

Bacterial aerosol and splatter during a procedure

---

Unprotected skin

## INDIRECT TRANSMISSION - SECONDARY EXPOSURE

---

Contaminated instruments

---

Contaminated surfaces and equipment

---

Bacterial aerosol







### HAND HYGIENE

- » Hand hygiene is the single most critical procedure in the infection control programme.
- » Foam dispensed, closed-container soaps offer superior coverage using the minimum amount of product, reducing the potential for risk reactions.
- » Alcohol-based solutions, gels and towelettes are increasingly available to the public.



### PERSONAL BARRIERS

- » Routine use of personal barriers to prevent pathogens coming into contact with mucosal tissues of the eyes, oronasal mucosa, or any openings in skin, is now «standard practice».
- » Gloves, face shields, eyewear, and masks protect workers from exposure to potentially infectious fluids and debris, as well as from injury due to flying particles. Patient treatment masks and respirators also filter the breather's air.



### SURFACE BARRIERS

- » Operatory surface barriers prevent surface contamination by touch, contact or airborne contaminants. Clinical contact surfaces frequently touched (such as light handles), and complex surfaces that are difficult or time-consuming to clean, can be covered with impermeable single-use barriers.



### INSTRUMENT PROCESSING

- » Instrument processing must be appropriate to the procedures for which the instrument or component is used.
- » Instrument cleaning can be achieved by using enzymatic solutions and ultrasonic cleaning, by using instrument washers/disinfectors, or by hand scrubbing.

Infection control products should be selected based on the anticipated level of contamination exposure and the type of procedure being performed.

Disposable and unit-dose products are more and more diffused. These offer time-saving alternatives to the sequential steps required in the processing of re-usable dental items and should avoid potential cross-contamination.

# WHY ORAL PROPHYLAXIS?

Bacteria colonise on the tooth structure, causing and/or contributing to a number of the more common oral diseases, such as:

- Inflammation induced in the gingival soft tissues adjacent to the gingival plaque
- Carious lesions of the enamel that develop on individual tooth surfaces beneath the bacterial plaque
- Periodontitis.

Oral prophylaxis is the selective removal of plaque from tooth surfaces. Plaque deposits are often most extensive in the mandibular lingual embrasure of the molars and premolars, and is present in the interproximal spaces.

## Reasons for prophylaxis/teeth cleaning

Prophylaxis is an excellent procedure to help keep the oral cavity in good health and halt the progression of gum disease such as gingivitis or periodontal disease. Here are some of the benefits of prophylaxis:

### TARTAR REMOVAL

Tartar (calculus) and plaque build-up, both above and below the gum line, can cause serious periodontal problems if left untreated. Even using the best brushing and flossing homecare techniques, it can be impossible to remove debris, bacteria and deposits from gum pockets. The experienced eye of a dentist/hygienist using specialised dental equipment is needed in order to spot and treat problems such as tartar and plaque buildup.

### AESTHETICS

It's hard to feel confident about a smile marred by yellowing, stained teeth. Prophylaxis can rid the teeth of unsightly stains and return the smile to its former glory.

### FRESHER BREATH

Periodontal disease is often signified by persistent bad breath (halitosis). Bad breath is generally caused by a combination of rotting food particles below the gum line, possible gangrene stemming from gum infection, and periodontal problems. The removal of plaque, calculus and bacteria noticeably improves breath and alleviates irritation.

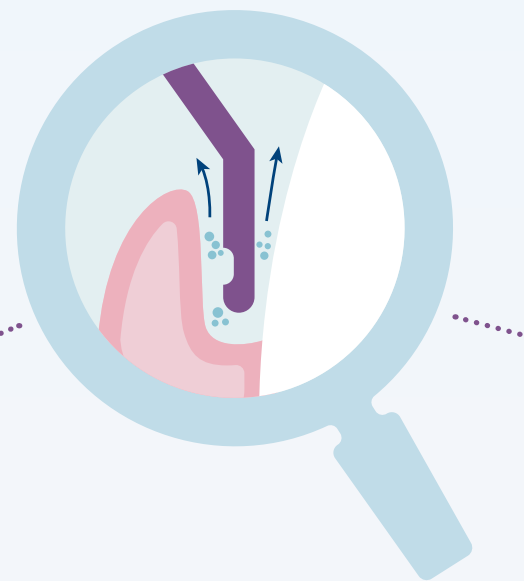


### IDENTIFICATION OF HEALTH ISSUES TO REDUCE THE RISK OF:

- » Heart disease
- » Mouth cancer
- » Diabetes
- » Gum disease
- » Tooth loss
- » Bad breath
- » Dental decay
- » Lung conditions
- » Strokes

# WHAT DOES PROPHYLAXIS TREATMENT INVOLVE?

Prophylaxis is generally performed in several stages:



## DIAGNOSIS (X-RAY AND EXAMINATION)

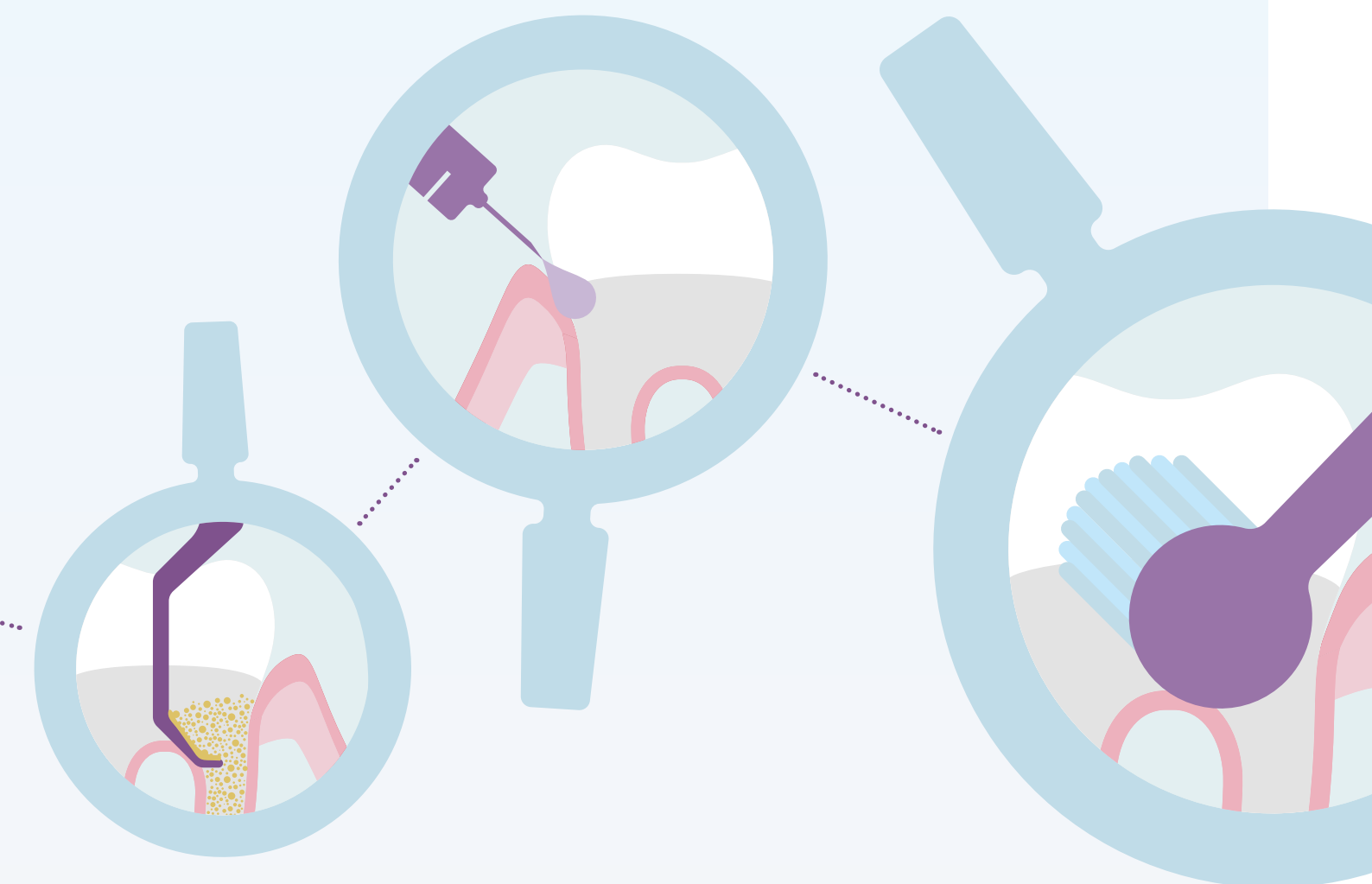
Routine X-rays can be extremely revealing when it comes to periodontal disease. X-rays show the extent of bone and gum recession, and aid the dentist/hygienist in identifying areas that may need future attention.

## SUPRAGINGIVAL CLEANING

The dentist/hygienist will thoroughly clean the area above the gum line with scaling tools to rid them of plaque and calculus.

## SUBGINGIVAL CLEANING

This is the most important step for patients with periodontal disease because the dentist/hygienist is able to remove calculus from the gum pockets and beneath the gum line.



### ROOT PLANING

This is the smoothing of the tooth root by the dentist/hygienist to eliminate any remaining bacteria. These bacteria are extremely dangerous to periodontitis sufferers, so eliminating them is one of the top priorities of the dentist.

### THERAPY

Following scaling and root planing, an antibiotic or antimicrobial product is often placed in the gum pockets. This to promote fast and healthy healing in the pockets and eliminate discomfort.

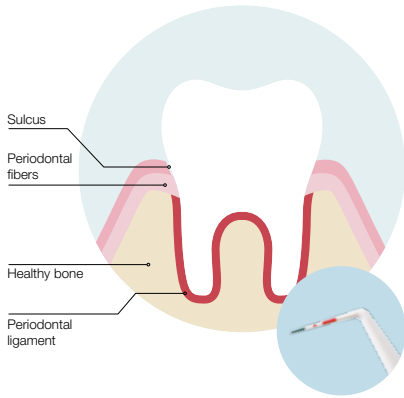
### CLEANING AND POLISHING / AFTER A RESTORATION

Smoothing of rough surfaces, elimination of “overhangs” of fillings.

# FOCUS ON PERIODONTAL DISEASE

The saliva in our mouths contains bacteria, forming colourless, sticky colonies (known as plaque) on all surfaces and under the gum line. If plaque is not effectively removed through brushing and interdental cleaning, it becomes a hard deposit called tartar (calculus). Calculus can only be removed by a dental professional. The toxins produced by these bacteria can irritate and inflame the gums resulting in the early stages of periodontal disease (gingivitis). Over time, the tissue and bone that support the tooth are progressively destroyed and teeth may fall out or need to be extracted; this stage of the disease is called periodontitis.

In its early stages the effects of gum disease can be reversed, which is why regular professional cleaning is essential.

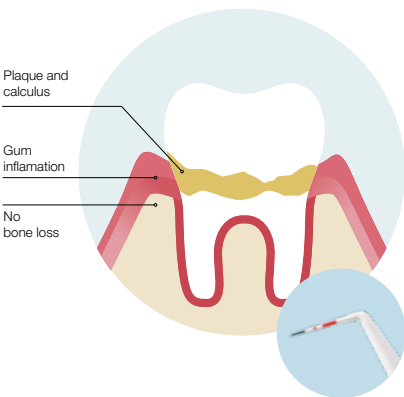


## THE HEALTHY TOOTH

### Probing 3mm into healthy sulcus: green part visible on Perio-Probe

With a healthy tooth, the root is set in the jawbone with a strong ligament, which keeps the tooth tightly attached to the bone. Gum covers the bone and, like skin, protects it from bacteria that are constantly present in the mouth. The gum is pink and firm and connects to the neck of the tooth with a band of fibres, which insert just

above the bone into the root. In a healthy situation the gum edge is higher than the fibre attachment, forming a space around the tooth. Gums should not bleed when the teeth are brushed. When healthy, there is generally a 2-3 mm sulcus between the tooth and the gum.



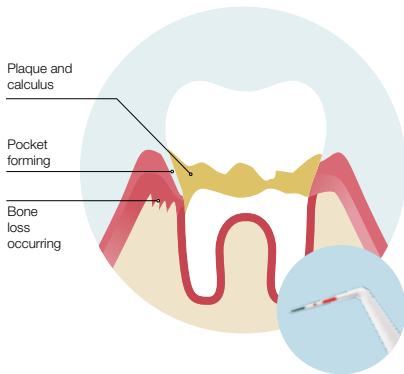
## GINGIVITIS

### Probing 3mm into healthy sulcus: green part visible on Perio-Probe but bleeding

Gingivitis is often the first indication of periodontal disease.

The body reacts to the bacteria by bringing in blood vessels, which carry cells to destroy bacteria. This makes the tissue appear red, perhaps swollen, and patients may notice bleeding when cleaning their teeth.

At this early stage in gum disease, there has been no bone destruction and damage can be reversed with a professional cleaning and proper brushing and flossing.

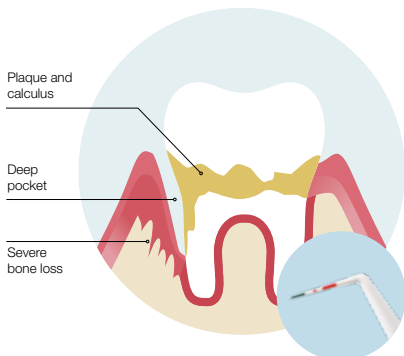


## PERIODONTITIS

### Perio-Probe inserted 5mm under gum to base of pocket

If the gingivitis is not corrected, the bacteria may destroy the fibre barrier, and start moving down the tooth surface. Periodontal pockets develop between the teeth and the gums, harbouring bacteria and pus.

At this stage, the supporting bone and fibres that hold the teeth in place are irreversibly damaged. Using a periodontal probe the dentist can have an indication on how much bone loss has occurred.



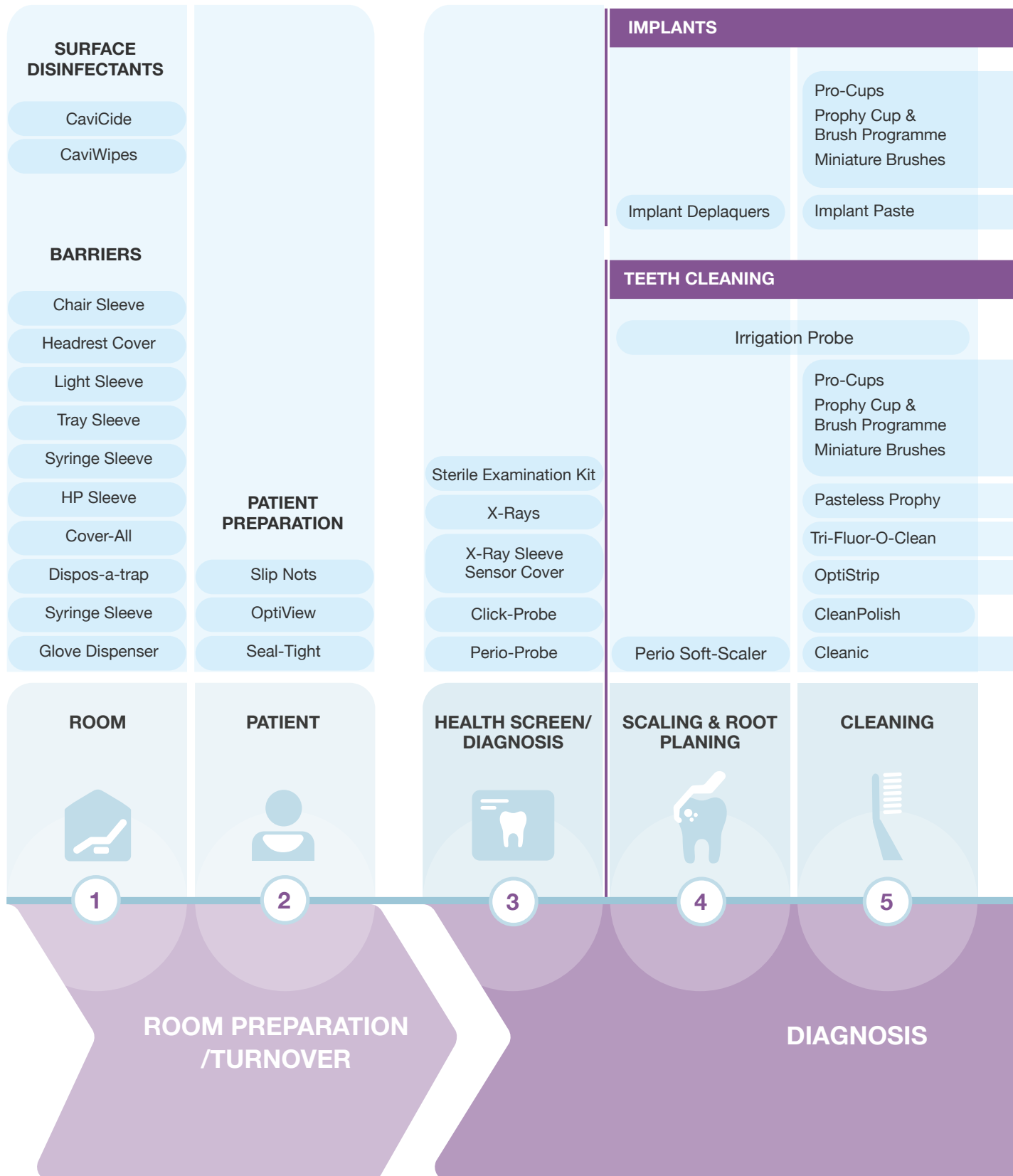
## ADVANCED PERIODONTITIS

### Perio-Probe inserted 8mm into pocket, indicating severe bone loss

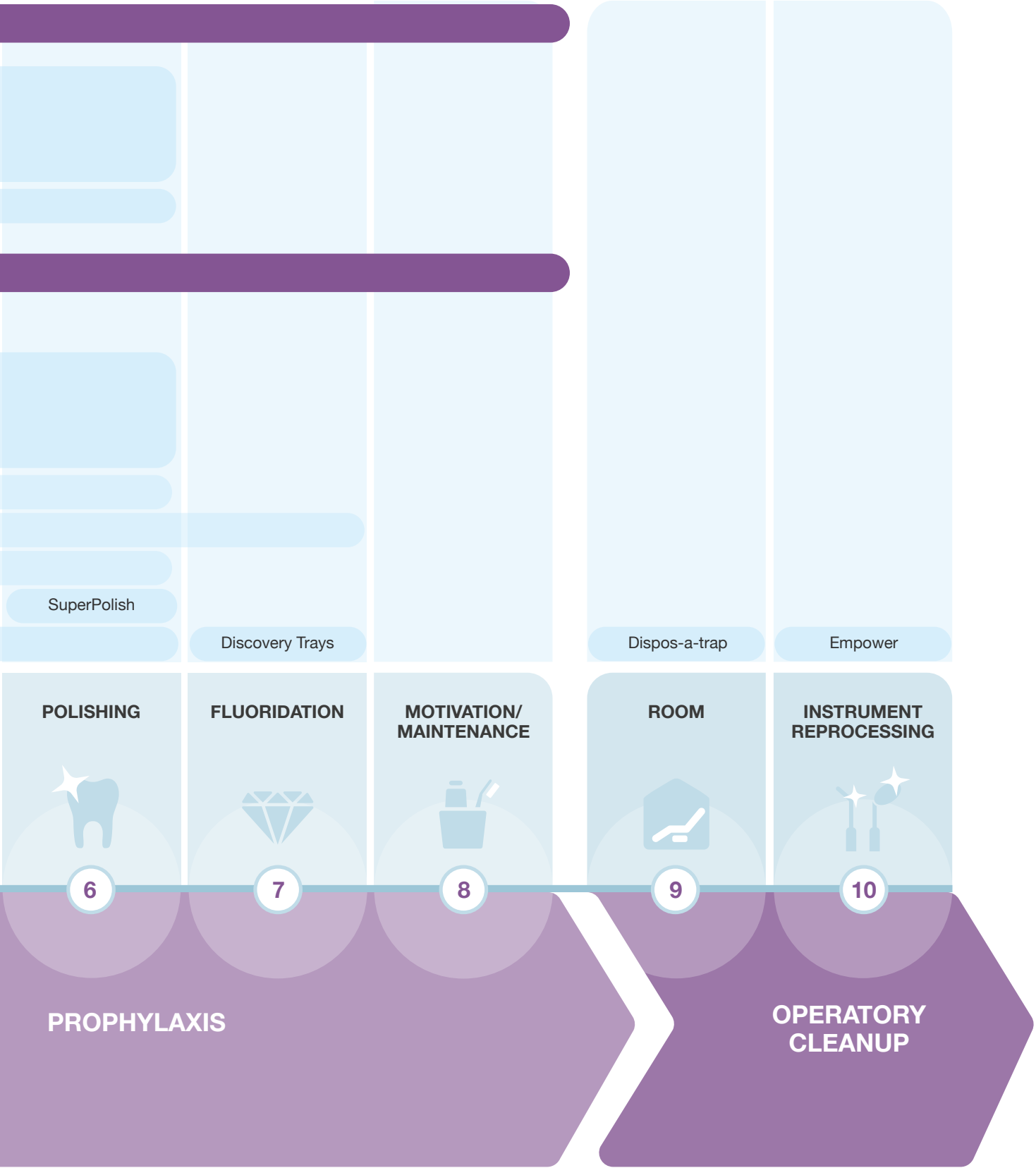
In the final stage of gum disease, when bone is lost, the tooth support is weakened.

The tooth will become loose and, if the disease continues, will be lost.

# KERR PREVENTION WORKFLOW







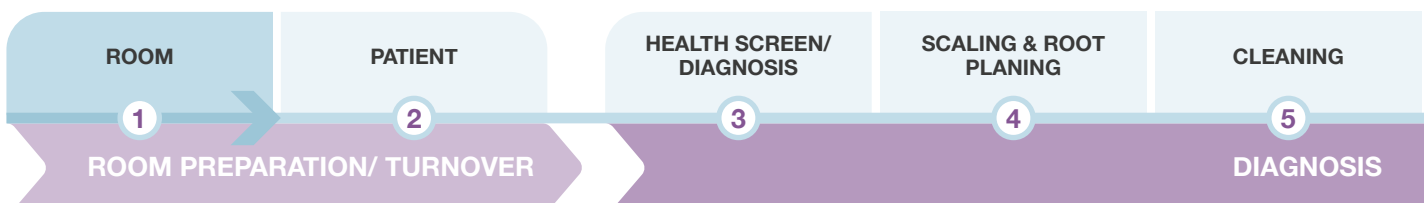


# SURFACE CLEANING AND DISINFECTION:

Low-level disinfectants kill the test microorganisms *Salmonella*, *Staphylococcus aureus* and *Pseudomonas aeruginosa*. These disinfectants are used on surfaces that are not visibly soiled with body fluids.

Intermediate-level disinfectants kill the same test microorganisms as low-level disinfectants but they are also tuberculocidal. These agents are essential for cleaning surfaces with or without visible blood or bodily fluids.

Following manufacturers' instructions is essential for correct use of these products.





## DID YOU KNOW?

The Hepatitis B virus is approximately 100 times more infectious than HIV and 10 times more infectious than HCV.

## CaviCide™: 3 in 1: cleaner, disinfectant and decontaminant

Convenient, ready for use, CaviCide is a broad-spectrum medical device surface disinfectant effective against viruses and bacteria including TB, HBV, HCV, HIV, MRSA, VRE and fungi.

Available in spray, liquid and wipe formats.

For hard, non-porous surfaces or items to prevent cross contamination, such as procedure lights, dental operator and laboratory counter tops/cabinets, telephones and office machines.

- » Pre-cleaning decontaminant spray
- » Ultrasonic precleaning solution
- » Manual precleaner
- » Disinfectant spray
- » Disinfectant immersion

**Kill Time:** 2 and 3 Minutes\*

**Alcohol content:** 17.2% IPA



\*Please refer to label instructions for appropriate contact times

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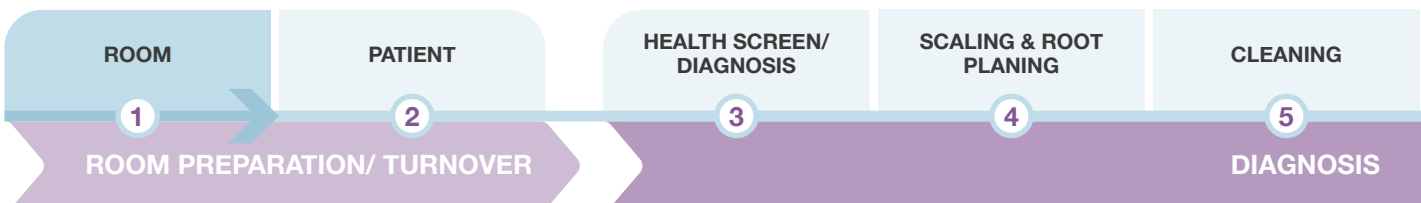
OPERATORY CLEANUP



\*Please refer to label instructions for appropriate contact times

## Surface cleaning and disinfection with spray

CLEAN BEFORE DISINFECTING		DISINFECT AFTER CLEANING	
1. Spray CaviCide directly onto the surface to be cleaned.	2. Wipe with a clean paper towel to remove debris and bioburden. Discard the towel after use.	3. Spray CaviCide directly onto the pre-cleaned surface thoroughly wetting the area. Allow three minutes for maximum disinfection.	4. Wipe with a clean paper towel and discard the towel after use.
			





## Surface cleaning and disinfection with wipes

With an easy-open flip top, and patented adhesive-backed strips.

### CLEAN BEFORE DISINFECTING

1. Unfold first CaviWipes towelette.
2. Wipe surface or items with towelette to remove debris and bioburden. Discard used towelette.

### DISINFECT AFTER CLEANING

3. Wipe pre-cleaned surface with second CaviWipes towelette to disinfect.



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# USING BARRIERS FOR ENVIRONMENTAL ASEPSIS

Barriers can help to prevent contamination of clinical contact surfaces and other items during patient care.

Benefits include:

- Reduced time performing environmental asepsis
- Greater reliability
- Visible barriers instill confidence in patients.

Barriers should be applied to surfaces and/or items that are:

- Frequently touched with gloves during patient care
- Likely to become contaminated with bodily fluids
- Sensitive to liquid cleaners and disinfectants or difficult to clean.





### DAILY SETUP

#### Before work shift

Inspect operatory.  
If needed, clean and disinfect clinical contact surfaces.



### APPLY

#### Before patient treatment

Cover clinical contact surfaces with surface barriers. Be sure the barrier is fully in place and, when touched, will not expose the protected clinical contact surface.



### REMOVE

#### After patient treatment

While wearing gloves, remove barriers using an aseptic technique. Dispose of used barriers.



### INSPECT

#### After patient treatment

Inspect clinical contact surfaces. Clean and disinfect all contaminated non-barriered surfaces and any surfaces underneath barriers that became contaminated. Remove and dispose of used barriers and gloves aseptically. Apply alcohol-based handrub (or wash hands with soap and water if hands are visibly soiled), and apply new barriers.



### DAILY CLEANING/ DISINFECTING

#### After work shift

Clean and disinfect all operatory surfaces (including those covered with barriers).

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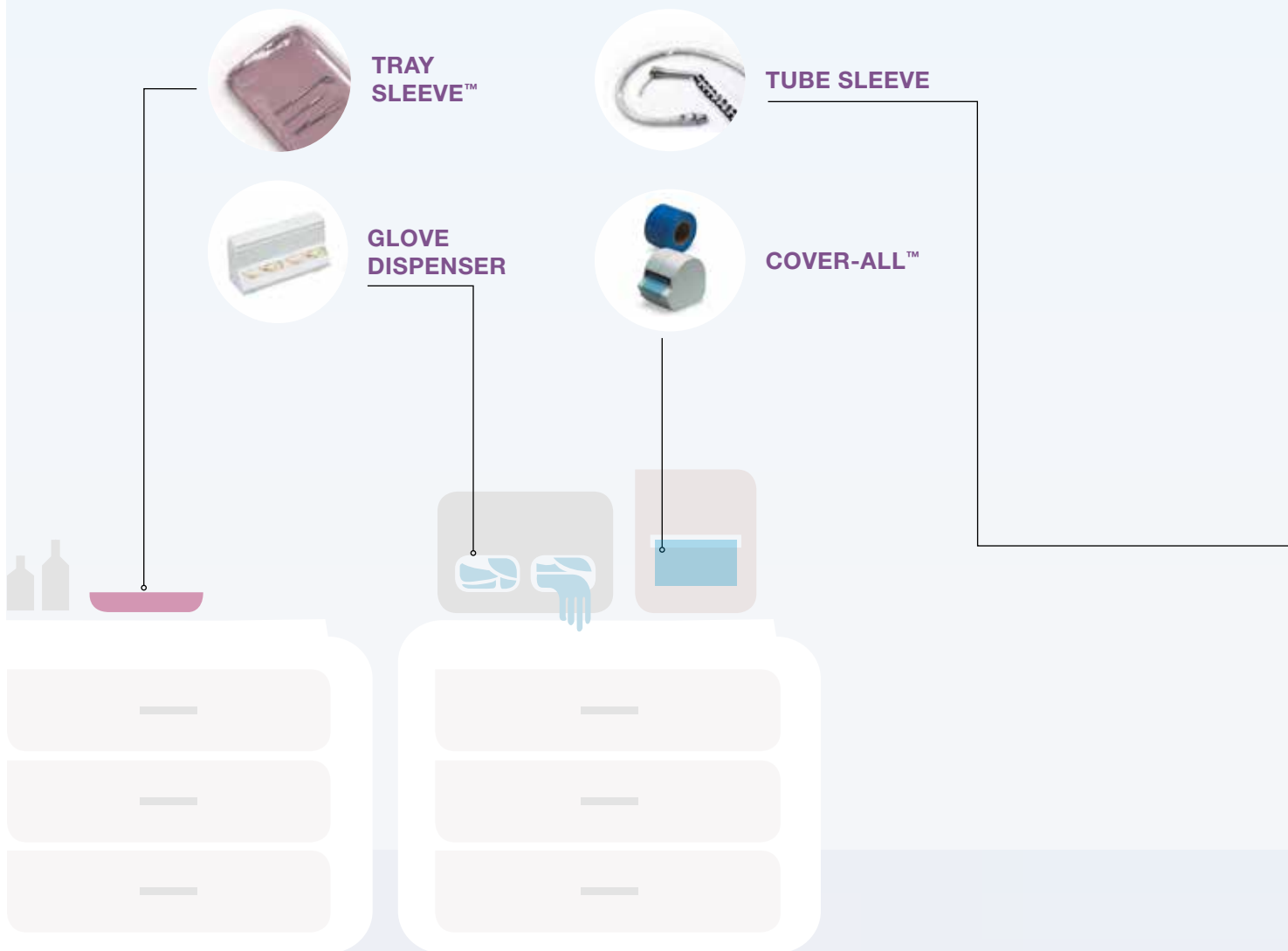
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OPERATORY CLEANUP

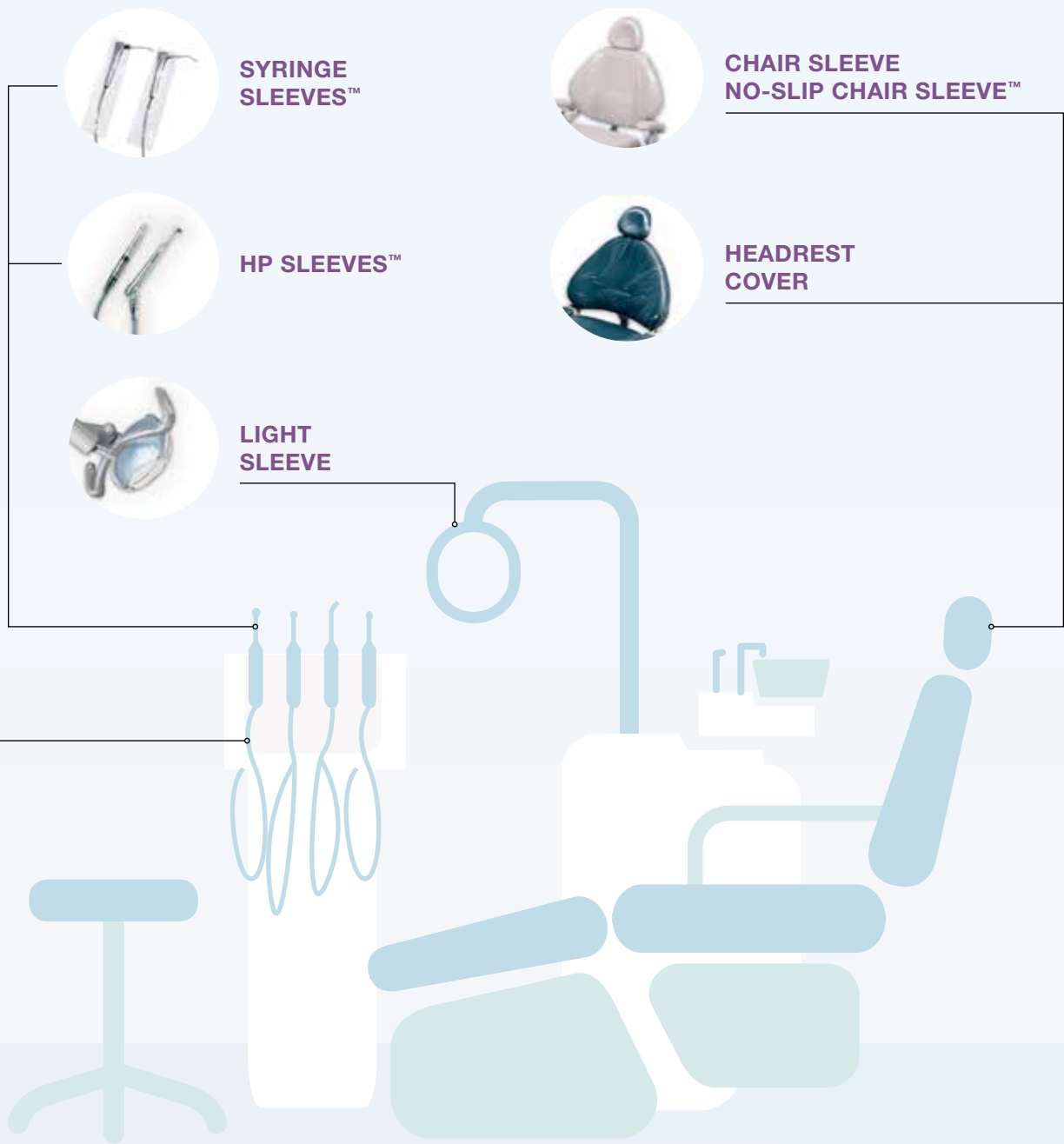
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**Kerr Pinnacle barriers** are available for many surfaces in the dental operator









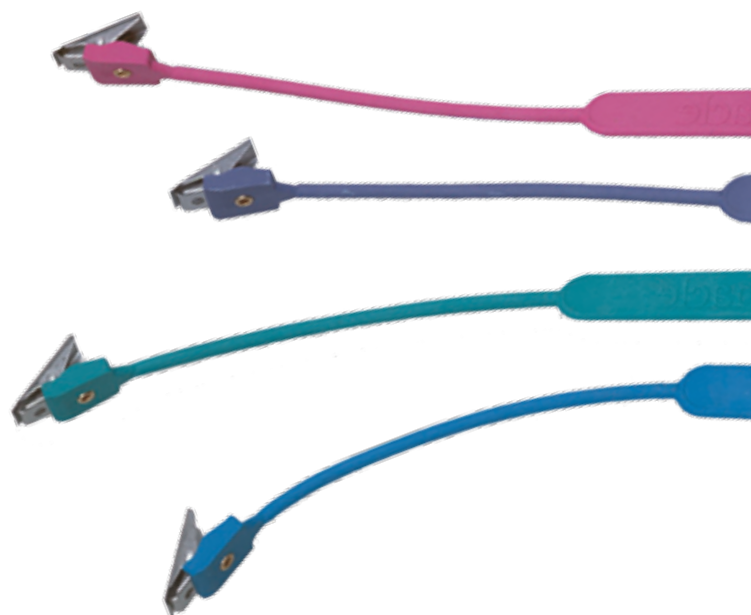
# PATIENT PREPARATION

Patient preparation is key to achieving a safe and comfortable environment for all involved.

Whenever indicated, bibs, lip-and-cheek retractors and single-use sterile instruments should be used.

For example, disposable air/water syringe tips eliminate what an autoclave cannot – cross-contamination.





### PLACE THE PATIENT BIB

**Slip-Nots** are colourful, autoclavable bib clips made from a special soft flexible plastic. The extra wide neck band prevents patient's bib sliding out of place.



### PLACE THE LIP-AND CHEEK RETRACTOR

An unobstructed view of the working area makes it easier for the dentist/hygienist and improves patient comfort.

**OptiView** guarantees uniform perioral retraction maximising visibility and access to the working field.

Anatomic design ensures wearing comfort even during longer procedures and facilitates placement of the saliva ejector.

Available in two sizes: standard (white) and small (light blue)



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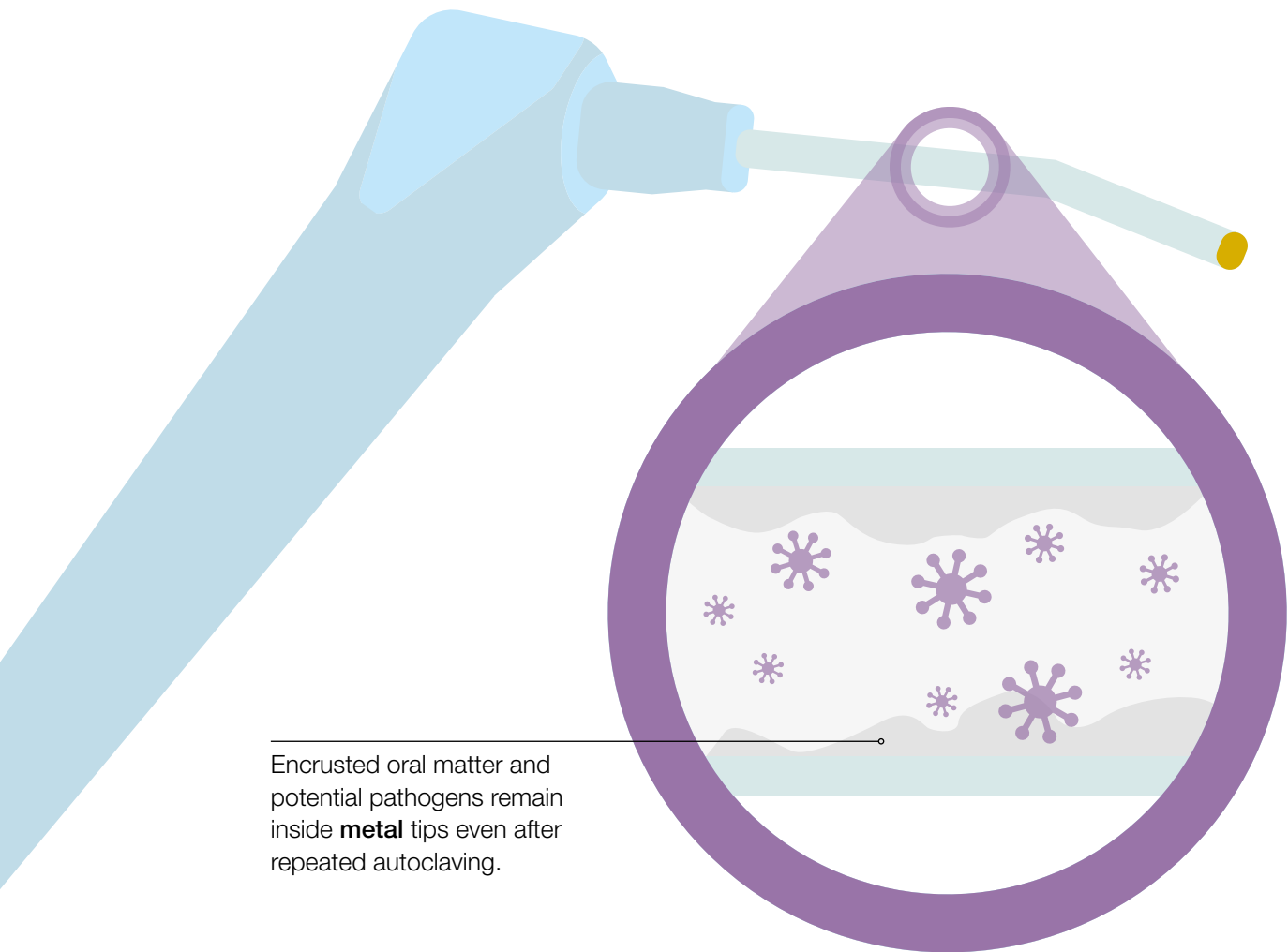
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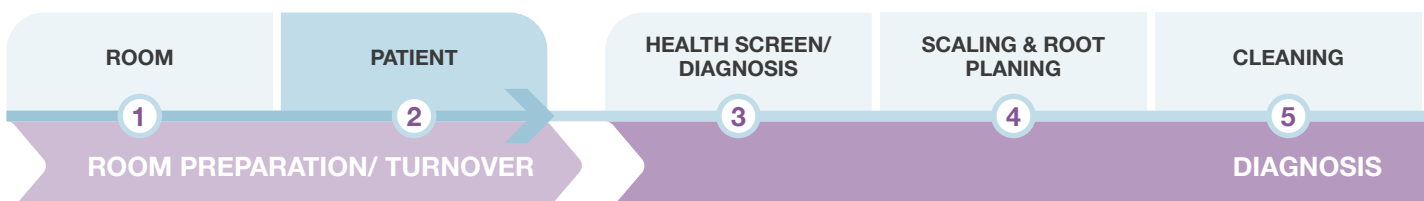


## DID YOU KNOW?

Cleaning non-disposable metal air/water syringe tips is difficult and time-consuming due to their narrow lumens. Encrusted oral matter and pathogens remain inside metal tips even after repeated autoclaving.



Encrusted oral matter and potential pathogens remain inside **metal** tips even after repeated autoclaving.



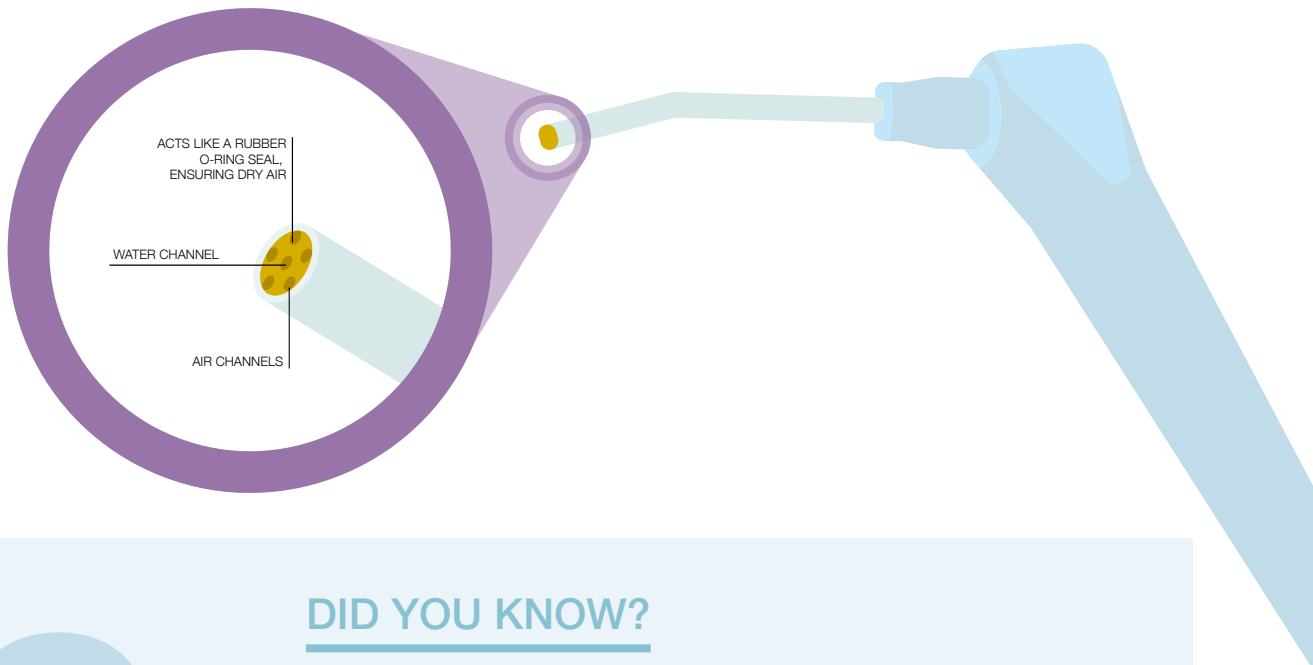
# Dry air on demand

**Seal-Tight®** is the Great Eliminator!

Disposable syringe tip with an interlock system that eliminates wear-and-tear at the insertion point of the air/water syringe and ensures a fresh seal with every new tip.

The inner yellow rubber seal acts like a new O-ring with each tip replacement. Simple push on the yellow autolocking ring to remove and replace.

- » **Eliminates sterilisation time** and the risk of moisture damage during procedures.
- » **Flexible:** can be bent to a 90° angle without affecting water flow.
- » **Rigid:** easily retracts lips and cheek without bending.



## DID YOU KNOW?



Dry air can be used to identify supragingival calculus. When teeth are completely dry, tartar will appear white and chalky and in your mirror will appear as a dark shadow on the surface of the tooth. Dry air can also be used to deflect the gingival tissue and identify the calculus in the gingival sulcus.

If the patient has hypersensitive teeth or tooth decay, it is preferable to use short bursts of hot air.

A selection of Seal-Tight Adapters is also available from Kerr: see pages 63-64.

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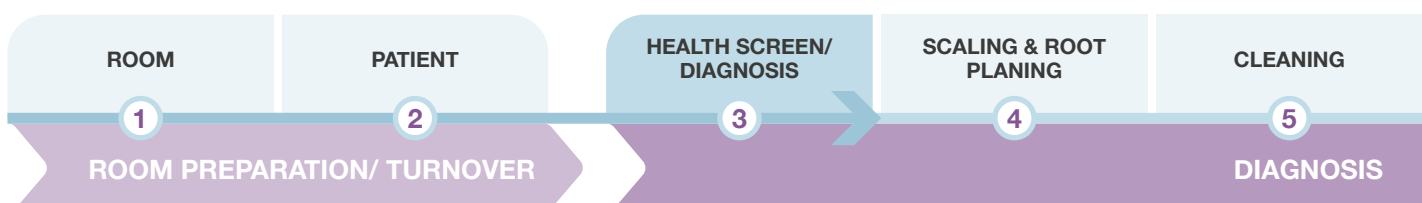


# HEALTH SCREENING / DIAGNOSIS

Examination of the oral cavity is essential to reach accurate diagnosis. Aetiology to look out for includes:

- Gum recession – the amount of recession added to the pocket depth determines total bone loss
- Furcations – bone loss into the furcation of a tooth compromises the diagnosis
- Amount of attached gingiva – without adequate attached gingiva, recession will occur
- Occlusion (bite) – excessive forces on teeth may increase the chances of bone loss
- Tooth mobility – generally indicates inadequate bone support or a bite problem
- Patient oral hygiene – poor brushing and interdental cleaning will greatly compromise the long-term result.

Following a preliminary examination, the dentist may decide to take X-rays to check for problems not visible to the naked eye.



## Examination and probing

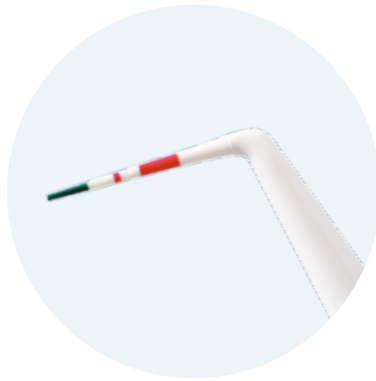
A general examination using a mirror and probe is carried out on both the upper and the lower jaws for the number of teeth and fillings present. Fillings are checked to see if they are defective, inadequate or if there is decay. The condition of the gums and the standard of oral hygiene are also assessed.

A periodontal probe can be used to evaluate the pockets surrounding each tooth and the risk of gingivitis or periodontitis. Generally, the more severe the disease, the deeper the pocket.



### STERILE EXAMINATION INSTRUMENTS

- » Safety and convenience in one kit thanks to Kerr's selection of ready-to-use sterile examination instruments.



### PERIO-PROBE

- » Permits a fast and qualitative evaluation of periodontal pocket's presence
- » Colour-coded
- » Available in scale 3/5/7/10
- » Also indicated for implants.



### CLICK-PROBE

- » Permits a fast and qualitative evaluation of periodontal pocket's presence
- » Thanks to its integrated "click" mechanism advises operator she/he can proceed with the pocket evaluation
- » Available in **two scales** (3/6/9/12 and 3/5/7/10)
- » Also indicated for implants.

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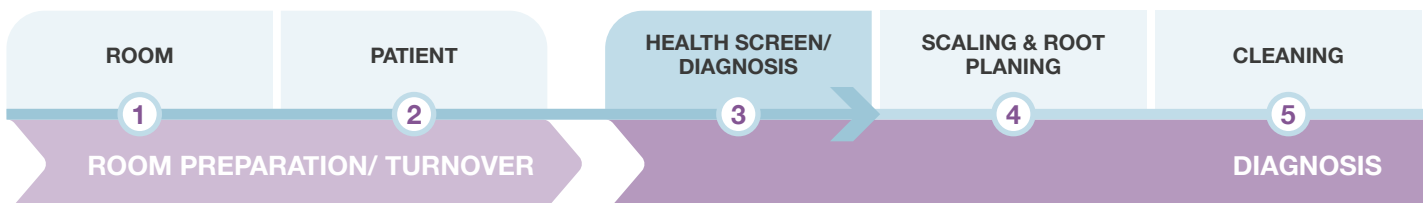
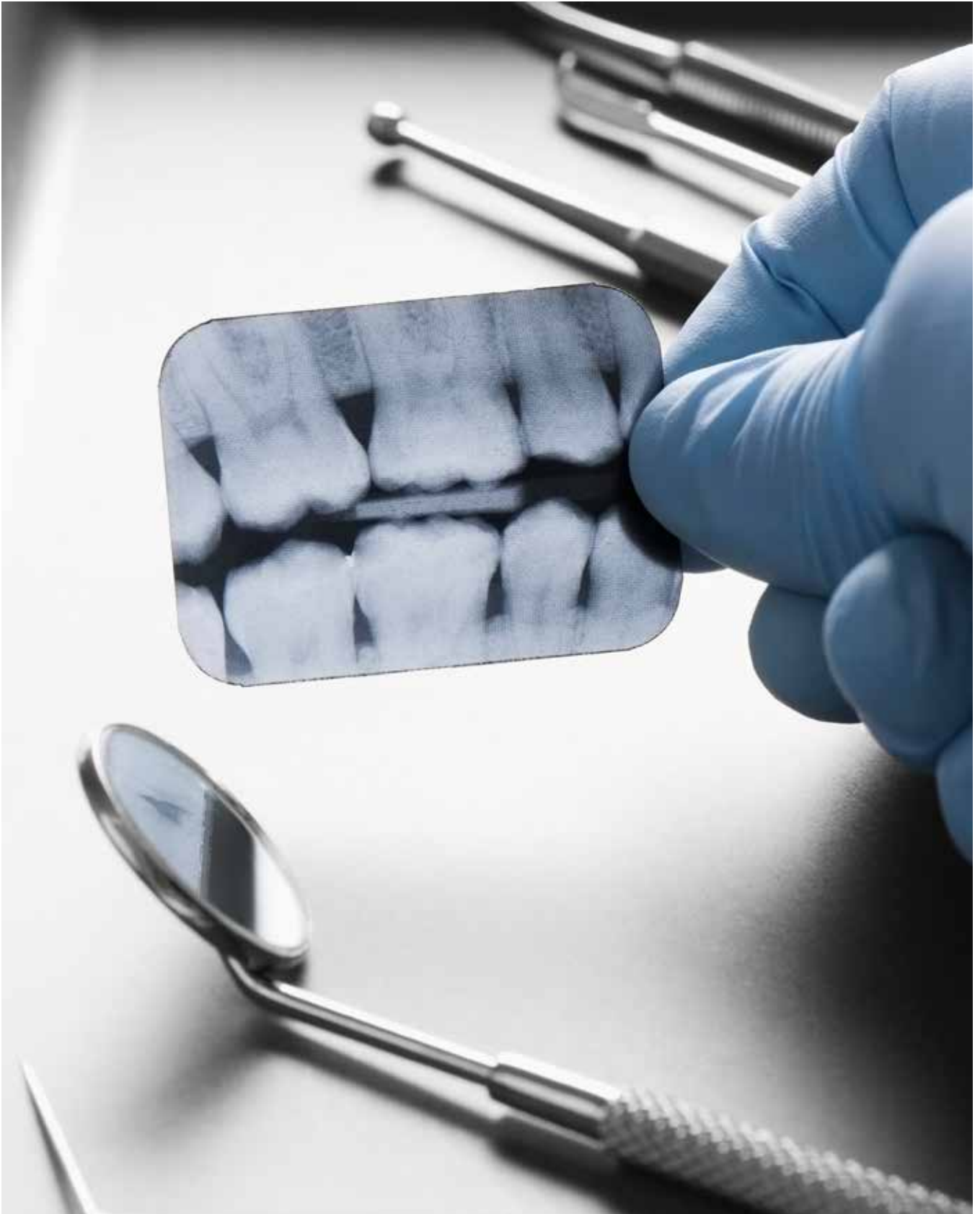
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## Intraoral x-rays

A qualitative diagnosis with the minimum exposure can be achieved thanks to Kerr's X-rays holder universal system compatible with all commonly-used brands, types and sizes of film/phosphor plate or sensors - with or without cabling (wireless).

Based on the paralleling technique, they allow excellent comparison between radiographs taken over time

	Bitewing	Anterior: Front teeth (colour code green)	Posterior: Molars and premolars (colour code red)
Film and Phosphor Plate Holders	Horizontal (Kwik) 	Periapical 	Periapical 
	Vertical (Paro) 	Endodontic 	Endodontic 
Sensor Holders	Horizontal (Kwik) 	Periapical 	Periapical 
	Vertical (Paro) 	Endodontic 	Endodontic 



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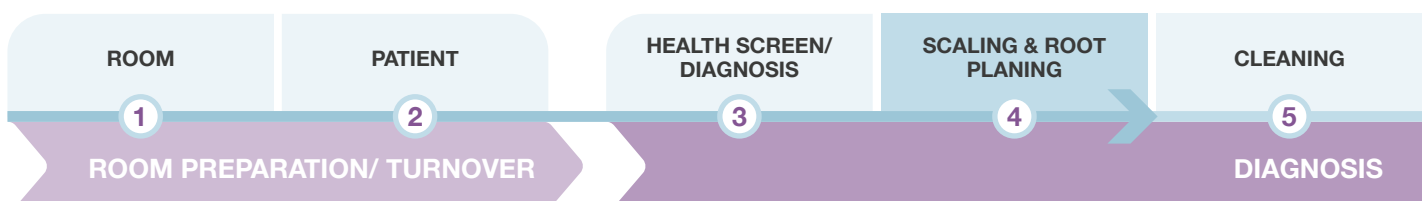


# SCALING AND ROOT PLANING

What we refer to as scaling and root planing often comprises:

- Debridement – the removal of plaque;
- Scaling – the removal of calculus (tartar). Various types of instruments can be used for effective subgingival or supragingival removal of calculus from tooth surfaces, such as:
  - Ultrasonic and sonic instruments
  - Rotary instruments
  - Hand instruments.
- Root planing – to produce a smooth root surface under the gum level.

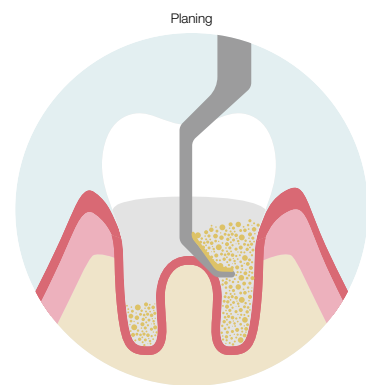
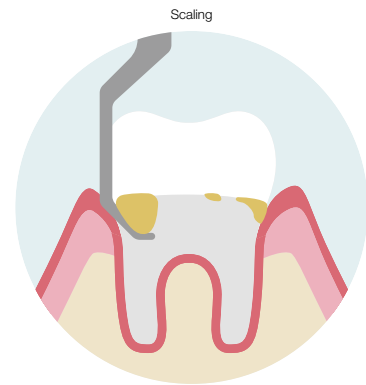
Hand instruments are used for both supragingival and subgingival scaling, as well as for root planing. Knowledge of the characteristics of these instruments is essential to minimise operators' efforts and guarantee patient safety (i.e. no soft tissue laceration and no pain).



## Scaler

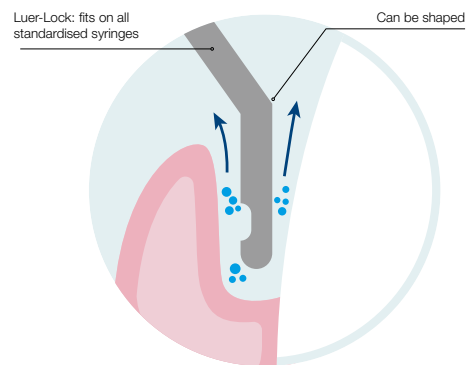
### Perio Soft-Scaler

- » For **removal of soft and slightly mineralised plaque in and around periodontal pockets**
- » NOT indicated for usual hygiene session (hard calculus), just for **treatments of pockets!**
- » Best balance efficiency vs. gentleness and flexibility of the instrument!
- » Can be resharpened
- » Autoclavable at 134°
- » Latex-free
- » Soft plastic material



## Pocket rinsing

Following mechanical debridement with suppuration, alongside early signs of periodontal/peri-implant tissue destruction and pockets 4-5mm deep, antiseptic therapy with pocket rinsing (i.e. with chlorhexidine based products) using sterile needles with blunt extremities and lateral holes (i.e. Kerr **Irrigation Probe**) is recommended for improved rinsing.



No. 30 Ø 0.3 mm    No. 25 Ø 0.5 mm    No. 23 Ø 0.6 mm    No. 21 Ø 0.8 mm

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## CLEANING & POLISHING

Cleaning and polishing use an abrasive agent and some form of mechanical device to remove extrinsic stains (like tobacco, coffee, food and antiplaque agents) and to leave the surface clean and smooth.

The traditional technique uses a conventional handpiece with a small brush or rubber cup.

Pumice is the most diffused abrasive substance but alternatives like perlite and zirconium silicate are available.

Abrasive substances can damage the surface of teeth, if they are not subsequently polished with a fine-grain polishing paste. If tooth surfaces are left in a roughened state, accumulation of new plaque and stains, as well as deposits of calculus, occurs.

To overcome this issue, Kerr has developed Cleanic, a one-step prophy paste with integrated abrasion variability, enabling it to convert from a cleaner to a polishing paste in seconds.

ROOM

1

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## Traditional cleaning and polishing procedure: 2 (or more) steps



### 1ST STEP - CLEANING

CleanPolish is a fortified pumice-based paste that cleans natural teeth and metal fillings quickly and efficiently.

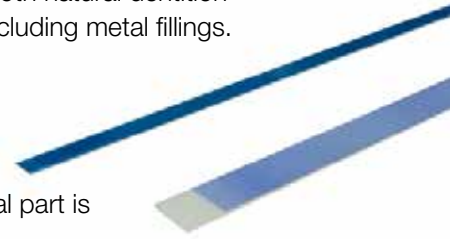


### 2ND STEP - POLISHING

SuperPolish, the second step of the procedure, delivers mirror-like shine to both natural dentition and tooth-coloured fillings including metal fillings.

Strips with a fine grain, like **OptiStrips**, must be used for narrow interdental spaces.

Made of flexible polyester coated on one side with particles of aluminum oxide, the central part is not abrasive so that it can pass through the contact point.



### Use prophy-pastes with Kerr paste carriers



**Prophy Clips** (autoclavable)



**Ring Pots** (non-autoclavable)  
Available in 5 assorted colours

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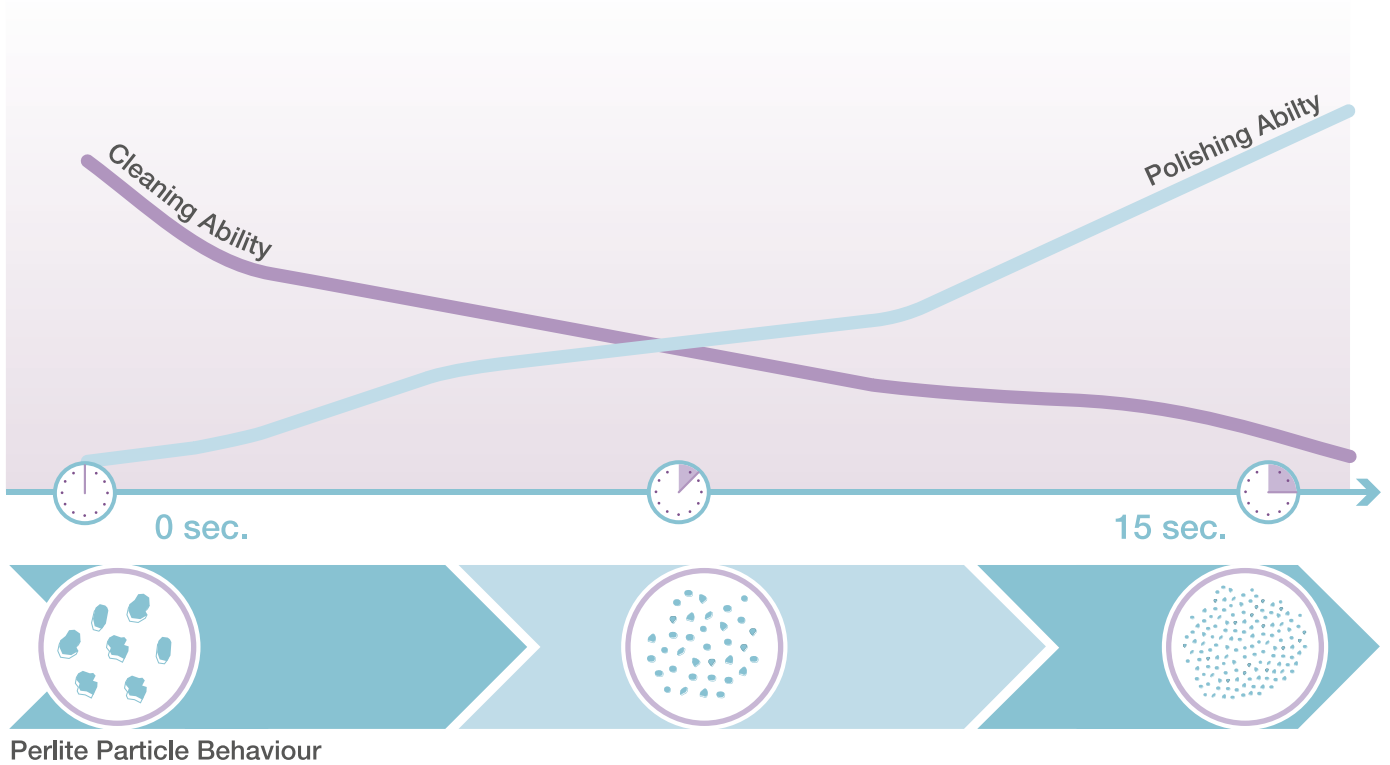
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# One-step cleaning and polishing procedure: Cleanic®

Thanks to patented perlite technology, Cleanic features integrated abrasion variability that allows a one-step prophylaxis procedure.



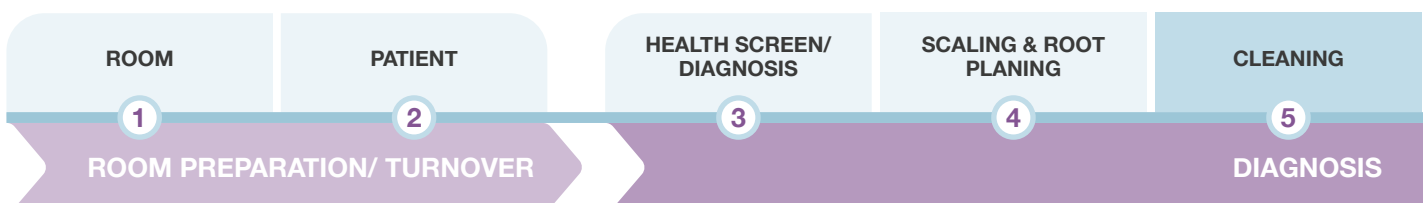
When Cleanic is first applied to the surface it will behave like a coarse paste and within seconds change to a fine polishing paste.

## HOW TO USE CLEANIC®

Cleanic's specific characteristics require certain adjustments compared to conventional application methods. Treat a limited group of teeth (about 3) with one portion of Cleanic® with a rubber cup (i.e. Pro-Cups) or brush in one step from basic cleaning to polishing.

Take a new portion and treat the next group of teeth accordingly.

For normal dentition, on each tooth, work from the incisal/occlusal surface toward the gingiva area of the tooth: this will minimise abrasion. If treating patients with exposed dentine or root surfaces, start with a fresh portion of paste on the enamel surface and move onto exposed root surfaces or dentine with used paste (paste is less aggressive).



# Cleanic® : the one-step prophy paste



**MINT WITH FLUORIDE**

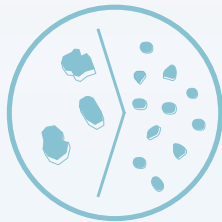
**LIGHT WITH FLUORIDE**

Free from flavouring substances and artificial colourants

**MINT WITHOUT FLUORIDE**

**GREEN APPLE WITH FLUORIDE WITHOUT MENTHOL**

**BERRY BURST WITH FLUORIDE**



**PATENTED PERLITE TECHNOLOGY**  
Featuring integrated abrasion variability



**ALL IN ONE**  
Universal prophy paste guarantees outstanding results



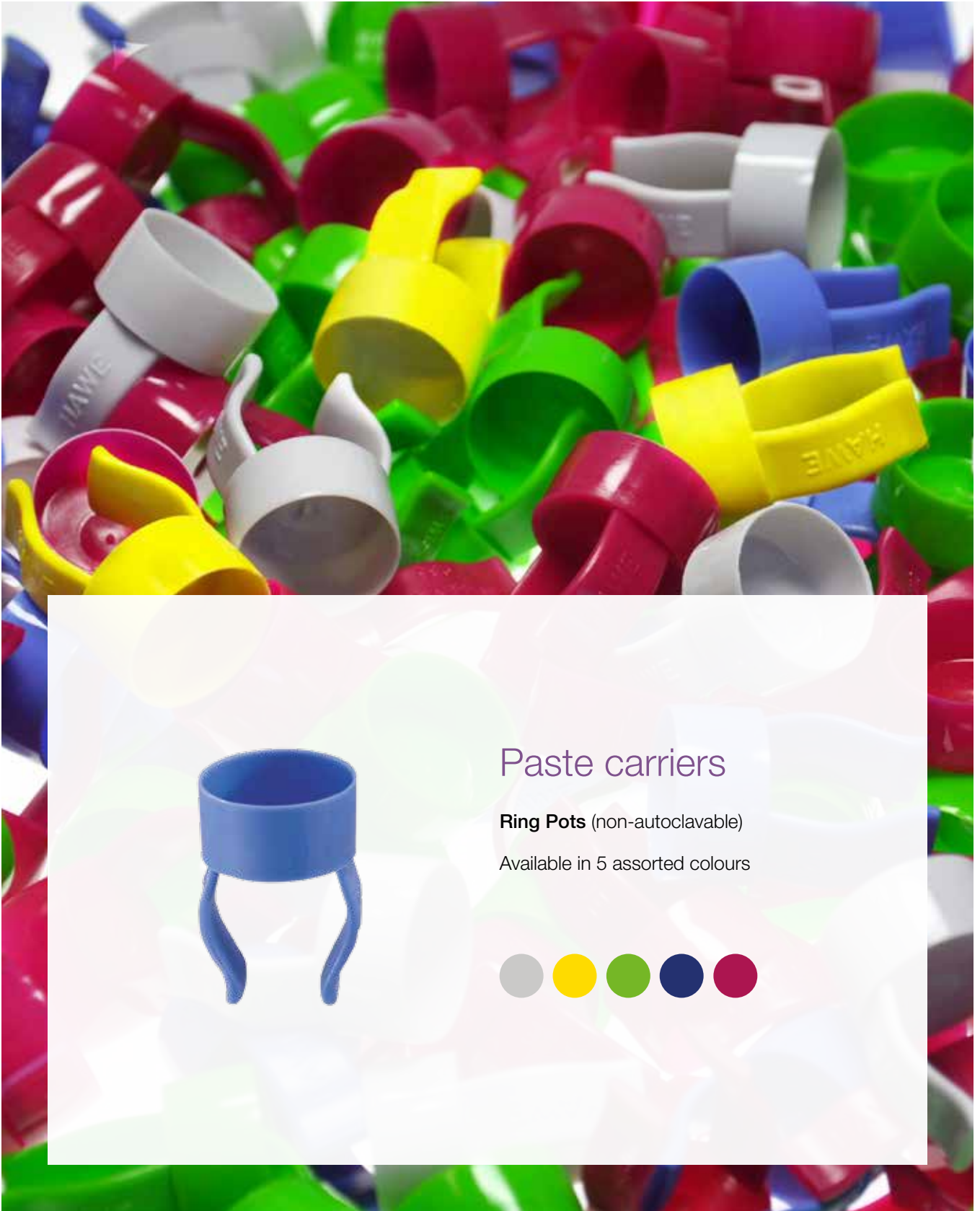
**TIME SAVING**  
From cleaning to polishing in one step



**SCIENTIFICALLY PROVEN**  
Maximum cleaning & polishing with low abrasion of enamel and dentine

Cleanic is also available in Jar and Monodoses





## Paste carriers

**Ring Pots** (non-autoclavable)

Available in 5 assorted colours



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## One-step cleaning and polishing procedure

### Cleanic Collection Kit

- » Three Cleanic 100g tubes with Fluoride (Mint, Green Apple and Light flavours).
- » A reusable transparent bag.
- » A Tube Squeezer... so you will not waste a gram of our Cleanic paste.



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## ACCESSORIES FOR CLEANING & POLISHING

A low-speed handpiece (below 3000 rpm) is used during cleaning and polishing to limit the level of heat generated.

Attached to the handpiece is the prophylaxis angle, designed with straight or contra-angled shanks, either reusable or disposable.

The rubber cup is dipped into the abrasive paste and the rotating cup then held at a 90° angle against the tooth, following the form of the tooth from the gingival margin.

Cups feature different attachment options of snap-on, screw or latch.

A pointed cone-shaped cup made of soft rubber is appropriate for wide interdental spaces.

To clean a tooth, a handpiece with a nylon bristle brush that has a hollow space to hold the paste and better adapt to the tooth can also be used.

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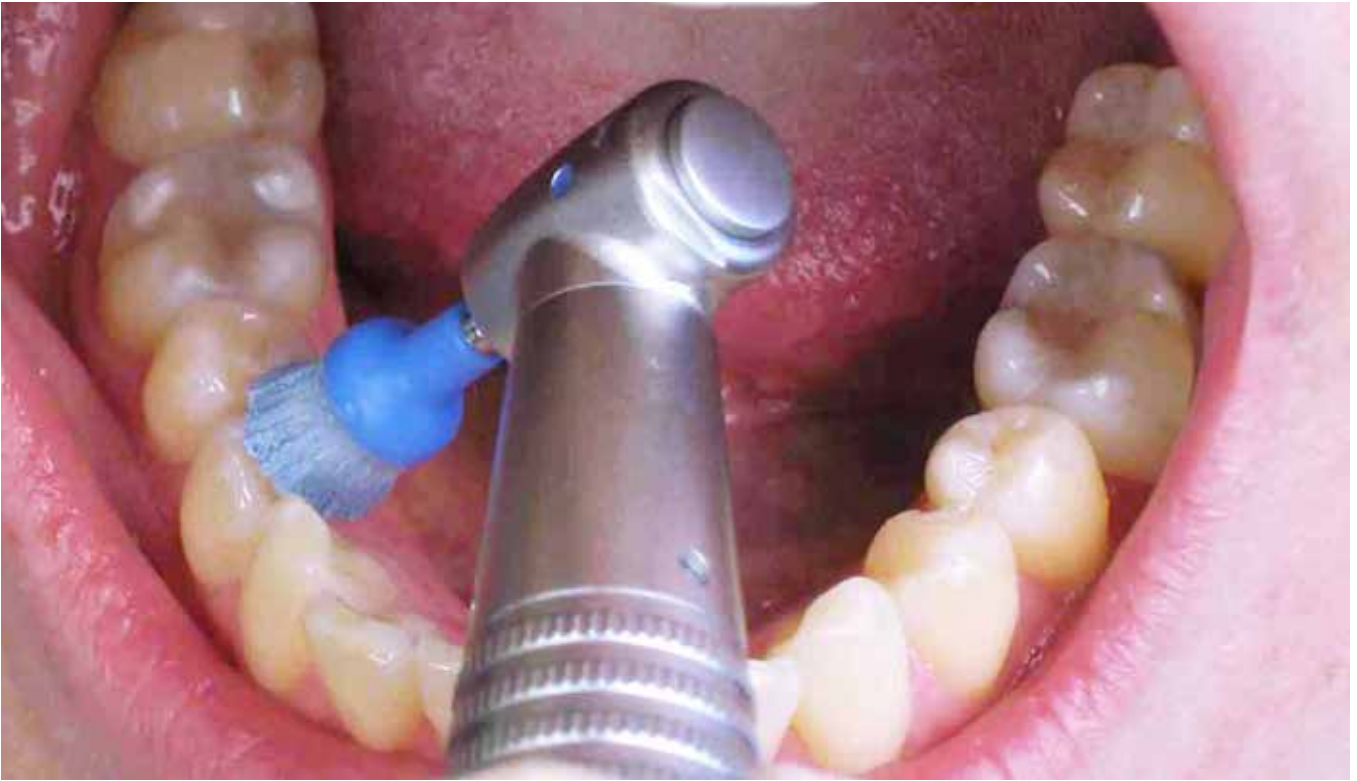
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## Miniature brushes

Designed to be fitted to a contra-angle headpiece, loaded with prophylaxis paste and then used for cleaning/polishing natural teeth as well as glass ionomer, composite or metallic fillings.



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# PROPHY CUPS & BRUSHES

A complete line of cups & brushes is also available from Kerr

## SNAP-ON:

Mandrels are separated from brush/cup



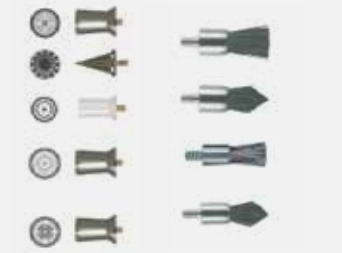
## LATCH-TYPE:

Mandrels and brush/cup are a unique piece



## SCREW-TYPE:

Cups or brushes with screw system



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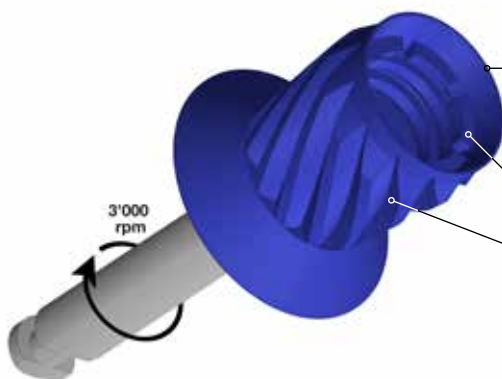


## PRO-CUPS

The latex-free **Pro-Cup** minimizes splattering of the paste during application. They have a profile of small lamellae on the external surface that directs the paste towards the margin of the cup, preventing splattering.

The light blue cups are made of soft rubber, suitable for inflamed gingivae, while the dark blue ones are for healthy gingivae and are made of harder rubber.

The shorter ones (Junior) make it possible to reach the buccal surface of molars more easily.



The fine lip at the circumference allows best cleaning and polishing control close and under the gingiva

Thanks to its lamellar inner and outer profile, Pro-Cup impels the prophy-paste and saliva towards the edge of the cup on a helical principle, minimizing splattering

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# FLUORIDE

Following consumption of food or drinks, any acid in the saliva encourages demineralisation, which dissolves calcium and phosphorous under a tooth's surface. The natural remedy to this is remineralisation, which occurs when the oral environment is less acidic.

When fluoride is present during remineralisation, it helps to strengthen the teeth and prevent future demineralisation damage. Between the demineralisation and remineralisation processes, fluoride has a regulatory function, tipping the equilibrium in favour of remineralisation.

Fluoride-based products create a protective layer that is resistant to acids and stimulates remineralisation.

Therefore, a higher concentration of fluoride can produce a lasting protective effect, especially for patients who are at moderate or high risk of caries.

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## Fluoridation with paste: Tri-Fluor-O-Clean

**Paste containing pumice and zirconium silicate** for cleaning and fluoridation.

During the prophylaxis, the activated enamel surface is modified by three fluoride complexes:

- » sodium fluoride (NaF) for intensive immediate fluoridation with additional depot effect.
- » calcium fluoride ( $\text{CaF}_2$ ) with a delayed effect to prolong the oral F-clearance.
- » monofluorophosphate (MFP) which catalyses remineralisation of early carious lesions.



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## Fluoridation without paste: Pasteless Prophy

For professional tooth cleaning on tooth enamel surfaces when extreme staining occurs and bound fluoridation during application.

The advantages:

- » Efficient stain removal with high polishing for superior aesthetics.
- » Proven structurally bound fluoridation due to continuous release of fluoride particles (0.9% fluoride as sodium fluoride).
- » Can be autoclaved several times (no impact on fluoride content and fluoride-release during application).



To be used after Cleanic

## For topical fluoride application: Discovery Trays

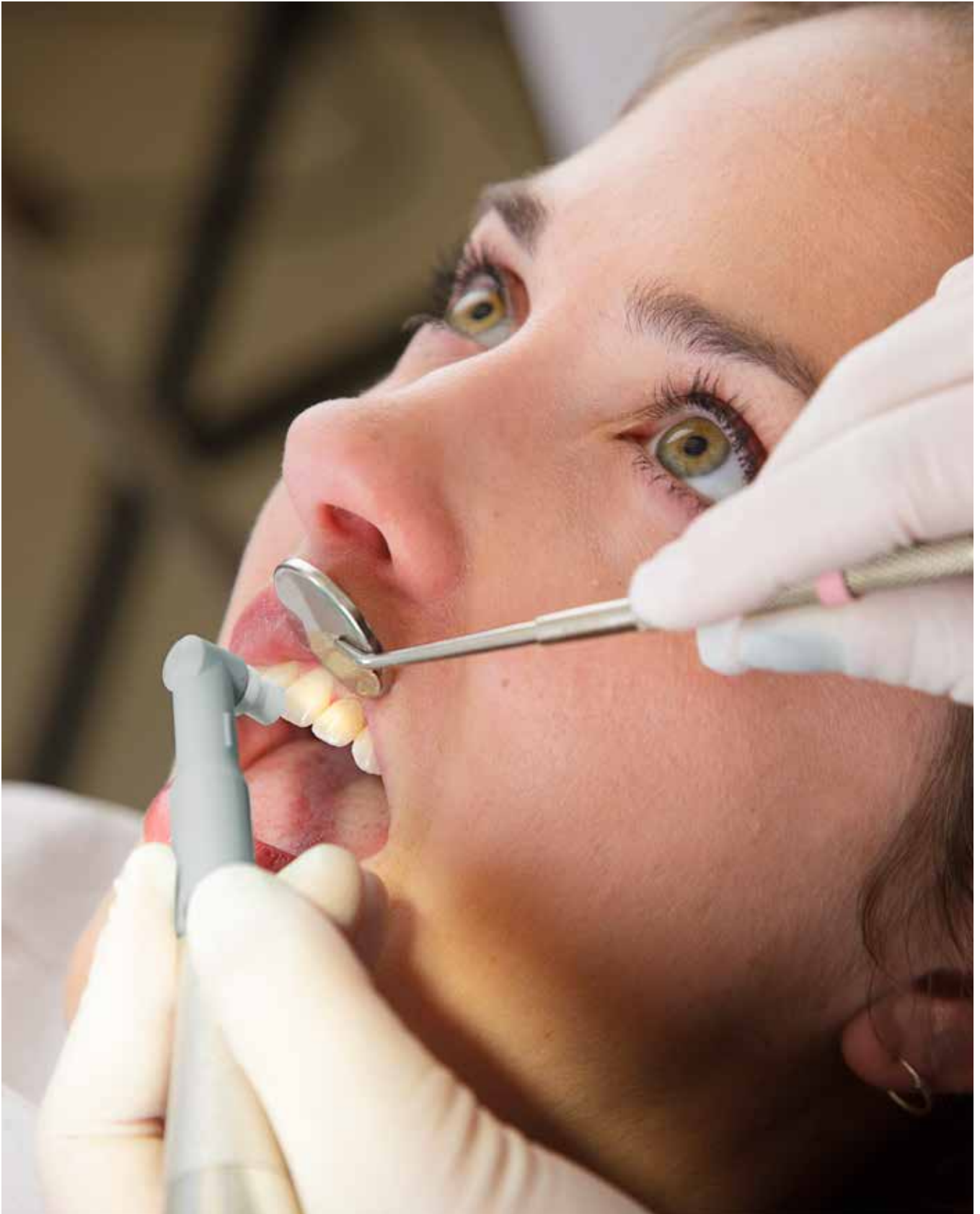
Patented disposable trays for topical fluoride application are designed for improved patient fit and comfort.

- » Bonded dual foam insert, forces fluoride interproximally.
- » The tray construction permits simultaneous fluoride application to both maxillary and mandibular arches.
- » Four sizes. Excellent fit even for small children.
- » Colour-coded foam. Easy to distinguish sizes.

**Can also be used with chlorhexidine based gels for antiseptic therapy.**







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## FOCUS ON IMPLANTS

Professional implant maintenance and proper oral hygiene are essential to maintain inflammation-free gums and therefore achieve long-term results.

Peri-implantitis is a site-specific infectious disease that causes an inflammatory process in soft tissues, as well as bone loss around an osseointegrated implant in function.

As soon as an implant surface is exposed to the oral cavity, it becomes covered by a protein layer – the salivary pellicle – and is colonised by oral microorganisms, forming a microbial biofilm.

The implant should be cleaned by instruments softer than titanium, such as polishing with a rubber cup and paste, floss, interdental brushes, or using plastic scaling instruments. These have been shown not to roughen the implant surface, unlike metal and ultrasonic scalers.



## Implant Scaling and root planing

In selecting an instrument to be used for the professional maintenance of implant-supported protheses, the operator must assess not only the ease of use of the instrument, but also the potential long-term damage that any instrument may cause to the titanium abutment. The softness of commercially pure titanium has led to the development of alternative devices for the cleaning of implant abutments instead of the traditional stainless steel instruments causing roughness.

### Implant Deplaquers

- » For removing of soft deposits around and on implant surfaces without scratches.
- » **Metal-free:** no scratches on implant surfaces (carbon fibre-reinforced plastic product).
- » High stiffness, light weight.
- » **Latex-free**, but with sufficient material strength.
- » Available in two shapes.
- » Autoclavable at 134°C.
- » Can be resharpened.



#### UNIVERSAL

Allows all surfaces to be reached topically



#### OROFACIAL

For larger, lateral surfaces

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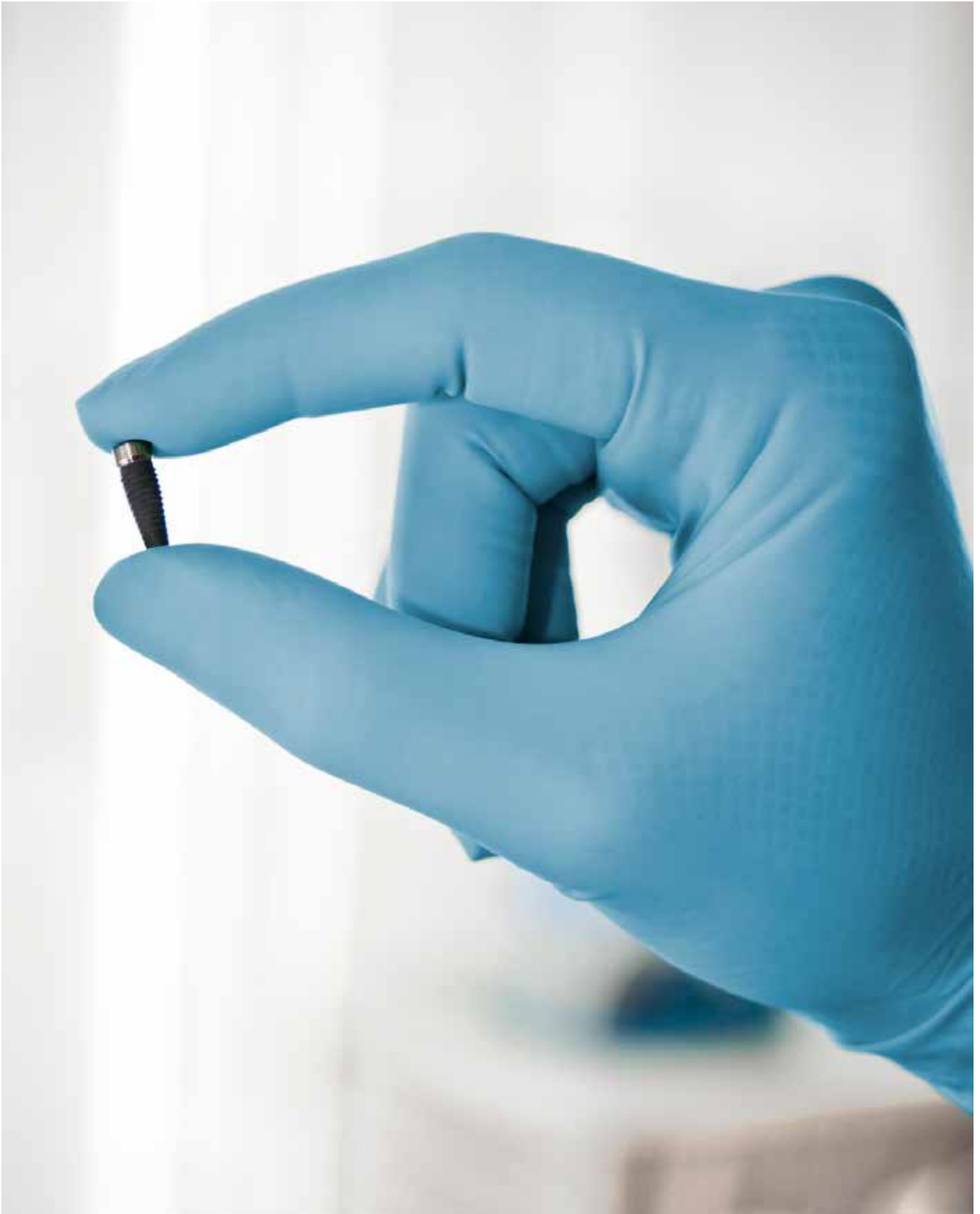
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## Implant Cleaning and Polishing

Ideally the procedure can be finished with a gentle cleaning and polishing session, using a paste for implants.

For this purpose Kerr has developed Implant Paste, recommended to be used with our range of cups and brushes (latch- and screw-type, including mandrels to adapt screw-type products to latch-handpieces).

- » **Implant Paste** developed for an efficient and gentle maintenance of implants.
- » Thanks to its low RDA 9.8 (REA 4.5), it does not scratch the implant surface.
- » **Aluminium-oxide** based, Implant Paste is **without fluoride** (a paste for implants should be fluoride-free, as it does not make sense to apply fluoride where it cannot be absorbed) with a pleasant fresh mint taste.



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# MOTIVATION IS KEY FOR MAINTENANCE

Educating patients about their oral health is essential to achieve the level of motivation required for successful home care.

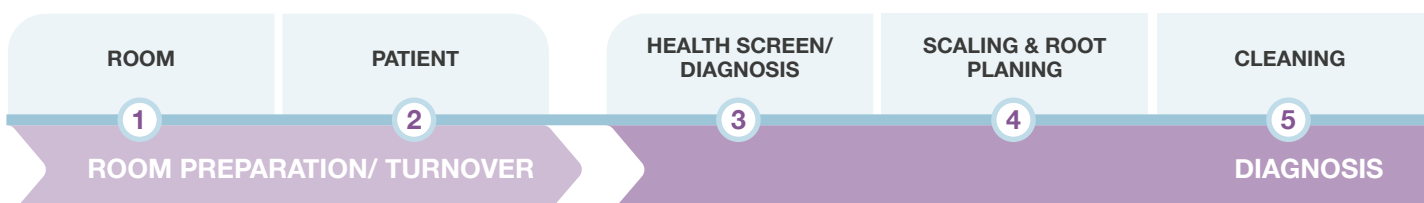
Explaining the cause of the dental problem, what the hygienist is doing to solve it and what can be done to prevent recurrence may achieve cognitive and emotional responses resulting in an improved home care regimen.

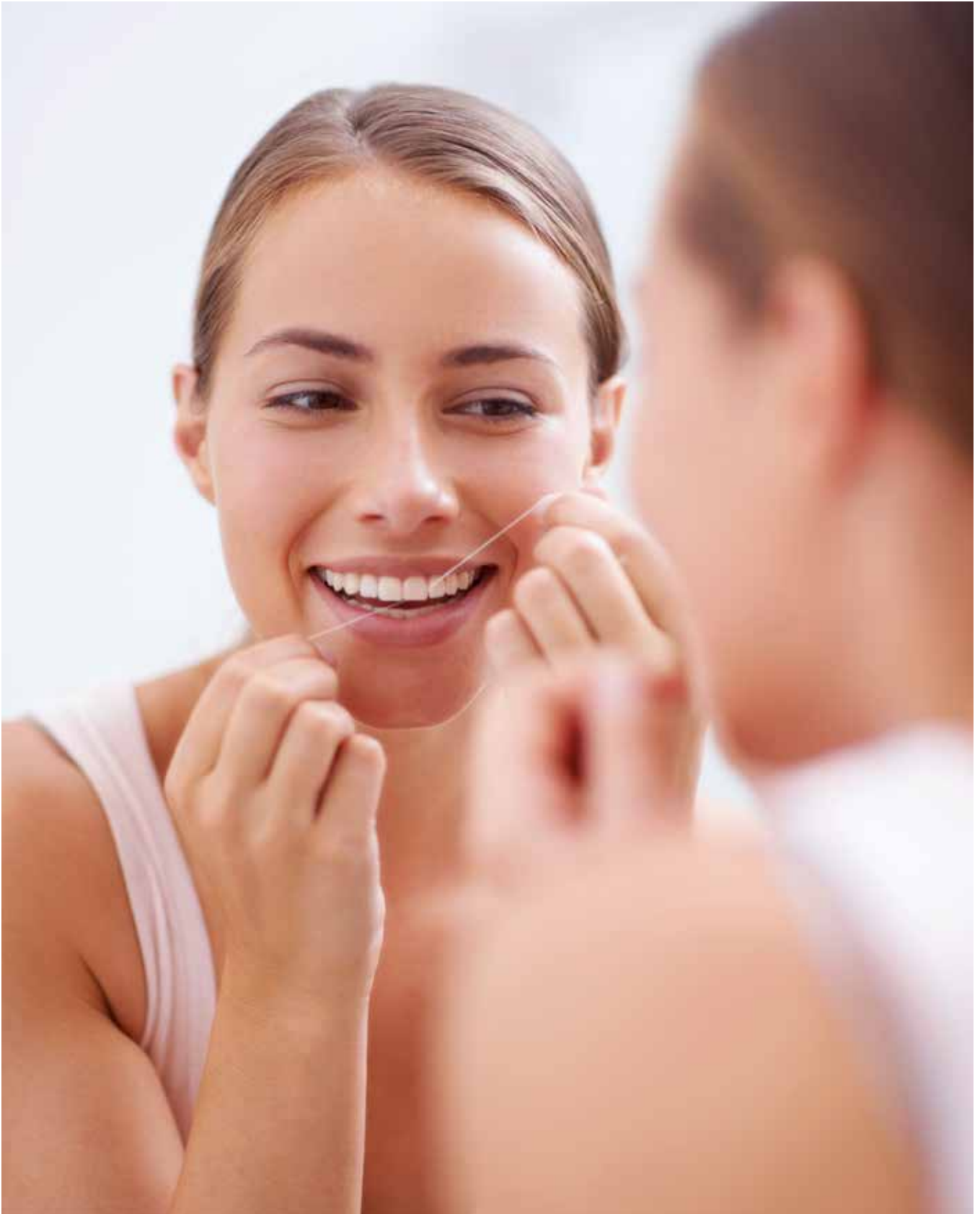
For maximum results, the patient must accept his/her responsibilities.

Toothpastes can be supplied or recommended to help maintain the result of the professional session.

Dental floss or tape, toothpicks or interdental brushes should be used as part of maintenance or corrective therapy.

Chlorexidine-based products can also be prescribed if antiseptic therapy is needed following professional cleaning.





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# SOME OF THE ACTIVITIES THE HYGIENIST HAS TO COMPLETE AFTER THE PROPHYLAXIS SESSION:



## COMPILATION AND MANAGEMENT OF CLINICAL CHARTS

An accurate patient database will allow to compare the clinical data obtained at each recall with those registered during the previous check-up.

## PLANNING OF RECALLS

The periodic recall assumes particular importance in the treatment of periodontal patients. Suggested schedule of next recall:

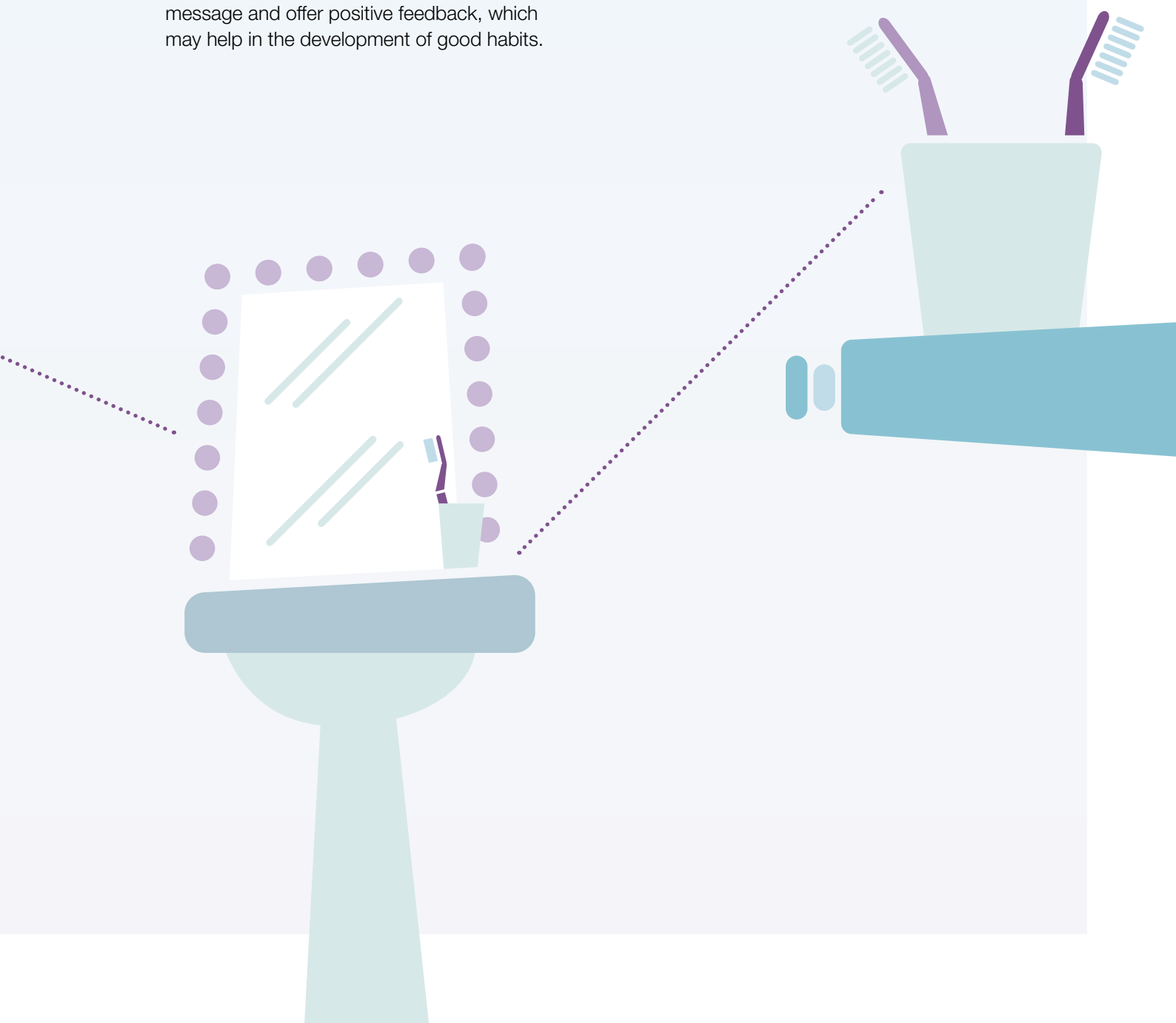
- » Healthy periodontium – recall after 8/12 months
- » Gingivitis – recall after 6 months
- » Slight/Moderate Periodontitis – recall after 3/4 months
- » Severe Periodontitis – recall after 2 months



### DEMONSTRATION OF PROPER ORAL HYGIENE PROCEDURES TO REMOVE SURFACE PLAQUE

In particular, instruct the patient on the correct techniques for home care oral hygiene, let him/her practice to help reinforce the technique message and offer positive feedback, which may help in the development of good habits.

### SUPPLY OF PRODUCTS FOR SELF-PERFORMED ORAL HYGIENE





# INSTRUMENT REPROCESSING

Instrument reprocessing is essential to break the 'chain' of infection and complete the operatory clean-up at the end of each day.

The level of reprocessing required depends upon the type of equipment, which can be categorized as:

- Non-critical – where there is contact with intact skin (e.g. bib chains, protective eyewear)
- Semi-critical – where there is contact with intact non-sterile mucosa or non-intact skin (e.g. mouth mirrors, probes)
- Critical – where there is entry or penetration into sterile tissue, cavity or bloodstream (e.g. scalars, excavators).



## EmPower®: 3 in 1 Dual Enzymatic Detergent



EmPower® is effective as an enzymatic **pre-soak**, an **ultrasonic cleaning solution** and an **evacuation system cleaner**. EmPower cleans away blood, tissue, mucous and other protein rich fluids, while leaving your instruments clean and shiny. It's safe to use on all instruments and compatible with stainless steel, soft metals, hard plastics, rubber and glass. Additionally, EmPower can be used in amalgam separators. The fragrance-free formulation is perfect for users who are respiratory-sensitive.

The **Dispos-a-Trap** is a disposable filter designed to replace the present trap filter in your evacuation unit. It improves the performance of your suction system and reduces infectious aerosol. It does all this while eliminating one of the most hazardous and unpleasant tasks in the dental office; cleaning the waste that is present in your filter.

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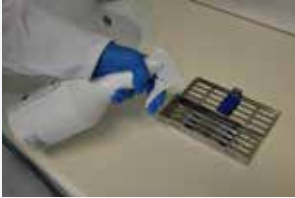
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PROPHYLAXIS

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## Instrument cleaning before sterilisation



### PRE-CLEAN

Prior to ultrasonic/automated cleaning devices:

- » Spray enzymatic foam onto non-disposable instruments or soak instruments in EmPower Enzymatic Detergent
- » Place items in a pre-soak or holding bath filled with EmPower Enzymatic Detergent diluted with water.
- » Immerse instruments until soil is dissolved and removed.
- » Soak longer if matter is dried on.



### RINSE

Rinse instruments thoroughly.



### CLEAN

Clean in ultrasonic or automated cleaning device:

- » Place instruments in ultrasonic cleaner filled with EmPower Enzymatic Detergent with water, or cycle instruments in automated washer according to directions.
- » Activate ultrasonic for appropriate time to dissolve and remove soil.



### RINSE

Rinse instruments thoroughly.

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### INSPECT

Inspect instruments carefully for damage and debris:

- » If instruments are not clean, repeat cleaning steps.
- » Air dry or carefully dry with a clean towel.
- » Manual cleaning with brush or irrigation of lumens should occur only if soil remains after automated cleaning processes, and should be performed under water to help reduce splashing.



### LUBRICATE

Lubricate instruments prior to sterilisation.

- » Apply an instrument lubricant spray or concentrate to help prevent hinged instruments from spotting, staining and rusting.
- » Wipe with clean towel.



### STERILIZE

Sterilise instruments in approved heat steriliser following recommended practice and manufacturer directions.

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# REFERENCE CODES

## Room Preparation / Turnover

ROOM PREPARATION			
REF	PRODUCT DESCRIPTION	CONTENT	PAGE
4731221/15	CaviCide 200 ml	200 ml x 15 bottles	19
4731222/15	CaviCide 700 ml	700 ml x 15 bottles	19
4731223	CaviCide 5 l	5 L	19
4731229	Pump 5 l CaviCide	1 piece	19
4731160	CaviWipes - 160 wipes per canister, 12 canisters / Case	12 canisters x 160 pre-saturated towelettes	19
4731245	CaviWipes - Flat pack 20/Case	20 flatpacks x 45 pre-saturated towelettes	19
PE3800	Chair Sleeve single pack	69.9 cm x 61 cm, Pack of 225	25
PE3825	Chair Sleeve single pack	81.3 cm x 81.3 cm, Pack of 200 Designed to fit Adec ® Cascade and similar models.	25
PE1600	Cover-All Dispenser single pack	15.2 cm x 17.8 cm x 22.9 cm. Dispenses adhesive films up to 10.2 cm wide. Dispenses Cover-All infection control films and Tube Sleeve barrier films.	25
PE3700/C	Cover-All single pack	Clear, 10.2 cm x 15.2 cm sheets, Pack of 1200	25
PE3710/B	Cover-All single pack	Blue, 10.2 cm x 15.2 cm sheets, Pack of 1200	25
PE3715/CN	Cover-All single pack	Clear, 6.4 cm x 15.2 cm sheets, Pack of 600	25
PE4550	Cure Sleeve Handlecover single pack	12.7 cm x 25.4 cm, Pack of 400 -Fits Demetron Optilux, Dentsply Caulk Max and Spectrum, 3M XL 1500, 3000, Coltulux 2, 3, 4 and Efos.	25
PE4500	Cure Sleeve single pack	Fits 7 and 8 mm tips, Pack of 400	25
PE4511	Cure Sleeve single pack	Fits 11 mm tips, Pack of 400	25
PE4513	Cure Sleeve single pack	Fits 13 mm tips, Pack of 400	25
PE1700	Dispens-it-All™ single pack	21.6 cm x 12.7 cm x 12.7 cm Dispenses ear loop masks, saliva ejectors, floss, toothbrushes, cotton rolls, prophylaxis angles, etc.	25
PE1050/W	Glove Dispenser single pack	33 cm x 17.8 cm x 10.2 cm	25
PE4000	Handpiece Sleeve single pack	3.13 cm x 25.4 cm, Pack of 500	25
PE4050	Handpiece Sleeve single pack	5.1 cm x 25.4 cm, Pack of 500	25
PE3511	Headrest Cover single pack	27.9 cm x 24.1 cm, Pack of 250	25
PE3514	Headrest Cover single pack	35.6 cm x 24.1 cm, Pack of 250	25
PE4600	Impression Guncover single pack	Pack of 400	25
PE3650	Light Sleeve "L" style	3.8 cm x 20.3 cm, Pack of 500	25
PE3600	Light Sleeve "T" style	10.2 cm x 14.6 cm, Pack of 500	25
PE3850/XL	No-Slip Chair Sleeve™	73.7 cm x 203 cm, Pack of 125 A longer version of the Chair Sleeve.	25

PE3870/NS	No-Slip Chair Sleeve™	122 cm x 142 cm, Pack of 150	25
PEDEMI250	Pinnacle DEMI 250 single pack	Pack of 250	25
PE3760	Syringe Sleeve	6.4 cm x 25.4 cm, Pack of 500 / Disposable sleeve designed to cover the 3-way syringe, HVE and saliva ejector valves.	25
PE3763/WA	Syringe Sleeve single pack WA (with adhesive)	6.4 cm x 25.4 cm, Pack of 500 / Disposable sleeve designed to cover the air water syringe, HVE and saliva ejector valves.	25
PE3767/WO	Syringe Sleeve single pack WO (with opening)	6.4 cm x 25.4 cm, Pack of 500 - pre-cut opening	25
PE3100/A	Tray Sleeve single pack	29.06 cm x 36.25 cm - Fits Chayes, Divided Ritter B. Pack of 500	25
PE3300/F	Tray Sleeve single pack	18.75 cm x 26.25 cm -Fits Mini Tray. Pack of 500	25
PE3720	Tube Sleeve single pack	366 m per roll - 5.1 cm diameter Tube Sleeve fits straight tubing	25
PE3740	Tube Sleeve single pack	366 m per roll - 10.2 cm diameter Tube Sleeve fits coiled tubing	25
PE4575	Vision Saver	Pack of 400	25
PE3900	X-Ray Sleeve	37.5 cm x 65 cm, Pack of 250	25
PE3950/XL	X-Ray Sleeve XL	57.5 cm x 77.5 cm, Pack of 200	25

#### PATIENT PREPARATION

5501	OptiView Refill	10 cushions	27
5502	OptiView Small Kit	2 Lip- and Cheek Retractors Small with mounted cushions	27
5500	OptiView Standard Kit	2 Lip-and Cheek Retractors Standard with mounted cushions	27
PE2000/A	Slip-Nots single pack 4 pcs	4 pieces: one each blue, magenta, purple and teal.	27
PE77021/A	Adapter Auto_Lock A (Adec styles)	1 piece	29
PE77023/D	Adapter D (DentalEZ)	1 piece	29
PE77022/M	Adapter M (Engle-Marco)	1 piece	29
PE77025/P	Adapter Quick Connect P (Press Ring)	1 piece	29
PE77024/P	Adapter Standard Type Screw-in P	1 piece	29
PE72200	Seal-Tight® Disposable Air/Water Syringe Tips Assorted Colours	Dispenser pouch of 200 tips - coloured	29
PE77200	Seal-Tight® Disposable Air/Water Syringe Tips White	Dispenser pouch of 200 tips - white	29
PE77033/C	Seal-Tight Adapter for Cefla	1 piece	29
PE77031/K	Seal-Tight Adapter for Kavo 773.000 light syringe	1 piece	29
PE77026/K	Seal-Tight Adapter for Kavo air/water syringe	1 piece	29
PE77034/K	Seal-Tight Adapter for Kavo E30 Syringe	1 piece	29

PE77027/L	Seal-Tight Adapter for Luzzani air/water syringe	1 piece	29
PE77028/S	Seal-Tight Adapter for Sirona air/water syringe	1 piece	29
PE77030/S	Seal-Tight Adapter for Sirona Sprayvit L	1 piece	29

## Diagnosis/Prophylaxis

HEALTH SCREEN/DIAGNOSIS			
1395	Click-Probe 3/5/7/10	Pack of 3	31
1396	Click-Probe 3/5/7/10	Pack of 1	31
1390	Click-Probe 3/6/9/12	Pack of 3	31
1391	Click-Probe 3/6/9/12	Pack of 1	31
1370	Perio-Probe	Pack of 5	31
1371	Perio-Probe	Pack of 2	31
PE8710	Sterile Dental Examination Mirror (50)	Box of 50 individually wrapped Disposable Sterile Dental Examination Mirrors.	31
PE8701	Sterile Dental Mirror, Periodontal Probe & Tweezers Kit (50)	Box of 50 individually wrapped Disposable Sterile Instrument Kits containing: 1 Dental Examination Mirror, 1 Double-ended Probe (examination/Perio WHO-Type 3.5, 5.5, 8.5 & 11.5 mm), 1 Tweezers.	31
PE8401	Sterile Oral Examination Kit (50)	Box of 50 individually wrapped Disposable Sterile Kits containing: 1 Dental Examination Mirror, 1 Double-ended Probe (examination/Perio WHO-Type 3.5, 5.5, 8.5 & 11.5 mm), 1 Tweezers, 2 Masks, 1 Bib, 1 Tissue Wipe, 2 Cotton Rolls, 1 Biodegradable Tray.	31
PE8601	Sterile Periodontal Examination Kit (50)	Box of 50 individually wrapped Disposable Sterile Instrument Kits containing: 1 Dental Examination Mirror, 1 Double-ended Probe (examination/Perio WHO-Type 3.5, 5.5, 8.5 & 11.5 mm).	31
PE8720	Sterile Periodontal Probe -double-ended WHO (50)	Box of 50 individually wrapped Disposable Sterile Double-ended Probe (Examination/Perio WHO-Type 3.5, 5.5, 8.5 & 11.5mm).	31
PE8740	Sterile Tweezers (50)	Box of 50 individually wrapped Disposable Sterile Tweezers.	31
1721	Centring Rings refill	Refill Pack of 3	33
1771	Paro-Bite centering-devices	Refill Packs of 50	33
1781	Kwik-Bite centering-devices	Refill Packs of 50	33
1793	Endo-Bite Anterior centering-devices	Refill Packs of 50	33
1794	Endo-Bite Posterior centering-devices	Refill Packs of 50	33
1023	Super-Bite Anterior centering-devices	Refill Packs of 50	33
1024	Super-Bite Posterior centering-devices	Refill Packs of 50	33
270	Kwik-Bite with Index	15 Kwik-Bite with index	33
670	Super-Bite with Index Assorted Kit	4 Super-Bite Anterior, 4 Super-Bite Posterior, 8 Index	33
671	Super-Bite with Index Anterior	8 Super-Bite Anterior, 8 Index	33
672	Super-Bite with Index Posterior	8 Super-Bite Posterior, 8 Index	33
1020	Super-Bite with Ring	2 Super-Bite Anterior, 2 Super-Bite Posterior, 2 Centring Devices	33
1021	Super-Bite with Ring Anterior	4 Super-Bite Anterior with ring, 1 Centring Device	33



1022	Super-Bite with Ring Posterior	4 Super-Bite Posterior with ring, 1 Centring Device	33
1770	Paro-Bite with Ring	5 Paro-Bite with Ring, 1 Centring Device	33
1780	Kwik-Bite with Ring	5 Kwik-Bite with ring, 1 Centring Device	33
1790	Endo-Bite with Ring Assorted kit	2 Endo-Bite Anterior with ring, 2 Endo-Bite Posterior with ring, 2 Centring Devices	33
1791	Endo-Bite with Ring Anterior	4 Endo-Bite Anterior with ring, 1 Centring Device	33
1792	Endo-Bite with Ring Posterior	4 Endo-Bite Posterior with ring, 1 Centring Device	33
2700	Kwik-Bite Senso Standard Kit	4 Kwik-Bite Senso with ring, 1 Centring Device	33
2800	Super-Bite Senso Assorted Kit	2 Super-Bite Senso Anterior with Ring, 2 Super-Bite Senso Posterior with Ring, 2 Centring Devices	33
2801	Super-Bite Senso Anterior	4 Super-Bite Senso Anterior with Ring, 1 Centring Device	33
2802	Super-Bite Senso Posterior	4 Super-Bite Senso Posterior with Ring, 1 Centring Device	33
2900	Endo-Bite Senso Assorted Kit	2 Endo-Bite Senso Anterior with ring, 2 Endo-Bite Senso Posterior with ring, 2 Centring Devices	33
2901	Endo-Bite Senso Anterior	4 Endo-Bite Senso Anterior with ring, 1 Centring Device	33
2902	Endo-Bite Senso Posterior	4 Endo-Bite Senso Posterior with ring, 1 Centring Device	33
PE3735	Sensor Cover	3.5 cm x 20.5 cm, Pack of 500 / Fits Trophy and Gendex® systems.	33
PE3736	Sensor Cover	4 cm x 21 cm, Pack of 500 / Fits Trophy and Gendex® systems.	33
2720	Testset X-Ray Senso - Sensor holders	5 sensor holders with ring (1 Kwik-Bite Senso, 1 Super-Bite Senso Anterior, 1 Super-Bite Senso Posterior, 1 Endo-Bite Senso Anterior, 1 Endo-Bite Senso Posterior), 5 Centring Devices	33
1720	Testset X-Ray - Filmholders	6 X-ray holders with ring (1 Kwik-Bite, 1 Super-Bite Anterior, 1 Super-Bite Posterior, 1 Paro-Bite, 1 Endo-Bite Anterior, 1 Endo-Bite Posterior), 6 Centring Devices	33

### SCALING & ROOT PLANING

500	Irrigation Probe	30 needles assorted (items 502 and 505, 5 pcs each; items 503 and 504, 10 pcs each)	35
502	Irrigation Probe	Gauge No. 21 Ø 0.8 mm green (0.8 mm x 25 mm), 40 pcs	35
503	Irrigation Probe	Gauge No. 23 Ø 0.6 mm blue (0.6 mm x 25 mm), 40 pcs	35
504	Irrigation Probe	Gauge No. 25 Ø 0.5 mm orange (0.5 mm x 25 mm), 40 pcs	35
505	Irrigation Probe	Gauge No. 30 Ø 0.3 mm yellow (0.3 mm x 25mm), 40 pcs	35
1380	Universal Perio Soft Scaler	Pack of 5	35
1381	Universal Perio Soft Scaler	Pack of 2	35

### CLEANING & POLISHING

360	Cleanpolish	50 g paste, without fluoride and Anise flavour	37
361	Superpolish	45 g paste, without fluoride and Anise flavour	37

831 CLID	Set Clean & SuperPolish + brushes	1 CleanPolish (item 360), 1 SuperPolish (item 361), 20 brushes (item 831 RA)	37
835 CLID	Set Clean & SuperPolish + brushes	1 CleanPolish (item 360), 1 SuperPolish (item 361), 20 brushes (item 835 RA)	37
1990	OptiStrip Assorted Kit	4 x 50 Optistrips of each type	37
1991	OptiStrip Coarse/Medium 2 mm	Pack of 100	37
1992	OptiStrip Fine/Extra-Fine 2 mm	Pack of 100	37
1993	OptiStrip Coarse/Medium 4 mm	Pack of 100	37
1994	OptiStrip Fine/Extra-Fine 4 mm	Pack of 100	37
3151	Prophy Clips	Pack of 6, autoclavable	37
3100	Cleanic Intro-Kit, with fluoride	With fluoride: Cartridge with 200 g Prophy-Paste, 8 Cleanic Prophy-Clips, 3 Spatulas	39
3110	Cleanic Refill Cartridge, with fluoride	Cartridge 200 g, with fluoride (0.15% fluoride as CaF <sub>2</sub> )	39
3130	Cleanic jar with fluoride 100 g	Cartridge 100 g, with fluoride (0.15% fluoride as CaF <sub>2</sub> )	39
3140	Cleanic Single Dose 200 x 2g	200 individual portions (2 g), 3 Ring Pots. Contains 0.10% fluoride as NaF	39
3180	Cleanic in Tube with Fluoride Mint 100g	100 g prophy-paste, with fluoride (0.10% fluoride as NaF), Peppermint flavour	39
3182	Cleanic in Tube with Fluoride Green Apple 100g	100 g prophy-paste, with fluoride (0.10% fluoride as NaF), Green Apple flavour, without menthol	39
3183	Cleanic in Tube without Fluoride Mint 100g	100 g prophy-paste, without fluoride, Peppermint flavour	39
3184	Cleanic in Tube with Fluoride Light 100g	100 g prophy-paste, with fluoride (0.10% fluoride as NaF), without artificial colorants and flavouring substances	39
3200	Cleanic Intro-Kit, without fluoride	Without fluoride: Cartridge with 200 g Prophy-Paste, 8 Cleanic Prophy-Clips, 3 Spatulas	39
3210	Cleanic Refill Cartridge, without fluoride	Cartridge 200 g, without fluoride	39
3230	Cleanic jar without fluoride, 100 g	Cartridge 100 g, without fluoride	39
985	Ring Pots	Pack of 100, not autoclavable (100x Blue)	40
986	Assorted Coloured Ring pots	Pack of 100, not autoclavable (20x Blue, 20x Green, 20x Grey, 20x Pink, 20x Yellow)	40
3190	Cleanic Collection Kit	3 x 100 g Cleanic tubes with Fluoride (Mint, Green Apple and Light flavours), a reusable transparent bag, a Tube Squeeze	41
831 RA	Miniature Tooth Cleaning and Polishing Brushes - Natural bristles	Pack of 10	43
831/100	Miniature Tooth Cleaning and Polishing Brushes - Natural bristles	Pack of 100	43
835 RA	Miniature Tooth Cleaning and Polishing Brushes - Nylon bristles	Pack of 10	43
835/100	Miniature Tooth Cleaning and Polishing Brushes - Nylon bristles	Pack of 100	43
841 RA	Pro-Brush - Natural bristles	Pack of 10	43
841/100	Pro-Brush - Natural bristles	Pack of 100	43
845 RA	Pro-Brush - Nylon bristles	Pack of 10	43
845/100	Pro-Brush - Nylon bristles	Pack of 100	43
0210	Prophy-brushes Screw-Type, Normal shape, Natural bristles	Pack of 30	44

0220	Prophy-brushes Screw-Type, Small shape, Natural bristles	Pack of 30	44
0230	Prophy-brushes Screw-Type, Normal point, Natural bristles	Pack of 30	44
0240	Prophy-brushes Screw-Type, Small point, Natural bristles	Pack of 30	44
976	Prophy-Mandrels Snap-on	Pack of 3	44
976/10	Prophy-Mandrels Snap-on	Pack of 10	44
1301	Prophy-Mandrels Screw-Type, RA, 14 mm	Pack of 10	44
0270/120	Prophy-brushes Screw-Type, Normal shape, Nylon bristles	Pack of 120	44
0270/30	Prophy-brushes Screw-Type, Normal shape, Nylon bristles	Pack of 30	44
1800/120	Prophy-cups Screw-Type, Ribbed - Soft (grey)	Pack of 120	44
1800/30	Prophy-cups Screw-Type, Ribbed - Soft (grey)	Pack of 30	44
1801/120	Prophy-cups Screw-Type, Laminated - Soft (grey)	Pack of 120	44
1801/30	Prophy-cups Screw-Type, Laminated - Soft (grey)	Pack of 30	44
1802/120	Prophy-cups Screw-Type, Laminated - Hard (white)	Pack of 120	44
1802/30	Prophy-cups Screw-Type, Laminated - Hard (white)	Pack of 30	44
1803/30	Prophy-cups Screw-Type, Ribbed small - Soft (grey)	Pack of 30	44
1804/30	Prophy-cups Screw-Type, Ribbed small - Hard (white)	Pack of 30	44
1805/30	Prophy-cups Screw-Type, Pointed - Soft (grey)	Pack of 30	44
1807/30	Prophy-cups Screw-Type, Spiral - Soft (grey)	Pack of 30	44
1809/120	Prophy-cups Screw-Type, Ribbed - Hard (white)	Pack of 120	44
1809/30	Prophy-cups Screw-Type, Ribbed - Hard (white)	Pack of 30	44
957/120	Prophy-cups Snap-on, Laminated - Soft (grey)	Pack of 120	44
957/30	Prophy-cups Snap-on, Laminated - Soft (grey)	Pack of 30	44
958/30	Prophy-cups Snap-on, Ribbed - Soft (grey)	Pack of 30	44
959/30	Prophy-cups Snap-on, Ribbed - Hard (white)	Pack of 30	44
960/120	Prophy-cups Latch-Type, Laminated - Soft (grey)	Pack of 120	44
960/30	Prophy-cups Latch-Type, Laminated - Soft (grey)	Pack of 30	44
961/30	Prophy-cups Latch-Type, Ribbed - Soft (grey)	Pack of 30	44

962/30	Prophy-cups Latch-Type, Ribbed - Hard (white)	Pack of 30	44
963/30	Prophy-cups Latch-Type, With brush - Hard (white)	Pack of 30	44
965/120	Prophy-cups Snap-on, Laminated - Hard (white)	Pack of 120	44
965/30	Prophy-cups Snap-on, Laminated - Hard (white)	Pack of 30	44
967/120	Prophy-cups Latch-Type, Laminated - Hard (white)	Pack of 120	44
967/30	Prophy-cups Latch-Type, Laminated - Hard (white)	Pack of 30	44
969/120	Prophy-brushes Screw-Type, Point shape, Nylon bristles	Pack of 120	44
969/30	Prophy-brushes Screw-Type, Point shape, Nylon bristles	Pack of 30	44
978/30	Prophy-brushes Snap-on, Normal shape, Natural bristles	Pack of 30	44
979/30	Prophy-brushes Snap-on, Normal point, Natural bristles	Pack of 30	44
1810/120	Pro-Cup Soft (light blue) - Screw Type	Pack of 120	45
1810/30	Pro-Cup Soft (light blue) - Screw Type	Pack of 30	45
1811/120	Pro-Cup Hard (dark blue) - Screw Type	Pack of 120	45
1811/30	Pro-Cup Hard (dark blue)- Screw Type	Pack of 30	45
1812/120	Pro-Cup Junior Soft (light blue) - Screw Type	Pack of 120	45
1812/30	Pro-Cup Junior Soft (light blue) - Screw Type	Pack of 30	45
1813/30	Pro-Cup Junior Hard (dark blue) - Screw Type	Pack of 30	45
990/120	Pro-Cup Soft (light blue) - Latch Type	Pack of 120	45
990/30	Pro-Cup Soft (light blue) - Latch Type	Pack of 30	45
991/120	Pro-Cup Hard (dark blue) - Latch Type	Pack of 120	45
991/30	Pro-Cup Hard (dark blue) - Latch Type	Pack of 30	45
992/120	Pro-Cup Junior Soft (light blue) - Latch Type	Pack of 120	45
992/30	Pro-Cup Junior Soft (light blue) - Latch Type	Pack of 30	45
993/120	Pro-Cup Junior Hard (dark blue) - Latch Type	Pack of 120	45
993/30	Pro-Cup Junior Hard (dark blue) - Latch Type	Pack of 30	45

#### **CLEANING/POLISHING & FLUORIDATION**

984	Tri-Fluor-O-Clean, 300 g	300 g paste, with three fluorides and Peppermint flavour	47
983	Tri-Fluor-O-Clean, 50 g	50 g paste, with three fluorides and Peppermint flavour	47
1953	Pasteless Prophy Assorted Kit	Pack of 15	48
1950	Pasteless Prophy Cup	Pack of 15	48
1952	Pasteless Prophy Disc	Pack of 15	48

1951	Pasteless Prophy Flame	Pack of 15	48
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#### FLUORIDATION

16188	Discovery Trays Bulk Child - Aqua	Bulk Pack of 100	48
16191	Discovery Trays Bulk Large - Blue	Bulk Pack of 100	48
16190	Discovery Trays Bulk Medium - Lime	Bulk Pack of 100	48
16189	Discovery Trays Bulk Small - Yellow	Bulk Pack of 100	48
14202	Discovery Trays Standard Child - Aqua	Standard Pack of 30	48
14201	Discovery Trays Standard Large - Blue	Standard Pack of 30	48
14200	Discovery Trays Standard Medium - Lime	Standard Pack of 30	48
14199	Discovery Trays Standard Small - Yellow	Standard Pack of 30	48

#### IMPLANT CARE

1350	Universal Implant Deplaquer	Pack of 5	51
1351	Universal Implant Deplaquer	Pack of 2	51
1360	Orofacial Implant Deplaquer	Pack of 5	51
1361	Orofacial Implant Deplaquer	Pack of 2	51
3520	Implant-Recall-Set	2 Orofacial Implant Deplaquers, 2 Universal Implant Deplaquers, 2 Perio-Probes, 20 cups (items 1805 and 1807, 10 pcs each), 20 brushes (items 0220 and 0240, 10 pcs each), 10 mandrels (item 1301)	51
3500	Implant Paste	45g paste, without fluoride and peppermint flavour	53

## Operatory Clean-Up

#### CLEAN UP

PE5500	Dispos-a-Trap single pack	Pack of 144 - Fits Adec Cascade and Performe	59
PE6100/C	Dispos-a-Trap single pack	Pack of 144 - Fits most Cuspidor Bowls including Adec, Ampco, Belmont, Dabi Atlante, Dansereau, DCI, DentalEZ, Forest, Knight, Marus, MDT, Proma, Ritter, Schein.	59
10-4700	Empower Fragrance Free	4 x 3.8 L	59
10-4199	Empower Evacuation System Canister	1 dispenser/case	59
46-1000	38-400 Galoon Pump	1 piece	59

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