



Feature Article

An Ultra-conservative Path Leads to Unparalleled Patient Satisfaction



SOLUTIONS FOR CLINICAL EXCELLENCE



Achieving Clinical Success Utilizing the DualForce™ Sectional Matrix System



Ellen Katz,
DDS

4



Susan Prater-Kudlats,
DMD

8

Clinician's Choice – A History of Education

Celebrating Clinician's Choice 30th Anniversary



10

Take5: True™ Dental Dam

5 Restorative Clinicians' Take on True Dental Dam



16

Ask the Expert

An Interview with Ed Lowe, DMD, AAACD on Soft Tissue Diode Lasers



18



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IN THIS ISSUE

Winter 2024

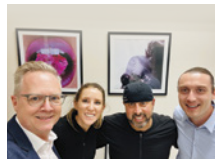


4

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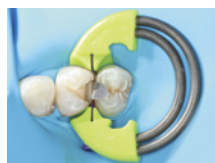
- By Ellen Katz, DDS



6

CE Spotlight

The American Academy of Cosmetic Dentistry is Celebrating a Milestone Anniversary



8

Solutions for Clinical Excellence

Achieving Clinical Success Utilizing the DualForce™ Sectional Matrix System

- By Susan Prater-Kudlats, DMD



10

Special Feature

Clinician's Choice – A History of Education

- By Peter Jordan, CEO

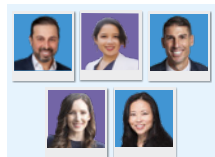


14

Product Spotlight

Closer Look: True™ Dental Dams Stand Out From the Crowd

- By Nate Lawson, DDS, MA, PhD



16

Product Spotlight

5 Top Clinicians Offer Their Insights on Clinician's Choice True™ Dental Dam



18

Product Spotlight

Ask the Expert: An Interview with Ed Lowe, DMD, AAACD on Soft Tissue Diode Lasers



We are excited to start the year with you, celebrating the 30th Anniversary of Clinician's Choice!

Our commemorative logo symbolizes a significant milestone in our company's history and our commitment to creating exceptional customer experiences for our clients and partners.

Being part of your success and helping you deliver better clinical outcomes for your patients has been part of our history dating back three decades.

Peter Jordan, Founder & CEO, along with the entire team have never lost sight of the importance of delivering solutions and education to help you overcome your day-to-day restorative challenges. This has set us apart in the industry, and this year, we will focus on increasing awareness of what we do so we can reach more dentists across North America and the 28 additional countries we serve around the world.

In the next 12 months, you will see and hear a great deal more as we focus on increasing our reach, market share, and trusted user base. Whether you have been with us since day one or have just recently started using our materials or educational platform, we thank you for your trust, feedback, and commitment.

We look forward to celebrating this milestone with you at events in the coming few months, including our Aruba Dental Conference, the Chicago Midwinter Meeting, the Pacific Dental Conference, the AACD Annual Conference, and the Ontario Dental Association Annual Spring Meeting. In the interim, I can assure you that our team is grateful and proud to partner with you in celebration of our collective accomplishments that have defined our core foundation over the past three decades. 2024 will be an exciting year as we launch several new restorative materials which have been developed based on your needs and valuable input.

I wish you great health, happiness, and success in 2024.



Brian S. Allen
President
Clinician's Choice



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An Ultra-conservative Path Leads to Unparalleled Patient Satisfaction



Ellen Katz
DDS

Dr. Ellen Katz attended NYU College of Dentistry. Following graduation, she completed a one-year residency at Jamaica Hospital. Dr. Katz currently serves as an Adjunct Clinical Assistant Professor and Co-clinical Director at the Full Mouth Rehabilitation Program at NYU and is an Adjunct Faculty Member in the Department of Prosthodontics at NSU College of Dental Medicine. Dr. Katz is a Mentor at the Kois Center. She is a published author in the peer-reviewed *Compendium Magazine* and continues to share her wealth of knowledge with practicing dentists and dental students across the country. She is a Co-founder of a luxury female owned dental studio, MAISON BE, in New York City with Dr. Bridget Glazarov.

There is a feeling of immense satisfaction when you complete an esthetic case, and the patient cannot stop smiling because you have delivered exactly what they had envisioned. It can be challenging for a patient to communicate what it is that they do not like about their smile, leaving the possibility that the clinician does not completely understand what procedure to perform. It takes active listening, restating, rephrasing, and follow-up questioning to clarify what a vague description of dislike for their smile may be. A fast, shade-appropriate intraoral composite mock-up on a limited number of teeth can give the patient a glimpse of what is possible and confirm an understanding between patient and clinician. The following case shows how this technique helped a patient identify exactly what she did not like about her smile and convinced her that a conservative treatment plan would provide the esthetic result she sought.

An 18-year-old nursing student presented for a second opinion to see if she could further her current options for improving her smile. She stated that she did not like her smile but was unsure what precisely it was that she did not like. To aid her in the discussion, her sister accompanied her for the consultation. The first treatment plan discussed was to place porcelain veneers on several teeth. She responded that she was not eager to “cover” all her front teeth and sought a more conservative option.



FIG. 1

An 18-year-old patient presented seeking options to improve her smile. Using an intraoral mock-up, it was determined that lengthening the significantly shorter teeth (#7 and #10) using composite would dramatically enhance her smile without compromising her ideal, existing tooth structure.

This young patient had beautiful enamel structure on all her teeth. At her consultation, we discussed orthodontics to alleviate minor crowding on her lower teeth and to extrude her upper lateral incisors. The patient declined this route of treatment, wanting something more instantaneous. Teeth #7 and #10 were significantly shorter than the adjacent teeth. (FIG. 1) While she did not initially communicate this as the reason that she was unhappy with her smile, it became apparent that it was. At this point, she was asked for permission to mock-up her smile using composite, making this a completely reversible procedure. Teeth #7 and #10 were dried, and without using an adhesive

a flowable composite was added (Evanescence™ Flow, Clinician's Choice®) until the preferred length and shape was created for these teeth; followed by light-curing. While her sister looked on, the patient held the hand mirror to preview her new smile. She and her sister loved the look of the chairside mock-up, and the patient said, “How did you know what I really wanted?”

Before committing to treatment, the patient took the composite mock-ups home so she could show her parents. The composites had come off without damage and she could place them back on her teeth perfectly. When the patient called to schedule her treatment appointment, tooth whitening was discussed as an option before the bonding procedure. Tooth whitening is routinely advised ahead of any esthetic enhancements, but in this case, the patient declined.

Pre-treatment scans and photos were obtained. The use of Exocad software (Exocad) allowed for a digital wax-up with the desired shape and length of teeth #7 and #10. A 3D printed wax-up model was created and a lingual matrix was made from a fast-setting PVS matrix material (Template®, Clinician's Choice) from the wax-up. (FIG. 2) The lingual matrix is essential for anterior cases involving the placement of multiple opacities of composite, which are necessary to replicate the translucency and vitality of the adjacent tooth structure. Even in simpler anterior cases, the lingual matrix establishes the optimal lingual contour and incisal edge location, saving finishing time.

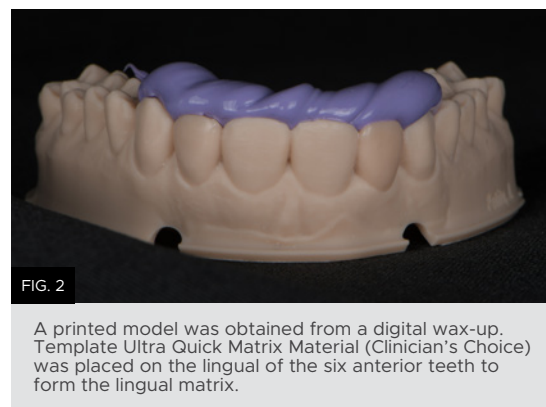


FIG. 2

A printed model was obtained from a digital wax-up. Template Ultra Quick Matrix Material (Clinician's Choice) was placed on the lingual of the six anterior teeth to form the lingual matrix.

On the day of treatment, the optimal shade selection was determined within minutes of the patient being seated. This must be done quickly, while the patient's teeth are still hydrated. A small increment of Evanescence™ Nano-Enhanced Universal Restorative (Clinician's Choice) was placed on the proper locations of the tooth and light-cured. The result was then evaluated using the natural light coming through the operator windows and black and white photographs were taken to confirm the value and surface texture. Evanescence composite was selected for this procedure due to its offering multiple opacities, its handling characteristics when using a

layering technique, and because of the optical properties that enable it to disappear into the surrounding tooth structure. Given the patient's translucency and the halo effect present in the incisal third, a more translucent Evanesce FX shade, Enamel Clear (ENC) was incorporated for the lingual shelf. To create the lobe development, Evanesce B1D and B1E were combined followed by A1E for the final facial enamel layer. White Opaque and Violet tint (Cosmedent®, Inc.) were then utilized to further differentiate the areas of translucency along the incisal edge.

An OptraGate® lip and cheek retractor (Ivoclar) supplied isolation and visibility, while a bite block was used to keep the patient comfortable throughout the procedure. The use of an anesthetic was unnecessary since tooth preparation was limited to superficial bevels using a KSI (Brasseler USA®) diamond bur. The proper beveling of the enamel is essential for the composite to blend nicely into the tooth without any visible transition lines.

Teeth #7 and #10 were isolated by placing PTFE tape on the adjacent teeth. At this point, Ultra-Etch™ phosphoric acid solution (Ultradent™ Products, Inc) was placed on the facial and lingual aspects of the lateral incisors for 15 seconds and then thoroughly rinsed off. All-Bond Universal® adhesive (Bisco) was applied to the etched surfaces and air-thinned before light-curing for 40 seconds.



The lingual matrix was placed on the unprepared teeth and assessed for accuracy of fit. The use of a lingual matrix establishes the ideal lingual contours and incisal edge location in the final restorations, in addition to acting as a rampart for the placement of the dentin layer. This results in significantly less finishing time.

Establishing the lingual shelf was a critical first step. Not only did this represent the final lingual contours, the definitive incisal edge location, and translucency, but the lingual shelf also served as a backstop onto which all subsequent layers were placed. The Template lingual matrix was placed onto the prepared teeth (FIG. 3), and a line was scribed onto the surface corresponding to the inferior edge of teeth #7 and #10. A very thin uniform layer of Evanesce Enamel Clear (ENC) was adapted onto the lingual matrix up to the scribed line using an OptraSculpt® composite placement instrument (Ivoclar). Brush & Sculpt™ wetting agent (Cosmedent, Inc.) was used to help create the smooth thin layer using a #3 composite brush. The lingual matrix was placed onto the teeth, and the Evanesce Enamel Clear (ENC) shade of composite was carefully attached to the prepared teeth and light-cured for 40 seconds. (FIG. 4)

Using a glass slab, small lobes of the composite were rolled and shaped using Evanesce shades B1E and B1D. These were brought and blended into the lingual shelf using an IPC composite instrument (Cosmedent, Inc.). The remaining composite was covered on the slab to protect it from overhead light and to keep it from polymerizing. Evanesce B1E was placed for the proximal layer, while the B1D lobes were placed more facially. A #10 endodontic K-file was used to finesse the facial anatomy to mirror the adjacent teeth (FIG. 5) before light-curing for 40 seconds. The translucency on the incisal edge was further developed by sparingly applying Cosmedent's Creative Color Violet Tint using a #1 composite brush. The "halo" effect of the incisal edge was emphasized using a small application of Creative Color White Opaque Tint (Cosmedent, Inc.).

The final enamel layer of Evanesce A1E was placed on the facial surface of each tooth, shaped, and adapted using the OptraSculpt (Ivoclar). This composite instrument, followed by a wetting agent lightly applied to a #3 composite brush, worked well to shape and smooth the final layer while avoiding bubbles and streaks. Once satisfied with the facial anatomy, this layer was light-cured for 40 seconds.



Lingual shelves were created using a very thin layer of Evanesce Enamel Clear (ENC) (Clinician's Choice) placed onto the lingual matrix. The matrix with the uncured composite is placed intraorally and the Evanesce ENC was attached to the preparations prior to light-curing.



By creating an uneven, striated composite surface using a #10 endodontic K-file during lobe development, light can be naturally reflected and refracted within the final restoration.

At this stage, the overall esthetics and occlusion were assessed, and the excess composite was removed using a fine diamond bur at a low RPM and using a light touch. Adjustments to the proximal line angles and fine-tuning of the facial planes were done using coarse and medium FlexiDiscs® (Cosmedent, Inc.), followed by blue and pink FlexiPoints® (Cosmedent, Inc.). Polishing of the final restorations was quickly achieved using 2-step A.S.A.P.® All Surface Access Polishers (Clinician's Choice). Finally, an even higher luster was created using Enamelize™ (Cosmedent, Inc) polishing paste on a FlexiBuff® (Cosmedent, Inc.).



The patient was thrilled with her new smile. This case illustrates how anterior esthetics that meet and exceed the patient's expectations can be achieved with ultra-conservative composite dentistry.

The patient was delighted with the esthetic outcome (FIG. 6) and grateful for the more conservative treatment plan. As Clinicians, we sometimes get so caught up in creating "perfect" esthetics that we neglect to listen to what the patient really desires. It is possible, and often preferred, to take a more conservative approach to minimize tooth reduction, the number of teeth involved, the procedure, time, and cost. Navigating patient preferences can be a nuanced task, but careful questioning, active listening, using creative software, and even an intraoral composite mock-up can all be valuable exercises to confirm that the patient and clinician are on the same page, and often results in a much simpler and more conservative path to the desired esthetic result.

The American Academy of Cosmetic Dentistry is Celebrating a Milestone Anniversary

With 2024 marking the 40th anniversary of the AACD, members are gathering at the Gaylord National Resort and Convention Center in National Harbor, MD on April 3-6, 2024 for the Annual AACD Scientific Session to celebrate this momentous milestone together to “Explore. Dream. Discover.” Since forming in 1984, the AACD has matured into the world’s largest organization for cosmetic dental professionals and has focused on the dedication and advancement of excellence in the art and science of comprehensive dentistry while upholding the highest standards of ethical conduct and responsible patient care.

Their members include an exclusive group of dedicated dental professionals, laboratory technicians, educators, and researchers from 58 countries worldwide. Members are nationally recognized for their professionalism, constant improvement, and advanced skills and knowledge, making them respected experts in the field of cosmetic dentistry.



Ed Lowe, DMD, AAACD with Brian Allen, President of Clinician's Choice and Peter Jordan, CEO of Clinician's Choice.

The AACD offers exceptional educational opportunities and a superior Accreditation program, one of the most stringent and respected post-graduate credentials in cosmetic dentistry. Since the formation of the Accreditation and Fellowship Programs, the AACD has been positioned as the leading cosmetic dental organization in the world. Recent graduates of the Accreditation Program have expressed their appreciation, exclaiming that it has not only improved their standard of care but also their self-esteem. Graduates mention that working with a mentor throughout is a must, as they help you stay patient and motivated. Adamo Notarantonio, DDS, FAACD, FICOI, President-Elect says, “The AACD is one of the things that changed my life in dentistry, without question. If you want to get good at cosmetics, there is no better CE than the AACD and its Accreditation process, especially if you want to learn responsible esthetics. Yes, I consider it CE because it’s a constant learning curve as you continue on the journey. I learned more from sending my cases back and forth to my mentor during my Accreditation than I did from all the CE courses I have taken in my life. The last time I had any of my cases critiqued was in dental school and if you allow yourself to humbly accept this feedback, you’ll train your esthetic eye to a level you never thought possible. I believe Accreditation is the best process on the planet,



Brian Allen, President of Clinician's Choice with Sara Kuckhoff, DMD, AACD Resident, President-Elect Adamo Notarantonio, DDS, FAACD, FICOI, and Chris Nicolson, Key Account Executive, Clinician's Choice.

and I wanted to help other dentists the way that others helped me. I became an examiner, then the Accreditation Chairman, and today I am the Fellowship Chairman. I do this because I love my profession and what I do, and I want to give back.”

Every year, the AACD chooses a new, exciting location to host their annual scientific session where dental professionals from around the globe come together to participate in hands-on workshops, lectures, and social networking events. This year is no exception as attendees will come together April 3-6, 2024 in National Harbor, MD to learn about the latest dental technology and trends from industry-leading manufacturers who exhibit during the three-day event. Dental professionals won’t want to miss this opportunity to build on their skills, master the latest techniques, and learn about the resources the AACD has to offer to dental professionals of all experience levels.

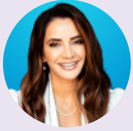
“Our partnership with The American Academy of Cosmetic Dentistry unlocks a world of opportunity for Clinician’s Choice,” says Brian Allen, President of Clinician’s Choice. “Sponsoring events and working alongside their members allows us to further our reach, foster lasting connections, and improve our innovation potential.”

Clinician’s Choice is thrilled to co-sponsor two hands-on workshops during this event. Join Dimple Desai, DDS, AAACD for “Pearls of Perfection: Unleashing the Magic of Functional & Esthetic Peg Lateral Resin Technique,” on Thursday, April 4th, 2024 from 8:30-11:30 am. Following, join Dennis Hartlieb, DDS, AAACD from 1:30-4:00 pm for “Class IV Composites: Layering Techniques for Predictability and Success.” We encourage those interested in these courses to register quickly as spaces are limited. Visit AACDconference.com to register and browse a full list of courses offered during this year’s session. Don’t forget to stop by the Clinician’s Choice booth (#36) to meet our growing team and to learn about our restorative product solutions. Scan the QR code or visit www.aacd.com to learn more about their Accreditation program and upcoming events.



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Pearls of Perfection: Unleashing the Magic of Functional & Esthetic Peg Lateral Resin Technique

Dimple Desai, DDS, AAACD

Thursday, April 4th, 2024
8:30 - 11:30 am



Class IV Composites: Layering Techniques for Predictability and Success

Dennis Hartlieb, DDS, AAACD

Thursday, April 4th, 2024
1:30 - 4:00 pm



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Achieving Clinical Success Utilizing the DualForce™ Sectional Matrix System



Susan Prater-Kudlats
DMD

Dr. Susan Prater-Kudlats is a general dentist in Jacksonville, Florida with a focus on cosmetic and restorative dentistry, utilizing the latest digital technology. She graduated from the Medical College of Georgia in 2009 and continues to further her education through advanced training courses. She is currently attending the Kois graduate program and is set to graduate May 2024. Dr. Prater-Kudlats also serves as a Key Opinion Leader for Desktop Health, one of the leading dental 3D printing manufacturers. Dr. Prater-Kudlats enjoys sharing her life and love of dentistry via Instagram @dr_seuzz. Her creative social media presence has led to speaking engagements on social media branding for dentists featured by Cerec Doctors (CDOCS), as well as opportunities to promote the products that she believes give her the ability to deliver the best patient care possible.

Although Class II restorations are routine amongst restorative dentists, they still present challenges when it comes to proper contour, isolation, and marginal seal. Failure to achieve adequate contour can lead to food packing, gingival inflammation, and bone loss over time. The inability to ensure isolation can result in post-operative sensitivity; the marginal seal is essential to prevent recurrent decay. Finding practical solutions to reduce or eliminate these challenges is crucial to delivering a comfortable and long-lasting restorative outcome.



FIG. 1

Pre-op.

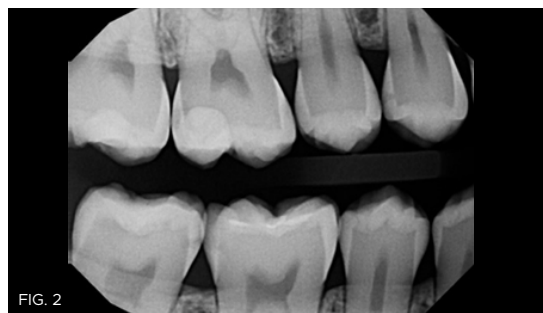


FIG. 2

Class II carious lesion detected radiographically on the distal of tooth #5.

This clinical case highlights a common scenario. (FIG. 1) A Class II carious lesion was detected on the distal of #5. (FIG. 2) The patient was anesthetized via infiltration. Before preparation, a latex free rubber dam (True™ Dental Dam, Clinician's Choice®) was placed to provide the first line of isolation.

Before caries removal, it is helpful to pre-wedge using the DualForce™ Active-Wedge™ (Clinician's Choice). This method enables gentle separation of the teeth, protecting the adjacent tooth from accidental bur contact and negating the need to break the contact. Once the preparation was complete, the DualForce Active-

Wedge was removed. Complete caries removal was verified using caries indicator dye. The line angles of the preparation were slightly beveled to allow for better adaptation of the composite restoration, followed by air abrasion with 27-micron aluminum oxide particles using PrepStart™ (Zest Dental Solutions®) to remove any debris and biofilm.

“The inability to ensure isolation can yield post-operative sensitivity; the marginal seal is essential to prevent recurrent decay.”

The DualForce Sectional Matrix System by Clinician's Choice has been carefully designed and crafted to address the modes of restorative failures. The DualForce™ Ultra-Wrap™ Matrix Band (Clinician's Choice) was placed to fit passively past the interproximal box. This pre-formed matrix band is designed in such a way that the buccal, lingual, and cervical components of the band hug the contours of the tooth, and the contact is already pre-formed in the band so that minimal or no burnishing is needed to form the contact point.

The DualForce Active-Wedge (Clinician's Choice) was then placed interproximally between tooth #4 and #5. The wedge's unique design further ensures the band's tight seal to the tooth. Unlike most wedges that are stiff and sometimes difficult to place interproximally, the Active-Wedges are flexible due to their wide variety of interproximal shapes and sizes. They can change shape by becoming narrower at the collapsible tip while trying to fit into tighter interproximal spaces. Once placed, they are able to regain their original shape to completely seal the matrix band against the tooth, fit the contours of the neighboring tooth, and prevent pop-out. Selecting the largest wedge that will slide into the interproximal space is important, allowing for the tightest seal of the matrix to the tooth around the gingival margin.

In addition to the superior design of the DualForce Ultra-Wrap Matrix Bands and the DualForce Active-Wedges, the DualForce™ Ring is the final component in this system to ensure the proper isolation and seal for the restoration. (FIG. 3) The DualForce System has a smaller orange pre-molar ring and a larger green molar ring. The use of one or the other is at the clinician's discretion, taking into account the degree



FIG. 3

The DualForce Sectional Matrix System by Clinician's Choice. Its innovatively designed components include the DualForce Ultra-Wrap Matrix Band, the DualForce Active-Wedge, and the DualForce Ring.



FIG. 5

Evanesce A3U composite (Clinician's Choice) was sculpted and adapted to the preparation using a Composite Ninja (Clinician's Choice). This versatile instrument has a thin 2-sided blade capable of reaching all surfaces of the tooth.

of access and the use of multiple rings simultaneously. The DualForce Ring Forceps were positioned into the DualForce Ring engagement slots and the ring was placed over the wedge, engaging the DualForce Ultra-Wrap Matrix Band. Then, visual confirmation was used to see that the DualForce Ring sat at a 20-degree angle to the occlusal plane. This design is twofold: it creates maximum separation interproximally and prevents interference with the adjacent rubber dam clamp. If needed, slight finger pressure is applied on the plastic tines to fully seat the ring, as any pressure on the NiTi rings may dislodge the ring.

Before beginning the restoration, the proximal box's marginal seal was inspected to make sure the proximal portion of the matrix band was in contact with the adjacent tooth. The contour of the matrix band already allows for good contact, so only slight or no burnishing of the contact point was needed.



FIG. 4

The selective-etch technique was used prior to placement of the adhesive to maximize the bond strengths while minimizing any risk of post-op sensitivity.

The selective-etch technique was used, etching only the enamel surfaces with 35% phosphoric acid etch for 15 seconds. (FIG. 4) The tooth was then rinsed and dried. Adhesive (Adhese® Universal VivaPen®, Ivoclar) was then placed and agitated on the dentin and enamel surfaces for 20 seconds, dried with air, and light-cured with a high-performance LED polymerization light (Bluephase, Ivoclar) for 20 seconds.

Evanesce™ Nano-Enhanced Universal Restorative (Clinician's Choice) in shade A3 was applied in 2mm increments utilizing the Compo-Ject™ (Clinician's Choice) composite gun. Each layer was adapted to the preparation using the OptraSculpt® Instrument with ball modeling attachment (Ivoclar). The final layer was contoured with the Composite Ninja Instrument (Clinician's Choice), as its unique angulated two-sided blade allows easy access to all areas of the tooth surface and then light-cured for 20 seconds. (FIG. 5)

The first finishing and polishing steps were performed with the dam in place, utilizing a flame diamond bur to create tertiary anatomy and to

remove any flash. Contours™ Finishing and Polishing Discs (Clinician's Choice) were used to create the smooth surface and remove additional flash. Once the dam was removed, the occlusal adjustments were made, and final polishing was performed. Interproximal contacts were verified with floss, checking for a smooth surface and tight contact.

The post-operative result shows a smooth and ideal contour with a tight interproximal contact. (FIG. 6) These characteristics are critical in obtaining a result that yields easy cleansability and less potential for post-operative sensitivity. Utilizing the DualForce Matrix System allows for a predictable and reliable outcome to help achieve clinical success for your patients.



FIG. 6

Post-operative result. Properly contoured proximal surfaces and strong, naturally placed interproximal contacts create an ideal environment for long-term restorative success.

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Clinician's Choice - A History of Education

by Peter Jordan, CEO, Clinician's Choice

2024 will mark the 30th anniversary of my father, Dr. Ronald Jordan's passing and the inception of Clinician's Choice® Dental Products. With these two milestones, I reflect on our history as a company and our "Why"—why Clinician's Choice exists, and that is, simply put, to support, foster, and innovate dental education in North America. Clinician's Choice is a company with a long history of teaching better dentistry, it is our passion. We believe that if we focus on education in everything we do, sales will take care of itself. This is not the norm for a dental product manufacturer, but it's our norm, and it has been for 30 years.

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DENTAL PRODUCTS INC.

30 YEARS Clinician's Choice®

As a child, each Saturday morning, my sister and I would jump in the back seat of Dad's car and go to the dental school at the University of Western Ontario, Canada. As Dad wrote research papers and put his slides in carousels in preparation for his next lecture, my sister and I roamed the dental clinic, played with the air water syringe, and occasionally even played with dental mercury in our hands. This may be the reason for my bald head today; who knows? Little did I know then that I would one day have a career in the dental world, and today I am very thankful for the influence my Dad, Dr. Jordan, had on how I would conduct our business. In fact, his work influenced the name Clinician's Choice, for when a product was clinically proven, only then would it be worthy of the name Clinician's Choice, a product worth using.

Fast forward 20 years, and I was given the opportunity to travel with Dr. Jordan around the world, where he lectured to practicing dentists on the latest clinical research he was working on at the school. He conducted research on dental materials and developed techniques and protocols designed to maximize the performance of materials in each clinical trial. The late 70s and early 80s, would prove to be the formative years for what we today call esthetic dentistry. White filling materials were being introduced, which promised to provide patients with life-like, esthetic restorations, dentists worldwide were excited to offer these new treatment modalities to their patients. However, as with every new technology, new challenges arise, and trying to adapt old

Dr. Ronald Jordan



techniques to new materials would surely fail; this happened to many dentists who were bold enough to try the new materials. The clinical trials and technique development with my Dad's research taught me a valuable lesson: Dentists need help understanding the basics of the new chemistries, handling properties, and placement techniques to succeed. This would become the backbone of what Clinician's Choice does, to help dentists succeed and avoid the new technologies' many pitfalls. I witnessed firsthand the struggles dentists experience when trying to incorporate exciting new products into their dental practices. During numerous dental lectures, dentists would come to me during the break and ask me, 'what did your Dad say about...'. I had seen the lectures so many times that I was able to answer their questions about placement techniques, how many coats of primer, how long to cure, or the polishing protocol they had just listened to in his lecture.

It became clear to me that Clinician's Choice must bridge the gap between the science, the research, and how to help dentists minimize challenges when incorporating new materials and techniques into their dental practice. Today, I am proud of what we have done to contribute to dental education.

**“Tell me and I forget,
Teach me and I may remember,
Involve me and I will learn.”**

— Benjamin Franklin

EDUCATING BEYOND LECTURES ALONE

At Clinician's Choice, our goal is to develop, support, and promote the very best in dental education, something we have been doing since our company's inception. For three decades, we have aligned ourselves with amazing educators, including Dr. Harald Heymann, Dr. Bob Margeas, Dr. Newton Fahl, Dr. Amanda Seay, Dr. Adamo Notarantonio, Dr. Marcos Vargas and Dr. David Chan, to name just a few. Our list of key educators is very long. What we look for in our preferred educators is a keen understanding of the science and research coupled with exceptional clinical expertise. For many years, Clinician's Choice has organized or sponsored CE courses across North America. Full-day lectures continue to dominate most CE curriculums and can have a profound effect on spreading awareness of current science, materials, and techniques.

Clinician's Choice was one of the first companies to take lectures to a new level by introducing live demonstrations throughout the lecture. We insist that the educators demonstrate key concepts by performing live techniques under a visualizer so the participants can experience the nuances necessary to achieve the best clinical results. This level of teaching, as mentioned in Benjamin Franklin's quote, is an example of how Clinician's Choice demonstrates the very best learning opportunity.



HANDS-ON LEARNING

"Involve me and I will learn" is where Clinician's Choice shines as an education-based company. Decades ago, we recognized that to really learn, we must involve dentists in the process with hands-on training. Our formula for success has been to work with the best teachers who are clinical experts and in line with the latest clinical research and develop or support courses that take participants from the science to the technique to the hands-on experience; this is where true learning happens.

In recent years, and in light of the challenges that COVID-19 presented to the world, digital learning has become very popular, and Clinician's Choice has been leading the way in terms of involving dentists in the learning process. Clinician's Choice was one of the first companies to offer hands-on training digitally with Hands-OnLine LIVE™. Now, you can learn in the comfort of your dental practice and on your schedule with Hands-OnLine LIVE and Hands-OnDemand™. This is the next best thing from being in a hands-on course. These courses are taught by the leaders in dental education. Registrants are sent a complete kit with materials, instruments, and models that allow them to perform state-of-the-art techniques under the educator's guidance. These courses are live or available on-demand, with access to the training videos that enable you to move at your pace.



MULTI-DAY IMMERSION COURSES, AT HOME AND ABROAD

Most CE courses are single-day events; however, learning goes to the highest level when one participates in a multi-day immersion course. At Clinician's Choice, we've been asked to participate in numerous multi-day events and we also host a 3-day destination course each year in Aruba. To name a few exceptional multi-day courses we recommend imP.R.E.S., taught by Doctors Amanda Seay and Adamo Notarantonio, held several times throughout the year in Charleston, SC and at the Kois Institute. The level of education, visual display, and personalized, hands-on courses are hard to beat. Clinician's Choice is proud to assist with instrumentation and materials for imP.R.E.S. The Protocol in Jupiter, Florida, hosted by Doctors Robert Ritter and Chris Ramsey, is an exceptional learning experience in a small group environment, highly personalized setting and blends science-based clinical instruction with proven practice and team management for success. Dr. David Chan's training center in Tacoma, Washington, is a state-of-the-art learning center focused on direct composite artistry. As a past President of the AACD, Dr. Chan is an outstanding speaker and instructor. Participants are treated like royalty and take-home invaluable hands-on experience so they can easily incorporate what they have learned into their practice. Finally, the Aruba Dental Conference brings hundreds of eager participants to a beautiful island setting to learn. Spending three days with morning CE classes allows participants to share and engage with like-minded clinicians, making learning easier and more comfortable.

Clinician's Choice is dedicated to providing the very best in dental education with a strong belief that hands-on in-person or digital training is the key to truly advancing one's skills and patient care.



Celebrating

30 YEARS Clinician's Choice®







Closer Look: True™ Dental Dams Stand Out From the Crowd

The Clinician's Choice rubber dams stand out among others due to their versatility, tear resistance, flexibility, and color



Nate Lawson
DDS, MA, PhD

Nate Lawson DMD, MA, PhD is the Director of the Division of Biomaterials at the University of Alabama at Birmingham School of Dentistry and the program director of the Biomaterials residency program. He graduated from UAB School of Dentistry in 2011 and obtained his PhD in Biomedical Engineering in 2012. His research interests are the mechanical, optical, and biologic properties of dental materials and clinical evaluation of new dental materials. He was the 2016 recipient of the Stanford New Investigator Award and the 2017 3M Innovative Research Fellowship both from the American Dental Association. He served on the American Dental Association Council of Scientific Affairs and is on the editorial board of The Journal of Adhesive Dentistry and Compendium. He has lectured nationally and internationally on the subject of dental materials. He also works as a general dentist in the UAB Faculty Practice.

Previously published in June 2021 Dental Product Report by Kellie Nock.

Rubber dams provide isolation to prevent contamination of endodontic and restorative preparations and to protect the oral cavity and throat from materials and equipment used in dental procedures. They prevent the oral cavity and the working field from contaminating one another.

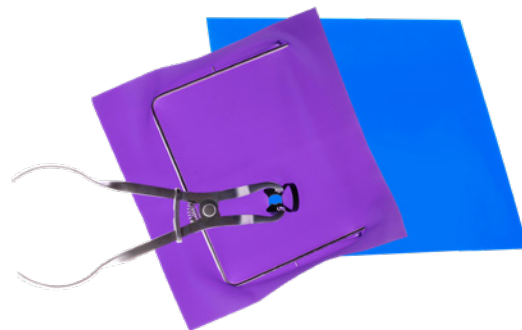
Rubber dams are a standard of care for endodontic procedures. Surprisingly, only 47% of 1490 US dentists who participated in a National Dental Practice-Based Research Network survey reported always using rubber dams during root canals. Rubber dams should be used for every root canal to prevent oral bacterial contamination of the root canal system and inadvertent dropping of files into the patient's throat.



Dentistry and photography courtesy of Bob Margeas, DDS

The use of rubber dam isolation for restorative procedures, on the other hand, may not be considered standard of care by all dental practitioners. Another National Dental Practice-Based Research Network study found that 63% of dentists never used rubber dams for restorative procedures. Additionally, only 12% of the 9890 restorations observed in the study were performed with rubber dams. Despite the relatively low use of rubber dams for restorative procedures in the US, they provide many clinical advantages.

"Using a rubber dam is an essential step when I am performing a direct adhesive restoration," says Nate Lawson, DMD, MA, PhD, associate professor at UAB School of Dentistry in Birmingham, Alabama, and Division of Biomaterials director. "The main function of a rubber dam for me is to prevent saliva, blood, and crevicular fluid from entering my tooth preparation. Salivary contamination of my bonding agent significantly reduces the bond to dentin to nearly half of its maximum bond. Rubber dams can also retract tissue to allow better visualization of the tooth and protect the tissue from laceration from my bur. Finally, the rubber dam acts as a barrier to prevent my instruments or materials from entering my patient's mouth."



The True™ Dental Dam from Clinician's Choice® is a type of rubber dam that provides benefits for both endodontic and restorative procedures. Its biggest advantage may be its good tear resistance.

"I think the No. 1 advantage of the material is that it's a good balance between being flexible enough so that you can stretch it over the teeth and floss into contact," says Dr. Lawson. "But it's not too stretchy such that it can still retract tissues, especially the medium gauge."

True Dental Dams come in blue latex and purple latex free options with an opaqueness that contrasts with the teeth, making for easier visuals. "Sometimes they make rubber dams that are too translucent so that you can kind of see through the rubber dam, which can be a little bit tricky if you stretch it," says Dr. Lawson. "And it's translucent and you don't actually know if the rubber dam is covering up everything that you want it to."

With the rubber dam's different gauges, there are a variety of thicknesses that can be used. Medium gauge dams will be easier to stretch over and floss between teeth, providing the flexibility necessary for certain procedures and mouths. Thicker, heavy gauge True Dental Dams retract tissue better, pushing it out of the way during the procedure.

"The thing that makes the True Dental Dam different is its handling. It's got a good tear resistance, it comes in different materials, latex and latex free, different gauges, and then it also comes in two different colors. It's a little treat. You get to work with a material that's just made well," says Dr. Lawson. "It's not a complicated thing, but it does make this process of using a rubber dam a little bit easier and more fun. It sounds weird to say more fun, but it's more fun."



SCAN TO
LEARN MORE



25 CLINICAL EVALUATORS

468 TOTAL USES

96% CLINICAL RATING

Key features: Available in latex-free and latex dental dams ● Tear resistant
● Exceptional stretch ● Durable ● Comfortable to patients

Description

True™ Dental Dam is a latex-free dental dam formulated from synthetic polyisoprene (similar to natural rubber). According to the manufacturer, it is pre-cut and formulated to provide exceptional stretch, strength and tear-resistance while eliminating the potential for allergic reactions associated with latex products. **True™ Dental Dam** is available in purple and blue colors and is supplied in 5" x 5" and 6" x 6" square sheets, in both medium and heavy gauges. It is appropriate for all operative dentistry procedures. **True™ Dental Dam** was evaluated by 25 consultants in 468 uses. This non-latex dental dam received a 96% clinical rating.

Unique Features

The tear resistance of **True™ Dental Dam** was very good, and consultants found it performed at least as well as latex dams. Holes can be placed close together, as the material readily stretches. The surface smoothness allowed easy placement between teeth. The purple and blue colors were neutral and easy on the eyes. The few instances of tearing that occurred were during hole punching or initial placement. Once in place, **True™ Dental Dam** was durable. The lightly powdered surface and smooth texture were reported to be comfortable to patients.

Evaluators' Comments

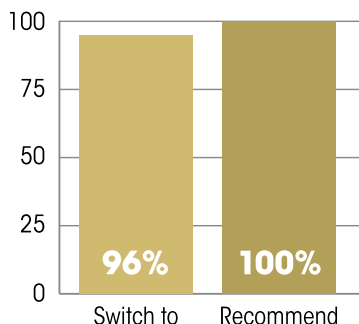
"This is probably the best dental dam I have ever used. I was very pleased with it."

"It is extremely flexible and doesn't tear when stretching it."

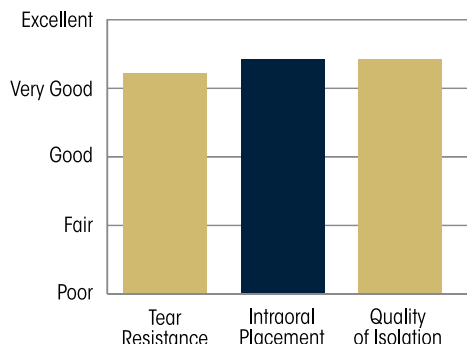
"Easy to place and floss it through without the need for lubrication of the dam."



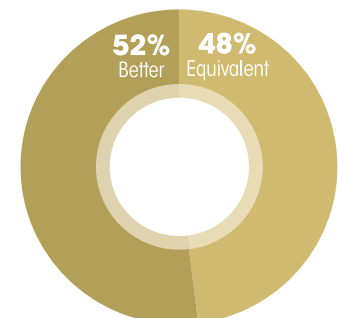
Consultants who would:



Evaluation Summary:



Compared to Competitive Products:



Take5

5 Restorative Clinicians' **Take on** True™ Dental Dam



Try True Dental Dam for yourself
For a complimentary sample, scan QR or visit sample.clinicianschoice.com/true-dental-dam



Dentistry and photography courtesy of Adamo Notarantonio, DDS, FAACD, FICOI


EASE OF INTRAORAL PLACEMENT

“True Dental Dam from Clinician’s Choice is my **go-to dental dam**. They are easy to put on, and their smooth surface slides effortlessly between teeth. The **one thing I can’t practice without is a rubber dam**, and the rubber dam of my choice is True Dental Dam.”

with
Adamo Notarantonio, DDS, FAACD, FICOI



Dr. Adamo Notarantonio graduated from the State University of New York at Stony Brook School of Dental Medicine in 2002, earning honors in prosthodontics. After completing his residency in the Advanced Education in General Dentistry Program, he was selected as Chief Resident. Dr. Notarantonio achieved accreditation and Fellowship in the American Academy of Cosmetic Dentistry (AACD), becoming the 80th worldwide to attain this distinction. He received the AACD’s Rising Star Award in 2016 and plays a pivotal role in the AACD’s leadership. He is also an educator, author, and co-founder of the imP.R.E.S. lecture series.

 @adamoelvis

QUALITY OF ISOLATION


“I love how the True Dental Dam has amazing flexibility and durability, which is perfect for **isolating tough-to-reach molars or for using any dental dam isolation technique without tearing**. Its durability is also **perfect for holding up to retreatment solutions** during my endodontic treatments.”

with
Stephanie Tran, DDS



Dentistry and photography courtesy of Stephanie Tran, DDS

Dr. Stephanie Tran, a dedicated endodontist, blends a passion for education and patient care. Raised in California, she earned her D.D.S. from the University of the Pacific and pursued advanced training at SUNY Stony Brook University Medical Center in New York. After excelling as a general dentist, she followed her passion for endodontics, becoming Chief Resident at the University of Tennessee Health Science Center. Dr. Tran, proficient in advanced techniques, offers endodontic care in New York City and Long Island. An avid educator, she lectures nationally and internationally, sharing her expertise.

 @her_holiness_the_pulp





Dentistry and photography courtesy of Jihyon Kim, DDS

AVAILABLE IN A LATEX FREE OPTION

“True Dental Dam is a wonderful synthetic option that **eliminates the common concern with latex sensitivities**. It is tear resistant, easy to place, and the **heavy guage option is a favorite of mine.**”

with
Jihyon Kim, DDS



Dr. Jihyon Kim, a 1999 graduate of the University of Washington School of Dentistry, is an accomplished dentist with a focus on occlusion and adhesive dentistry. She received advanced training from esteemed institutions such as Dawson Academy, Kois Center, and Spear Education. Currently practicing full-time, Dr. Kim teaches hands-on courses in biomimetic dentistry and is the Director of the Institute of Injection Overmolding in Seattle. Renowned for her expertise, she has published articles, lectured extensively, and is dedicated to providing an advanced, intuitive, and intimate learning experience in restorative dentistry.

 @discingqueen

IMPROVED PATIENT COMFORT


“In addition to **superior isolation**, the True Dental Dam allows the provider better visualization of the field as well as **improved patient comfort** as it serves as a barrier for excess water and material.”

with
Devin McClintock, DDS



Dentistry and photography courtesy of Devin McClintock, DDS

Dr. Devin McClintock is a graduate of the State University of New York at Buffalo School of Dental Medicine (2016), where she graduated with honors and a minor concentration in esthetics. After completing two years of General Practice Residency and a year as an associate in a private practice, she was one of a few residents selected to complete a two-year residency with the American Academy of Cosmetic Dentistry. She is an owner of a private practice in Williamsburg, VA.

 @mcclintockdds



Dentistry and photography courtesy of Anthony Mennito, DMD

DURABLE AND TEAR RESISTANT

“The **elasticity and tear resistance** of the True Dental Dam has significantly **simplified the isolation process** for my restorative procedures. And once the dam goes on, my stress level comes way down.”

with
Anthony Mennito, DMD



Dr. Anthony Mennito graduated from Temple Dental School in 2003 and in 2009, he started teaching at MUSC College of Dental Medicine, discovering a passion for teaching. Over the past decade, he balanced teaching with dental practice, conducted research, patented dental materials, launched a biotech company, authored 17 clinical papers, and initiated an international speaking career centered on dental technology and materials.

 @smileprofessor

Ask the Expert: An Interview with Ed Lowe, DMD, AAACD on Soft Tissue Diode Lasers



Ed Lowe,
DMD, AAACD

Dr. Edward Lowe, B.Sc., D.M.D., is a 1986 graduate of UBC Dentistry and owns a private practice devoted to functional aesthetic dentistry in downtown Vancouver, BC. He is an accredited member of the American Academy of Cosmetic Dentistry and has been the editor-in-chief of the Journal of Cosmetic Dentistry for the past 14 years. Dr. Lowe is a published author, mentors the TEST Vancouver Study Club and lectures internationally on comprehensive restorative & aesthetic dentistry.

Q What type of clinical procedures can be done with a soft tissue diode laser?

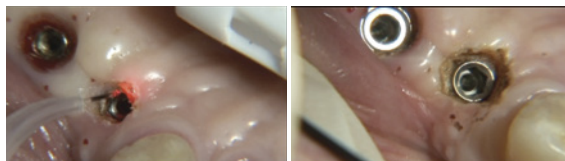
A Soft tissue diode lasers are commonly used in dentistry for various procedures due to their ability to precisely cut or vaporize soft tissues with minimal damage to surrounding healthy tissue. I have used soft tissue lasers since 1997 when they were large, expensive, cumbersome, and relatively archaic compared to today's compact and featured loaded versions like the Bluewave™ Soft Tissue Diode Laser.

Here are some clinical procedures in dentistry where I have frequently employed the use of a soft tissue diode laser:

- Gingivectomy and Gingivoplasty



- Frenectomy
- Crown Lengthening
- Treatment of Soft Tissue Lesions, such as fibromas, papillomas, and mucocles
- Excisional or Incisional Biopsies
- Hemostasis
- Implant Uncovering



- Treatment of Peri-implantitis
- Treatment of Aphthous Ulcers & Herpetic Lesions
- Periodontal Pocket Therapy
- Depigmentation
- Desensitization
- Operculectomy

It's important to note that while soft tissue diode lasers are valuable tools in dentistry, proper training and adherence to safety protocols are essential for their effective and

safe use. Dental professionals should stay current with the latest guidelines and advancements in laser dentistry and ensure compliance with regulatory standards in their jurisdiction.

Q What are the advantages of using a soft tissue diode laser over a scalpel or electrosurgery?

A I will separate this question into two parts starting with the soft tissue diode laser vs. the scalpel.

Diode lasers offer several advantages over traditional instruments such as a scalpel in various dental procedures.

Here are some key advantages:

Precision:

Diode lasers provide precise and controlled cutting, allowing for delicate and intricate soft tissue procedures. This precision is particularly valuable in cosmetic and periodontal surgeries.

Minimized Bleeding:

Diode lasers offer excellent hemostasis, coagulating blood vessels as they cut. This results in reduced bleeding during and after procedures, contributing to a clearer surgical field and better visibility.

Reduced Discomfort:

Laser procedures are often associated with less post-operative pain and discomfort compared to traditional methods. The laser's ability to seal nerve endings and blood vessels can contribute to a more comfortable recovery for patients.

Faster Healing:

The precise nature of diode laser incisions can promote faster healing and tissue regeneration. This can result in shorter recovery times for patients.

Minimal Swelling:

Soft tissue diode lasers typically cause less trauma to the surrounding tissues, leading to reduced post-operative swelling compared to traditional scalpel surgeries.

Reduced Need for Anesthesia:

The use of a diode laser may reduce the need for local anesthesia, especially for minor soft tissue procedures.

Versatility:

Diode lasers are versatile and can be used for a wide range of soft tissue procedures, including gingivectomies, frenectomies, crown lengthening, and more. Their flexibility makes them valuable tools in various dental specialties.

Improved Sterilization:

The high temperatures generated by the laser during cutting contribute to improved sterilization of the treated area, reducing the risk of infection.

Enhanced Patient Experience:

Patients may perceive laser procedures as less invasive, leading to increased comfort and satisfaction, contributing to an overall positive patient experience.

Ease of Use:

Diode lasers are user-friendly and offer ease of use for dental professionals. They often come with customizable settings, allowing practitioners to tailor the laser's parameters to specific procedures and patient needs.

Soft tissue diode lasers and electrosurgery are both tools used in dentistry for various soft tissue procedures, and each has its advantages.

Some advantages of using a soft tissue diode laser over an electrosurgery unit include:

Precision and Control:

Diode lasers offer precise and controlled cutting, making them suitable for delicate and intricate soft tissue procedures. Electrosurgery, while effective, may be associated with less precision.

Minimized Tissue Charring:

Diode lasers typically result in minimal tissue charring compared to electrosurgery. Reduced charring can contribute to better healing and esthetic outcomes.

Reduced Post-operative Discomfort:

Soft tissue diode lasers often cause less post-operative discomfort compared to electrosurgery. The laser's ability to seal nerve endings and blood vessels can result in a more comfortable recovery for patients.

Less Tissue Distortion:

Diode lasers cause minimal tissue distortion, preserving the natural architecture of the treated area. This can be particularly important in cosmetic and periodontal surgeries.

Hemostasis without Contact:

Diode lasers provide excellent hemostasis without direct contact with the tissue. In electrosurgery, tissue contact is necessary for coagulation, which can sometimes lead to tissue sticking.

Reduced Risk of Tissue Necrosis:

The reduced thermal damage associated with diode lasers minimizes the risk of tissue necrosis, contributing to healthier healing and potentially faster recovery.

Ease of Use:

Diode lasers often come with customizable settings, allowing practitioners to tailor the laser to specific procedures and needs of the patient.



10 Things to Consider When Buying a Laser

Choosing a dental laser involves careful consideration of various factors to ensure that the selected device meets the specific needs and preferences of your practice. Some key factors to consider when evaluating and purchasing a dental laser are:

1

Type of Laser:

Each type of laser has specific applications and advantages. Consider the procedures you plan to perform and choose a laser type (diode, erbium, CO2) that aligns with your practice's needs.

2

Wavelength:

Select a wavelength that is suitable for the procedures you intend to perform. For example, diode lasers are often used for soft tissue procedures, while erbium lasers are suitable for both soft and hard tissue applications.

3

Power and Energy Settings:

A laser with adjustable settings allows for flexibility in treatment.

4

Delivery System and Fiber Optics:

Consider factors such as the flexibility and ease of use of the fiber, as well as the availability of different types of tips for various procedures.

5

Ease of Use:

A user-friendly interface, intuitive controls, and easy set-up contribute to efficient and effective use in a dental practice.

6

Clinical Research and Evidence:

Look for clinical research and evidence supporting the effectiveness and safety of the laser system.

7

Training and Support:

Adequate training is crucial for using the laser effectively and safely. Check if the manufacturer offers training programs, educational resources, and customer support.

8

Size and Portability:

Portable or compact designs may be advantageous in certain settings.

9

Cost and Return on Investment (ROI):

Evaluate the overall cost of the laser system, including the initial purchase, ongoing maintenance, and any additional accessories or consumables.

10

Regulatory Compliance:

Check for necessary certifications and approvals in your region.

Before making a final decision, it's advisable to attend training sessions, demonstrations, and workshops to gain hands-on experience with the laser system. Additionally, consult with colleagues, attend industry conferences, and seek input from professionals who have experience with the specific laser model you are considering.

Bluewave™

Soft Tissue Diode Laser

“The Bluewave diode laser is a **powerful** and **simple to use** and is **easily portable** from operatory to operatory.”

- Susan McMahon, DMD, AAACD, FAGD



- **Versatile:** The Bluewave is ideal for use as a surgical instrument or for non-invasive laser-assisted periodontal and hygiene therapy and offers virtually no bleeding, pain, post-operative swelling or discomfort.
- **Powerful & Portable:** This powerful 5W laser is completely portable, allowing for over three hours of use on its rechargeable lithium-ion battery.
- **Convenient & Ergonomic:** The magnetic handpiece easily attaches back on the base while its ergonomic design allows for greater comfort and less strain.



Dentistry and photography courtesy of Susan McMahon, DMD, AAACD, FAGD

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