



# INNOVATIVE DENTAL SOLUTIONS

from the Japanese development pioneer



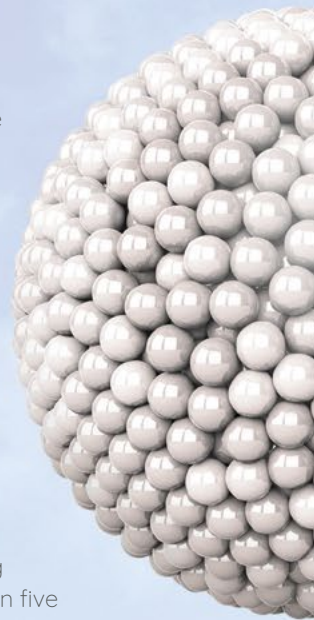
# THE MOTHER

The TOKUYAMA DENTAL Corporation – a traditional Japanese company

TOKUYAMA DENTAL draws on nearly a century of accomplishments and knowledge to gain a competitive advantage in today's dentistry. Operating on a global scale, our mission is to listen to your needs, incorporate your voice into the development of innovative products, and ensure our products meet the highest standards of quality. TOKUYAMA DENTAL is characterized by cutting-edge technology and developing specialty products that improve your daily life.

At TOKUYAMA DENTAL, our constant pursuit of excellence and innovation thrives from a strong link between our company, and visionary Dental Professionals who shape the future of dentistry.

TOKUYAMA DENTAL is 100% committed to Innovating Tomorrow's Dentistry, Today. Our spirit is embodied in five values which represent the very essence of TOKUYAMA DENTAL and will always continue to do so.



Foundation of Tokuyama Corporation

1918

1978

Foundation of Tokuyama Dental Corporation

Start of distribution in Germany via Euronda Deutschland GmbH

2001

2003

Exclusive partnership for Germany with Kaniedenta GmbH & Co KG

Foundation of Tokuyama Dental Deutschland GmbH

2007

2009

1st expansion of sales territory to include Czech Republic/Slovakia

2nd expansion of sales territory by 16 additional countries

2012





## TOKYO

[Tokyo Tower]

### 1. Innovation

TOKUYAMA DENTAL is not looking to invent, we are looking to innovate. Innovation is the process of creating a product that provides a more efficient and faster way for you to achieve a desired result. TOKUYAMA DENTAL is dedicated to improving the lives of you and your patients!

### 2. Product Efficacy and Replicable Results

TOKUYAMA DENTAL products are submitted to rigorous testing that simulate intra-oral environments, prior to in vivo-testing. It is our number one priority that Tokuyama Dental products always perform at or above clinical expectations.

### 3. Quality

TOKUYAMA DENTAL is sure to take utmost care when manufacturing, packaging, storing, and shipping products, to ensure all attributes of our products perform to customer satisfaction.

### 4. Customer service and satisfaction

TOKUYAMA DENTAL treats our customer like family, and as such, we are determined to offer quick and easy solutions for our customers. Providing superior customer service is our primary mission.

### 5. Social responsibility

TOKUYAMA DENTAL is committed to Corporate Social Responsibility by contributing to economic development, while improving the quality of life of our workforce and their families, as well as the local community and society at large.

2016

Move to the new company headquarters

Market launch Omnichroma

2019

2020

Establishment of Tokuyama Dental Academy together with Tokuyama Dental Italy

Restructuring of the parent company (Vision 2021 and Mission 2025)

2021



# THE DAUGHTER

## TOKUYAMA DENTAL Deutschland GmbH – from Münster to Northern Europe

TOKUYAMA DENTAL Germany is the subsidiary for the distribution of dental products in Germany, the Czech Republic, Slovakia, Hungary, Poland, Austria, Switzerland, Liechtenstein, Luxembourg, Belgium, the Netherlands, Ireland, Great Britain, Iceland, Norway, Denmark, Sweden, Finland, Estonia, Latvia and Lithuania.

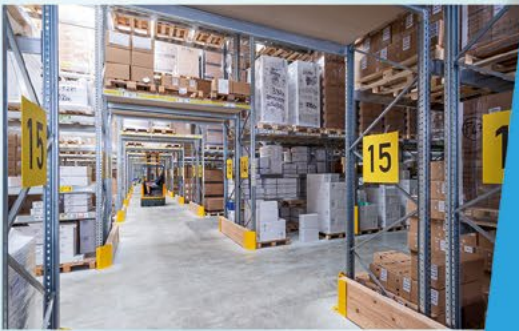
The sales office of TOKUYAMA DENTAL Germany is located in Altenberge – near Münster. From this location, dentists and dental dealers in Germany and the aforementioned European countries are supplied and supported with dental products.

A modern service concept supports dentists and dealers

personally and competently in the use and distribution of dental materials in these areas.







## COMPOSITE

Multiple award-winning filling materials



> 6

## BONDINGS

Adhesion-State of the Art



> 26

## CEMENT

Adhesive luting cements and posts



> 32

## IMPRESSION MATERIALS

Precise even under adverse conditions



> 40

## DESENSITISER

For hypersensitive dentin



> 44

## RELINING MATERIAL

Hard and durable soft materials

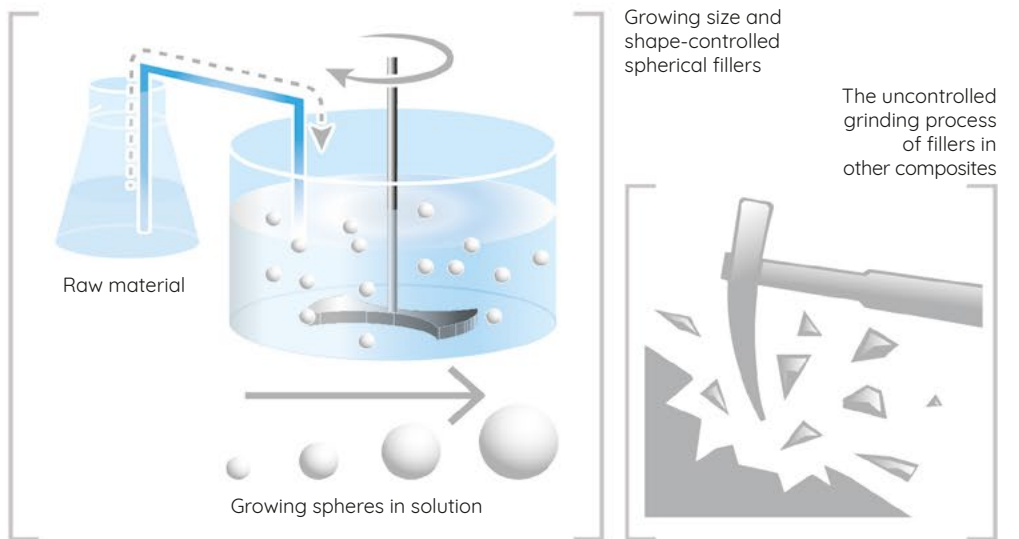


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# COMPOSITE

## Spherical fillers – combining aesthetics and resilience

The production – Sol-Gel vs. conventional grinding process



An intensively thought-out and innovative development concept has given rise to the exceptional composites ESTELITE and OMNICHROMA. Size- and shape-controlled spherical sub-micro fillers obtained in a fine manufacturing process (Sol-Gel) set new standards for aesthetic composite restorations. Many years of development of the manufacturing process for fillers with special aesthetic, physical and user-friendly properties are the basis for the outstanding result.

Thanks to the unique fillers, ESTELITE as well as OMNICHROMA are extremely user-friendly to work with, as they do not stick to the spatula and are easy to polish.





## Keyfacts Composite

- Distinct chameleon effect & unique aesthetics
- Excellent polishability & gloss
- Universal composites and specialists for all indications

# OMNICHROMA

1000 Shades of White –  
all in 1 single syringe!  
Infinitely colour  
adjustment from  
A1 to D4



## Structural colour

Natural colouring without artificially added colour pigments thanks to Smart Chromatic Technology. Bis-GMA-free formulation for increased biocompatibility.

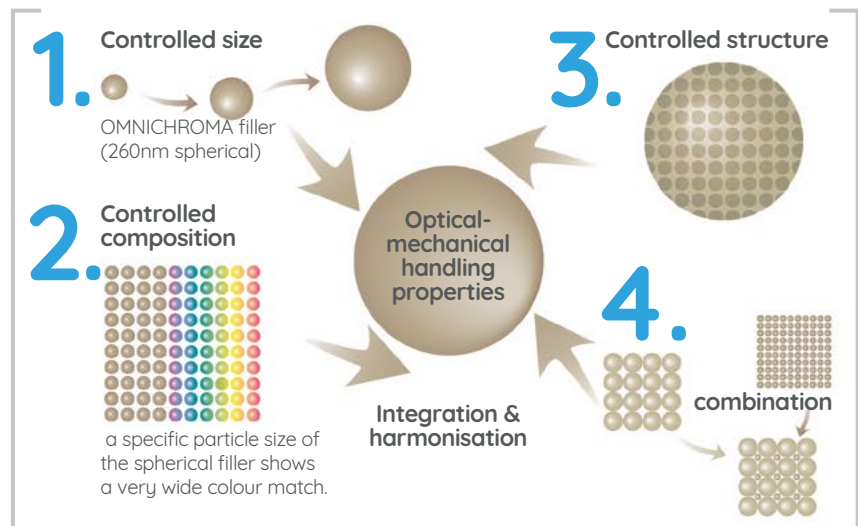
## Simplified stockpiling

Order and store only one colour – always the right colour at hand. No more expired special colours.

## Time saving

No more tedious and time-consuming colour determination – start immediately.

Find out more



*Every dentist's dream come true:  
always the right colour at hand!*

Drs. Erik-Jan Muts, MSc, Apeldoorn (NL)



# OMNICHROMA BLOCKER

The ideal supplement to OMNICHROMA if the automatic colour matching could be compromised.



## Discolourations

Reliably covers disturbing colour influences, e.g. after amalgam removal.

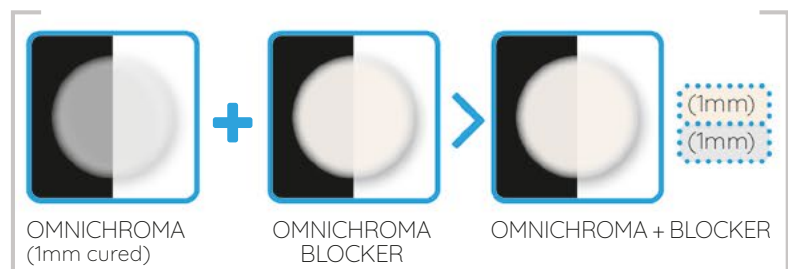
## Discolourations

Reliably covers disturbing colour influences, e.g. after amalgam removal.

## Oral cavity

Prevents disturbing colour influences from the oral cavity and prevents grey shimmer.

Find out more:



*“Amalgam tattoos and endocavities can be reliably covered with the Blocker. The layer thickness depends on the degree of discolouration and the depth of the cavity.”*

Dr. Tom Verhofstadt, Kevelaer

# OMNICHROMA FLOW

The logical further development of OMNICHROMA – 1000 Shades of White in 1 single syringe now also as flowable.



## Structural colour

Natural colouring without artificially added colour pigments thanks to Smart Chromatic Technology. Bis-GMA-free formulation for increased biocompatibility.

Find out more:

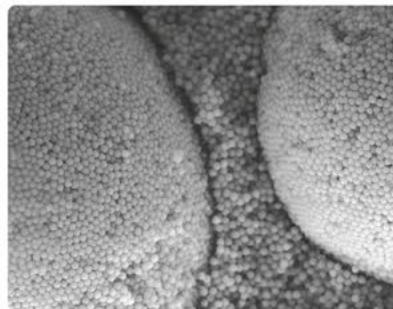


## Flowability

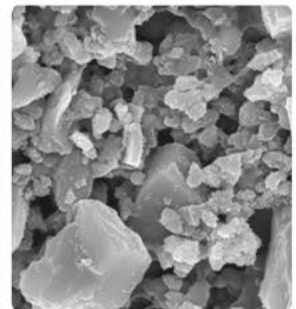
Optimum flow behaviour and excellent cavity adaptation.

## Load capacity

Suitable for both anterior and posterior teeth thanks to excellent physical properties.



Omnichroma FLOW  
(TOKUYAMA DENTAL; 1µm; 5,000x magnification)



Venus Flow One, Kulzer  
(1µm; 20,000x magnification)



*“The addition of a flow variant to this product idea is absolutely to be welcomed and rounds off the application possibilities excellently.”*

Prof. Dr. Claus-Peter Ernst, Mainz



# OMNICHROMA FLOW BLOCKER

The tried and tested  
OMNICHROMA BLOCKER  
against disturbing colour  
influences – now also  
available as a flowable  
version.



## Opacity

Reliably eliminates interfering  
colour influences for an aesthetically  
correct colour match.

## Flowability

Optimum flow behaviour for rapid  
lining of posterior cavities

## Versatility

Universal cover shade  
for various indications

Find out more:



With Chroma Zone Black



Blocker 1 mm



Customers also bought this additional product:

ESTELITE COLOR

More at COMPOSITES >> ESTELITE COLOR

# OMNICHROMA FLOW BULK


Completes the  
OMNICHROMA family -  
1000 Shades of White  
all in 1 single syringe,  
now also with depth curing.



**Without artificial colour pigments**

Adapts “automatically” to the tooth colour 

**BisGMA - free formulation**  
for better biocompatibility 

**No capping layer necessary**  
excellent load-bearing capacity 

Find out more:



Typical laser microscope images of the individual cavity adaptations



Source: TOKUYAMA DENTAL R&D

Customers also bought this additional product:  
**OMNICHROMA BLOCKER FLOW**

More at COMPOSITES >> OMNICHROMA BLOCKER FLOW







# AWARD-WINNING!

Not just good – multiple awards and distinctions apply to many of the materials from TOKUYAMA DENTAL.



### OMNICHROMA

Recognised as the biggest innovation in the dental sector immediately after its launch, now the leading one-shade composite.



### OMNICHROMA FLOW

The flowable version OMNICHROMA FLOW is also a leader in the field of single-colour composites or flowables. Also recognised as a problem solver for invisible aligner fixings.



### ESTELITE Σ QUICK

A class of its own. Awarded best universal composite 12 years in a row. What composite can boast such a track record?



# ESTELITE ASTERIA

An innovative and highly simplified layering concept for maximum aesthetics – perfect restorations are achieved for every user.



### Enhanced chameleon effect

Increased light diffusion inside the material leads to a pronounced chameleon effect. Only a few basic colours are sufficient for a highly aesthetic result.

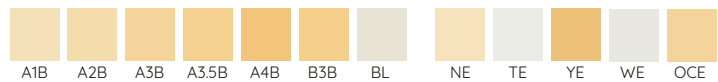
Find out more:



### Simplified layering technique

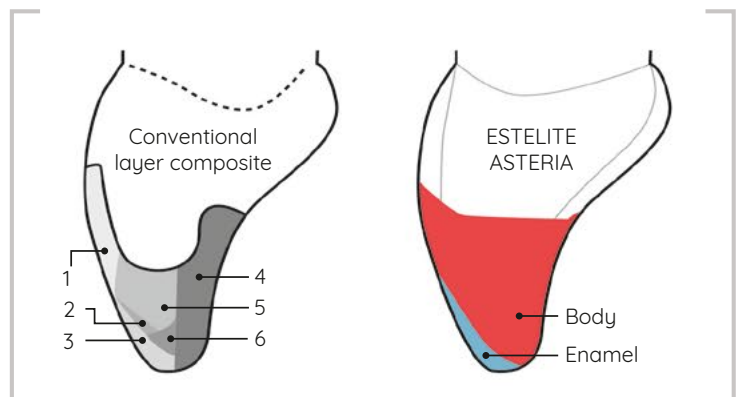
Optimally coordinated dentin shades with increased opacity and enamel shades with increased translucency. Restorations with strong character even without complex layering techniques.

Shades - 12 (7 dentin shades - 5 enamel shades):



### Optimum gloss

Spherical fillers that, thanks to their shape, can be polished in seconds – for outstanding aesthetics.



Customers also bought this additional product:

EE-BOND

More at BONDING >> EE-BOND





# ESTELITE COLOR

Expressive stains for individual characterisation of the respective restoration.



## Colours

9 different shades make teeth look younger or older. Even fissures or pits can be imitated naturally.

## Opaque

4 opaque shades provide reliable coverage of heavily discoloured areas. Also suitable for covering metal or for repairs.

## Flowability

Due to their consistency, the stains are easy to apply and can be individually shaped with a small probe or the TOKUYAMA brushes.

Find out more:

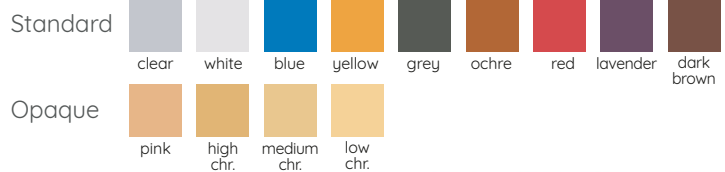


ESTELITE COLOR is applied evenly over the discoloured areas to raise the colour value.

After light curing, a layer of dentin shade with the desired shade and saturation is applied over the opaquer.

After light curing, the enamel shade is applied.

## Farben - 13:



Customers also bought this additional product:  
Brush No.24

More at >> [www.tokuyama-dental.eu](http://www.tokuyama-dental.eu)

# Reattachment of a fragment

Minimally invasive procedure to restore functional and aesthetic parameters

Prof. Simone Grandini & Dr. Giulio Pavolucci, Siena (ITA)



**There are many different techniques available for restoring traumatised or aesthetically inadequate anterior teeth. Most require a multi-layer technique, which is often extremely complicated for the general dentist. Now there is a simpler procedure with a material that requires only a two-layer technique (dentin and enamel), as in this young patient.**

The 9-year-old patient Y. came to our practice after a trauma in the anterior region. It was determined that it was a simple accident (the boy had fallen while playing with friends).

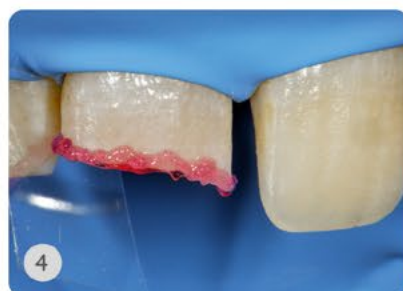
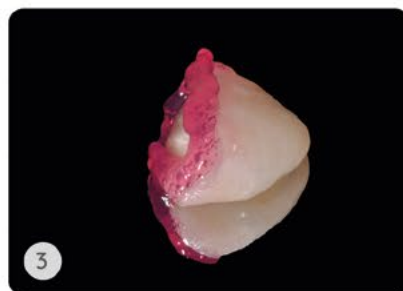
The subsequent examination revealed a fracture (Ellis Class III with pulp exposure) of tooth 11, physiological mobility of the tooth and other teeth, mild swelling of the upper lip, mild pain and poor plaque management. (Fig. 1-2) The patient had

brought the broken fragment, which was immediately placed in physiological saline solution.

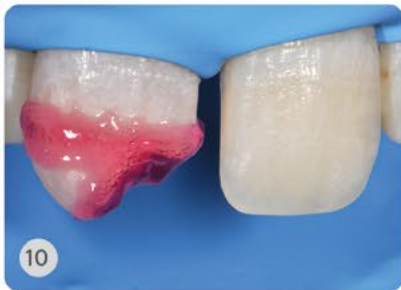
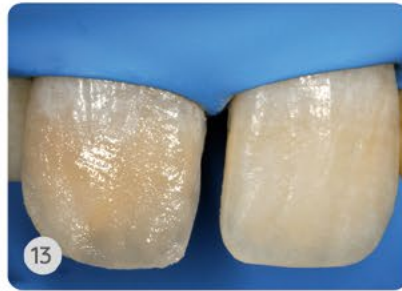
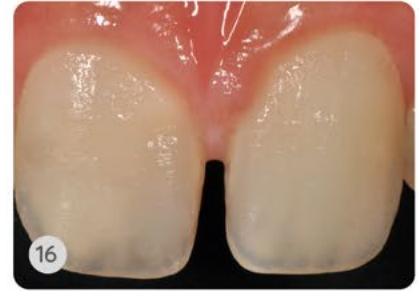
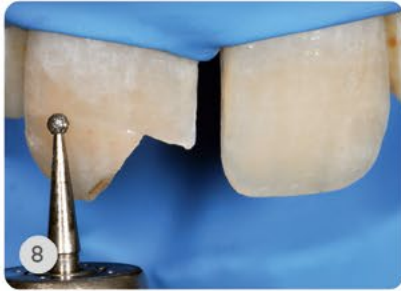
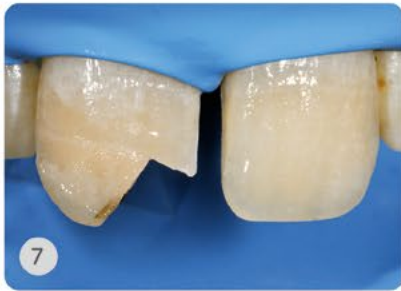
As the pulp exposure was minor and not bleeding, it was decided to fix the fragment again and reconstruct the missing part directly.

After local anaesthesia with articaine, the surgical area was prepared. Placement of the rubber dam was quite difficult due to the mixed dentition.

The surface was carefully cleaned with a toothbrush. The adhesive system Tokuyama EE-Bond (7th generation with enamel etching) was then applied to the tooth and the fragment. The fragment was repositioned with a thin interposition of flowable composite. (Figs. 3-5)







The control image after 7 days (Fig. 16) shows the excellent integration of the restoration. Due to the integration of the composite used and the simple layering technique, we were able to achieve a satisfactory result immediately, so that no further treatment was required.

The body shade did an excellent job of covering the transition line between the tooth and the restoration. With the help of enamel-NE and translucent TE, an absolutely natural incisal area has been created.

The patient was satisfied with the aesthetic result of the restoration. The last picture shows the postoperative check after one week and rehydration of the adjacent teeth.

After curing (Fig. 6), a bevel was created along the fracture line vestibularly and palatally to increase the adhesion of the fragment (Figs. 8-9), smooth the edges and allow direct reconstruction of the missing part.

After reapplication of the adhesive system (Fig. 10), a freehand layering was carried out. (Fig. 11)

The first aesthetic examination had revealed a clear incisal translucency and a distinct halo at the edge.

NE (Tokuyama Asteria) was applied as the first palatal layer. Afterwards,

the build-up was done with Body A2. According to the manufacturer's instructions, Body was applied up to the middle third, leaving space for a thin layer of enamel NE on the incisal third. (Fig. 12)

To create the enamel translucency, TE was used between the body incisal cusps. The halo was created with Body A2. (Fig. 13)

After finishing (Fig. 14) and polishing (Fig. 15), the patient was discharged home and regularly questioned about possible pulpal symptoms in the following days.

# ESTELITE Σ QUICK

The classic – our award-winning universal composite for all requirements and indications.



### Excellent

Awarded best universal composite by Dental Advisor 12 years in a row – for highest demands on gloss, aesthetics and polishability.

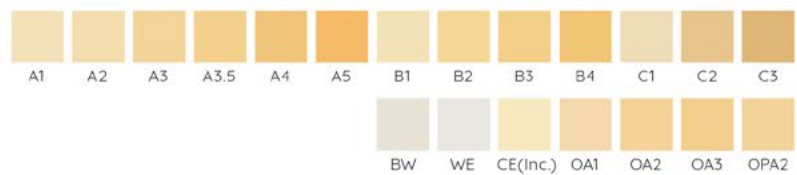
Find out more:



### Strong chameleon effect

Strong in colour matching – this is how restorations that blend harmoniously and invisibly into the tooth environment can be achieved even without complex preparations.

### Shades – 20:



### RAP-Technology

Radical Amplified Photopolymerization – this is the magic formula for accelerated curing with a high conversion rate at the same time.

Customers also bought this additional product:

UNIVERSAL BOND II

More at BONDING >> UNIVERSAL BOND II





# ESTELITE POSTERIOR

Strong under pressure – when a particularly resilient material is required for the posterior region.



### Novel combination

A combination of spherical and classic ground fillers creates an optimal filler distribution – for a high filler content.

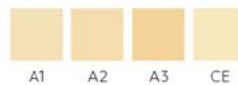
### Radiopacity

Highly visible filler particles allow optimal control of the placed fillings – for a safe feeling.

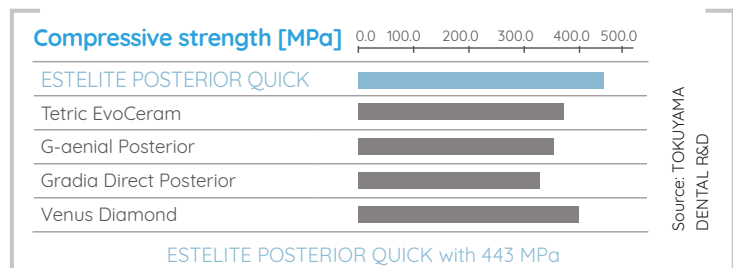
### Resilience

High E-modulus, strong compressive strength – optimal physical values for the strongest loads, whether crunchers or not.

### Shades – 4:



Find out more:



Customers also bought this additional product:  
**BOND FORCE II**

More at BONDING >> BOND FORCE II

# ESTELITE UNIVERSAL FLOW

Simply flowable?  
No, triple flowable  
for all indications and  
preferences.



### 3 viscosities

Different viscosities always offer the user the optimal choice for every occasion.

### Increased light diffusion

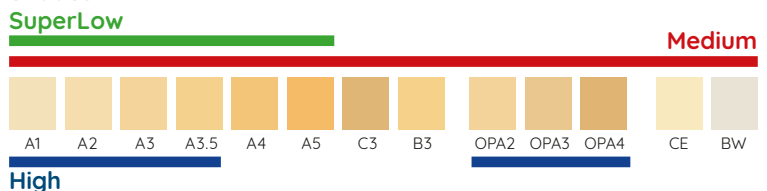
Increased light diffusion causes a strong scattering of the incident light inside the material. This creates a pronounced chameleon effect for a minimum of colours.

### Resilience

The combination of round composite fillers and spherical fillers ensures strong resilience – comparable to pasty composites.

	<b>SuperLow</b> Stable against uncontrolled flowing away	
	<b>Medium</b> Universally applicable for all indications	
	<b>High</b> Ideal for fissures or for lining	

### Shades - 12:



*Always the right viscosity with perfect polishability make this flow the agent of choice .“*

Dr. Markus Lenders, Nettetal



# ESTELITE BULK FILL FLOW

Deep curing at the touch of a button – reliable and relaxed without stress.



## Novel composite filler

Spray granulation creates an edgeless composite filler from the spherical fillers – round fillers for reduced polymerisation stress with simultaneous deep curing.

## Shades - 5:



Find out more:

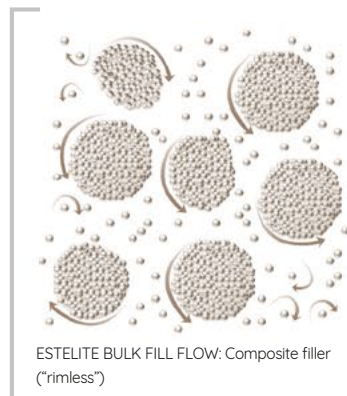


## Controlled refractive index

Initially translucent for a deep cure the refractive index reverses upon curing – for an opaque and aesthetic result.

## No capping layer

The novel combination of fillers ensures optimal resilience. The controlled refractive index ensures an appealing result. Two reasons why the otherwise obligatory capping layer can be omitted.



Customers also bought this additional product:  
**BOND FORCE II PEN**

More at BONDINGS >> BOND FORCE II PEN

# Tooth forming with composite



**Tooth reshaping with composite after tooth transplantation in the anterior region** Prof. Dr. Anne-Katrin Lühns, Hannover

**History:** After a fall in a swimming pool in 2000 and a total dislocation of the two central incisors 11 and 21 (both teeth were lost in the fall), teeth 34 and 44 were transplanted in region 11 and 21. Seven years later, the patient, who had been satisfied with the restoration up to that point, presented for a consultation regarding the further restoration of the transplanted premolars. Orthodontic treatment with regular radiographic control of region 11/21 was carried out in parallel. The apical region of the transplanted premolars was inconspicuous, there was no evidence of root resorption.

**Treatment planning:** After evaluating the clinical and radiographic findings, the plan was to minimally invasively reshape the grafted premolars 34 and 44 into central incisors. Other treatment alternatives such as the fabrication of all-ceramic veneers and the performance of a surgical crown lengthening (vestibular) to harmonise the gingival line were rejected by the patient for reasons of invasiveness.

**Treatment procedure:** First, a wax-up (Fig. 2) was made to inform the patient about different treatment options and to evaluate the expected loss of substance due to preparation measures.

Based on the silicone key fabricated on the wax-up, an intraoral mock-up

to shape the restoration more delicately in a vestibular direction.

The teeth were now cleaned with fluoride-free prophylaxis paste. Then the shade was selected and the material Estelite Sigma Quick (Tokuyama, Altenberge) was used as the composite system.

**Fig. 1a, b:** Transplanted premolars in region 11/ 21, composite copings from orthodontic treatment still in situ



**Fig. 2:** Wax-up of region 11/21 and drawn-in suggested course of the gingival margin after surgical crown lengthening.

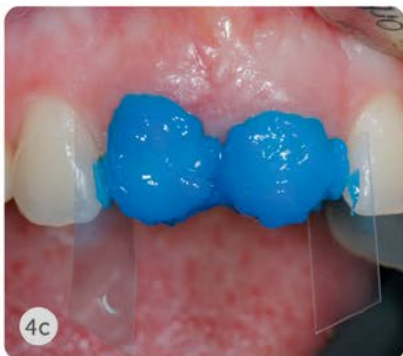
was fabricated with a provisional plastic material to visualize the targeted treatment results. Due to the thickness of the wax-up and the position of the transplanted premolars in the dental arch, it was agreed with the patient, who was very satisfied with the mock-up,



**Fig. 3a, b:** Situation after removal of the composite flaps (a), intraoral mock-up for visualisation of the possible treatment result (b).

This system contains an extra-opaque dentin material, OPA2, which was used to build up the incisal dentin core that is not supported by tooth structure.





**Fig. 4a-m:** Premolar remodelling 11 (analogous procedure was followed for 21): Wax-up with silicone key (a), silicone key in situ (b), enamel conditioning (c), etching pattern vestibular (d) and palatal (e), flowable in the silicone key (f), built-up posterior wall (g), layering of the dentine core (h, i), enamel mass 11 (j) and 21 (k), restorations after final polishing of vestibular (l) and palatal (m).





*Fig. 5a, b: Clinical situation 4 weeks postoperatively, view from vestibular (a) and palatal (b)*



*Fig. 6a, b: Reshaped premolars after 4.5 months postoperatively, view from vestibular (a) and palatal (b)*



*Fig. 7a, b: Composite restorations after 14 months postoperatively, vestibular view (a) and palatal view (b)*

The following shades were used: OPA2, OA2, OA3 (dentin shades), A2, A3 (enamel masses), CE (Clear Enamel, effect shade for translucent effects), OPA2 (Flowable).

The enamel surface of the grafted premolars was minimally invasively roughened with a finishing diamond and then conditioned for 30 seconds using 37% orthophosphoric acid (Conditioner 36, Dentsply, Constance) and adhesively pretreated (Heliobond, Ivoclar Vivadent, Ellwangen).

With the help of a silicone key, the posterior wall was now built up from the flowable of shade OPA2 in a thin

layer thickness. The different dentin materials were then modelled in several layers: OPA2 as opaque core, OA3 cervical and OA2 incisal.

An approx. 1 mm wide area was left free in the area of the incisal edge, which was filled with a thin layer of effect material (CE). A very thin layer of OA2 was added directly to the incisal edge to achieve the "halo effect". The dentine core was then coated with the enamel materials (A2 incisal, A3 cervical).

After final polishing, the teeth were fluoridated (Biflourid, VOCO, Cuxhaven).

The illustrations above show the restorations at follow-up appointments after 4 weeks, 4.5 months and 14 months.

Follow-up sessions were arranged with the patient at 6-month intervals after completion of treatment.

**Epicrisis and discussion:** The patient case presented represents the reshaping of two premolars after autogenous tooth transplantation following anterior trauma, in which both central incisors were totally luxated and were not available for replantation because they could no longer be found.

With regard to the reshaping of transplanted premolars into anterior teeth, there are individual case reports in which both composite restorations and all-ceramic veneers were fabricated as a therapeutic measure for tooth reshaping.

In this case, minimally invasive composite restorations were fabricated at the request of the patient, who was informed about a wide variety of procedures. The posterior wall was built up from a very thin layer of Flowable using a silicone key after a previous wax-up. Since the occlusal contacts are in the area of the tooth structure, this procedure proved to be practicable.

The patient is satisfied with the treatment result achieved. During the observation period of 14 months, there were no indications of restoration failure.

These products  
have been used :



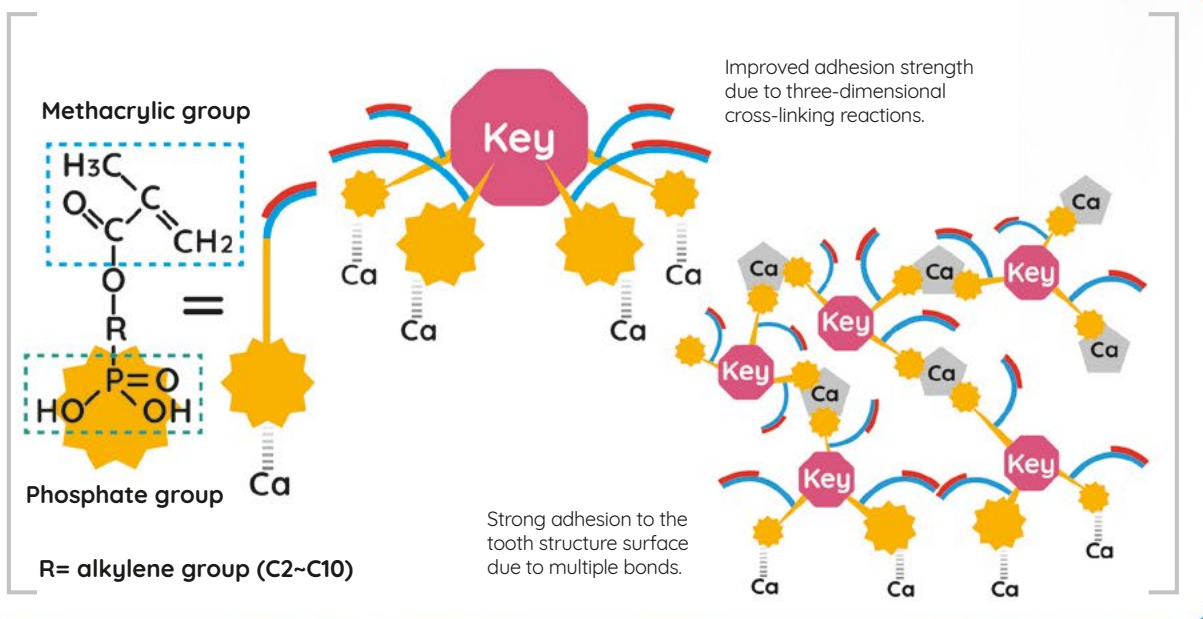
**ESTELITE Σ QUICK**



**ESTELITE UNIVERSAL  
FLOW Medium**

# BONDING

The 3D-SR-Monomer –  
a self-reinforcing  
adhesive monomer



The extraordinary adhesive strength of TOKUYAMA adhesive systems is based on a technologically unique monomer, which has been modified and optimised in the 2nd and 3rd generation so that additional reaction chains of different lengths form various multiple bonds on the molecule and produce an extremely strong and tear-resistant adhesive layer in a very short time.

Through numerous chemical and mechanical bonds to the apatite of the tooth surface and the calcium ions of the tooth substance, the self-reinforcing monomer creates a 3-dimensional network. In addition, the latest generation of the 3D-SR-Monomer has the well-known adhesive monomer 10-MDP, which has been proven to form strong adhesive mechanisms.





## Keyfacts Bonding

- › Reliable adhesion through innovative technologies
- › Quick and easy applications to minimise application errors
- › Universal allrounders or special adhesives for special indications

# UNIVERSAL BOND II

The bedrock of dental restorations – standardised application on any surface.



## No light curing

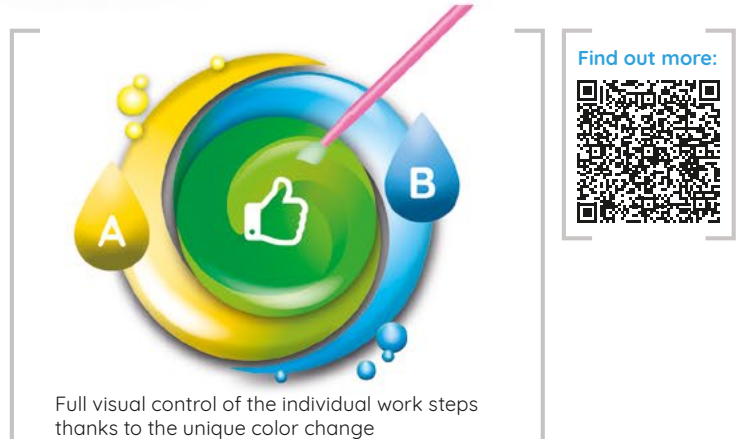
UNIVERSAL BOND II reacts by contact curing (BoSE technology). This eliminates the usual light curing and saves time during application.

## Standardised work

No matter which surface – just 3 steps apply: Mix – Apply – Air blow – DONE! This minimises errors.

## Visual control

The cleverly coloured liquids show the user the individual steps via colour change – full control.



Full visual control of the individual work steps thanks to the unique color change



*The new UNIVERSAL BOND II from Tokuyama Dental can rightly be called universal bonding. It is easy to handle and achieves comparable results to previous bonding systems with fewer working steps. In combination with ESTEC EM II PLUS, it was possible to realise an aesthetically good restoration for our patient.”*

Gordon Kautzsch, Leipzig

# EE BOND & ETCHING GEL HV

The specialist for selective enamel etching – an unbeatable duo.



### Selective

Strong and reliable on the enamel as with Etch & Rinse systems – excellent marginal seal.

### Selective

Gentle to dentin as with self-etch systems – no hypersensitivities.

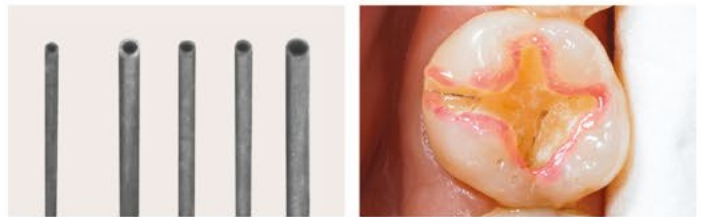
### Exact

A highly viscous etching gel with the finest needle ensures precise application without uncontrolled flowing away.

Find out more:



ETCHING GEL HV – for accurate application



Customers also bought this additional product:  
**ESTELITE ASTERIA**

More at COMPOSITES >> ESTELITE ASTERIA



# BOND FORCE II



All-in-One – the reliable 7th generation adhesive.



**Quick**

Only 25 seconds – this is how quickly the adhesive conditioning of the cavity can succeed.

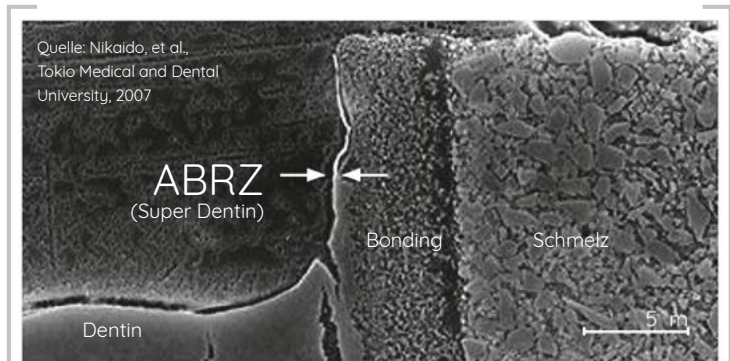
**Reliable**

The innovative 3D-SR-Monomer forms a uniformly thin film layer – optimal cavity adaptation.

**Fluoride release**

A constant release of fluoride from the adhesive protects against post-operative sensitivities and secondary caries.

Find out more:



Quelle: Nikaïdo, et al., Tokio Medical and Dental University, 2007

**Super Dentin**

Due to the chemical reactions of the functional monomer, so-called “super dentin” is formed in the adjacent dentin layer, which is resistant to acid and base attacks and thus protects the tooth from secondary caries.

Customers also bought this additional product:  
**ESTELITE Σ QUICK**



More at COMPOSITES >> ESTELITE Σ QUICK

# BOND FORCE II PEN

## Ball pen

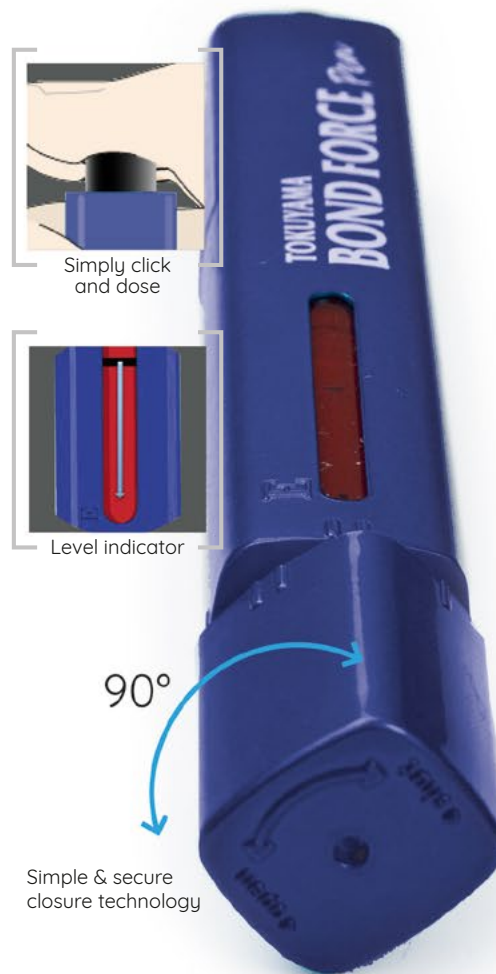
Easy to use – just 2 clicks are enough to dispense the required material in a hygienic and user-friendly way.

## Safe'n Easy principle

The pen is securely closed with a simple twist of the cap. The filling level can be easily read in the viewing window.

## Application quantity

The application quantity is always dispensed in uniform drops, so that optimal economical dosing is possible. This avoids surpluses and guarantees gentle handling of the material.



Find out more:



Customers also bought this additional product:  
**ESTELITE BULK FILL Flow**

More at COMPOSITES >> ESTELITE BULK FILL Flow

# CEMENT

BoSE technology – the key to universal applicability and eliminating the need for light curing



ESTECEM II PLUS is a composite cement for the entire indication spectrum of indirect luting. Thanks to the TOKUYAMA UNIVERSAL BOND II included in the system, ESTECEM II PLUS can be used universally on all prosthetic surfaces without restrictions. Without additional primers or activators, the same procedure always applies to all surfaces: mix 1:1, apply, blow, done!

This is made possible by the patented BoSE technology, which, compared to conventional benzoyl peroxide/amine systems, has a high catalytic activity even under acidic conditions. This achieves a standardised conditioning of all surfaces, which are ready for adhesive cementation thanks to contact curing – without further polymerisation.



## Key facts cement

- Universally applicable
- Reliable thanks to adhesive luting
- Easy handling and working



# ESTECEM II PLUS

The adhesive allrounder – attaches indirect restorations regardless of the material.



### Colour stability

No solubility after light curing – colour stability and no wash-out of the margin.

### Viscosity

Optimum viscosity – no uncontrolled flow of the paste.

### Handling

Good processing – easy removal of the excess.

### Shades - 4:



Find out more:



Colour stability		ESTECEM II	RelyX Ultimate	Multilink Automix	Variolink Esthetic DC	Panavia V5	Panavia F2.0
Colour	Universal	A1	Yellow	Bright	Universal	Bright	
Before Test							
After Test (24hours at 80 °C in coffee solution)							
$\Delta E$	4,6	8,8	11,0	19,8	12,5	11,8	

Source: TOKUYAMA DENTAL R&D



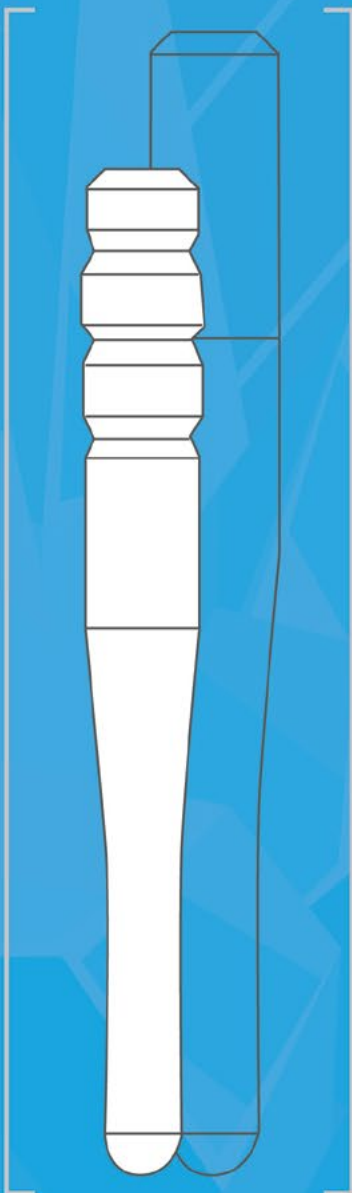
Customers also bought this additional product:

**UNIVERSAL BOND II**

More at BONDING >> UNIVERSAL BOND II

# POSTS

Root posts made of quartz fibres form a solid foundation for prosthetic restorations.



## Keyfacts Root pins:

### Anatomical shape

The optimised design supports the main models of Ni-Ti instruments, protecting the dentin within the root canal.

### Excellent load-bearing capacity and flexibility

The dentine-like flexural properties guarantee a long durability of the restoration. The risk of root fractures is thus minimised.

### Translucency

The extremely high translucency of the quartz fibre post ensures successful light-curing of the luting cement, e.g. ESTECM II Plus, in the apical area.

### Radiopacity

The ideal radiopacity enables accurate diagnosis in the future.

### Calibrated drill

The TokuDrillIII for removing dentin has a slightly larger diameter (+0.05 mm) than the quartz fibre posts to ensure an even, thin layer of cement.

### Colour coding

For quick size determination, the quartz fibre posts have colour-coded heads.

### High biocompatibility

The quartz fibres minimise the risk of allergies and thus contribute to patient safety.

### Verifier

The autoclavable carbon pin is used to check and determine the length and dimensions of the root canal.

# TOKUPOST

Not just a glass fibre post – quartz fibres provide multiple benefits.



## Translucency

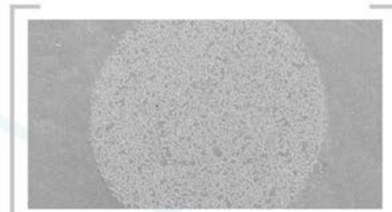
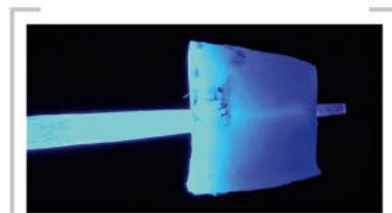
Crystal clear quartz fibres offer better transmission of polymerisation light – safe curing up to the apical area.

## Unidirectional

The quartz fibres are arranged unidirectionally for dentine-like resilience. The dense bundling also provides stability.

## Surface

During production, the posts are roughened with brushes to obtain a micro-retentive surface – for better adhesion.



Find out more:



Customers also bought this additional product:  
**UNIVERSAL BOND II**

More at BONDING >> UNIVERSAL BOND II



# It is also universal to be able to cover many indications with one material.



Gerhard Dalheimer,  
Schwalbach

Dental restorations require many perfectly coordinated work steps with excellent materials. Universal adhesive systems can be used to make the workflow clear and efficient. Together with Tokuyama Dental, we looked for four practices that are clinically testing the truly universal adhesive system Universal Bond II and present their experiences in the form of case reports. In the following article you can read how dentist Gerhard Dalheimer from Schwalbach/Elm used the materials in different situations to the satisfaction of his patients.

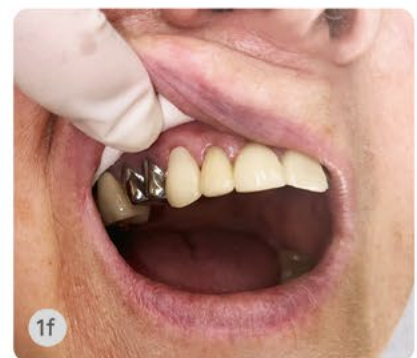
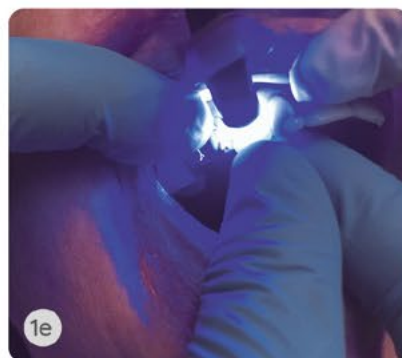
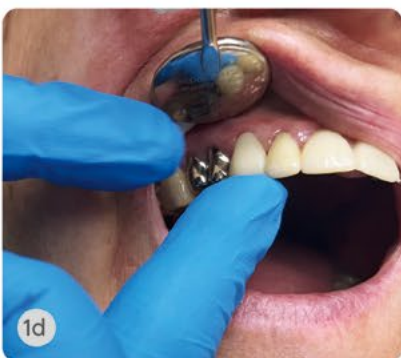
Dentist Gerhard Dalheimer has been in private practice in Schwalbach/Elm for 28 years. Over time, he has specialised in the areas of Cerec and CMD + prosthetics and treats his patients together with his colleague Dr Hasan Ackay.

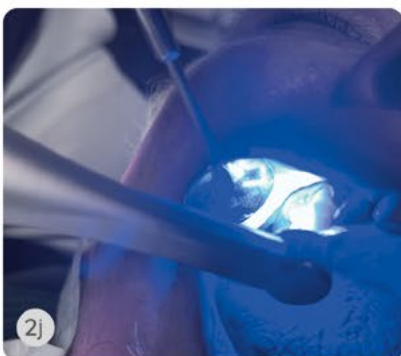
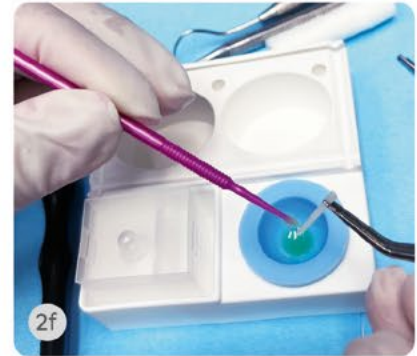
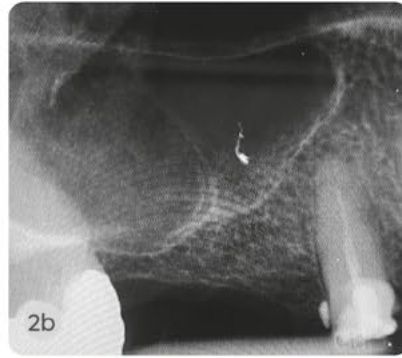
Efficiency is a very important factor in everyday dental practice and, against the background of constantly rising

costs, materials such as Universal Bond II and ESTECM II PLUS from Tokuyama Dental are good alternatives to previous materials because they enable a universal and correspondingly time-saving method of working. The following four patient cases show how dentist Gerhard Dalheimer used these materials in clinical trials to the complete satisfaction of the practitioner and the patients.

## Case 1: Bonding a veneer to tooth 13

The 70-year-old patient presented because the veneer on 13 had come loose (Fig. 1a). After inspection of the tooth and the veneer, the reattachment could be started. The veneer and the tooth were cleaned of the old cement and then it was tried on again.





The veneer and the tooth were then cleaned with alcohol and dried, the Universal Bond II (A/B) was mixed and applied to the veneer and the tooth and blown (Figs. 1b and 1c). The Universal Paste was applied to the veneer and placed on the tooth (Fig. 1d).

The excess was removed after 3 sec. of light curing and then cured again from the vestibular and palatal sides for 1 min. each (Fig. 1e). The result is very satisfactory after a very short treatment (Fig. 1f).

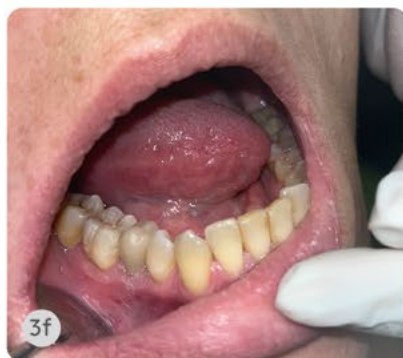
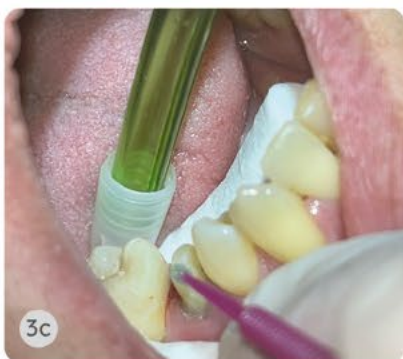
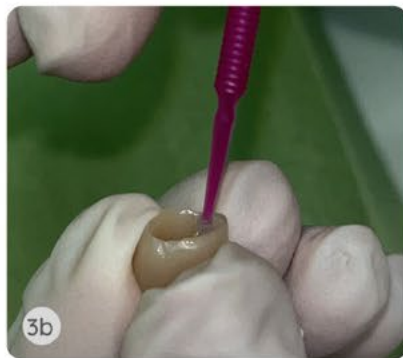


### Case 2: Cementation of a post in preparation for a bridge abutment on tooth 14

The 56-year-old patient has been under our care for a long time. She is healthy and her medical history is unremarkable. Tooth 14 has been endodontically restored for a long time and had no prosthetic restoration. The patient presented for a new restoration after a fracture of the old build-up filling (Fig. 2a). We took a radiograph (Fig. 2b) and discussed the treatment options of a core build-up and a bridge restoration. The two root canals were prepared with the Tokudrill up to the first mark (Fig. 2c) and then the length was checked with the Verifier.

Subsequently, the quartz fibre posts were inserted on a trial basis (Fig. 2d and 2e). The Universal Bond II (A/B) was mixed and applied to the pins as well as into the canals and blown (Fig. 2f). The Universal Paste was applied to the canals (Fig. 2g) and the posts were inserted into the canals (Fig. 2h).

The excess was removed and then light-cured. Finally, the die was built up with a dual-curing composite and the tooth and prepared (Fig. 2i to 2l). The bridge restoration will be done shortly.



### Case 3: Cementation crown

This patient is 45 years old. Tooth 45 had already been treated endodontically some time ago. In the course of this clinical trial, it has now been restored with a crown in one-single-visit chairside. The crown is made of a zirconium oxide-reinforced lithium silicate ceramic (centra dou). After the tooth was prepared (Fig. 3a), the crown was fitted. First, the crown and the stump were cleaned with alcohol and dried, the Universal Bond II (A/B) was mixed and applied to the crown as well as the stump and blown (figs. 3b and 3c). The Universal Paste was applied to the crown and used on the die (Fig. 3d).

The excess (Fig. 3e) was removed after a 3 sec. light cure. The crown was then cured again from all sides for 30 seconds each. The result after such a short treatment period is very satisfactory for the patient (Fig. 3f).





#### Case 4: Repair of veneer 13, 12

The patient is 65 years old and presented to our practice because the veneer on the crowns regio 12,13 had chipped off (Fig. 4a). First, Universal Bond II (A/B) was mixed (Figs. 4b and 4c), applied to the crowns and air-blown.

Then Estelite Color medium chroma opaque was applied to the non-precious metal framework, followed by restoration of the veneer with Estelite Asteria A2B and finally polishing.

Even such indications, which are very unattractive for our patients from an aesthetic point of view, can be easily solved in a very short time and to the complete satisfaction of the practitioner and patient (Fig. 4d) with the universal adhesive system Universal Bond II from Tokuyama and the other, optimally matched product range from Tokuyama Dental.

These products were used:



**UNIVERSAL BOND II**



**ESTECEM II Plus**



**ESTELITE Asteria**



**ESTELITE Color**



**TOKUPOST**

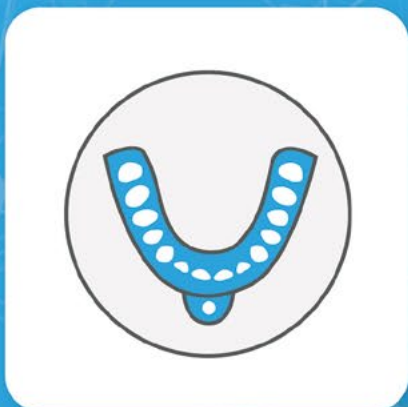
# IMPRESSION

One system – all possibilities



Despite the rapid development of digital impression systems, traditional impression taking still has its justification and is used in a large number of practices.

ESTESIL H<sub>2</sub>TOP™ has various base materials and correction compounds to suit all impression techniques. Based on the type of prosthesis to be fabricated, the practitioner will prepare the tooth accordingly.



## Keyfacts Impression materials

- Detailed impressions even under difficult conditions
- High resistance with simultaneous dimensional stability
- The right material for every impression technique

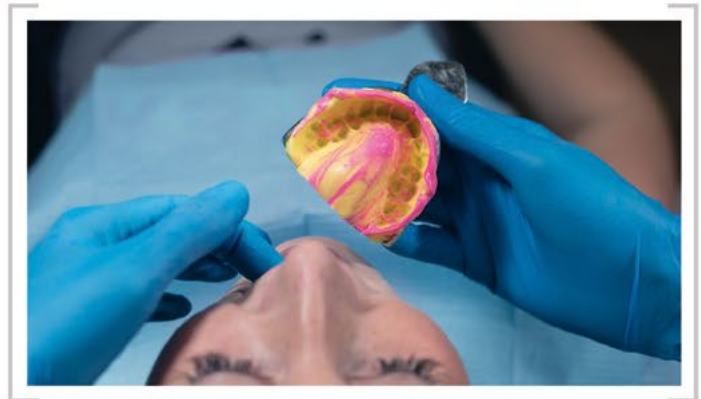




The impression material to be chosen determines the optimal impression technique for the respective application. No matter which restoration or which technique is to be used: ESTESIL H<sub>2</sub>TOP™ offers you all possibilities!

By combining with other technologies from TOKUYAMA, a vinyl polysiloxane has been created that has an extremely wettable surface due to the addition of surface-active, hydrophilic fillers.

The precise reproduction of detail enables the practitioner to achieve an TOP result. It is the reproduction of details beyond the visible range that makes the difference.



*Tokuyama Estesil is an excellent impression material for daily use*

Dr. Andrea Fabianelli, Siena (ITA)



# ESTESIL H<sub>2</sub>TOP™

A-silicone for highest demands and accuracy



### All techniques

The right impression material at hand for every situation – numerous combination possibilities.

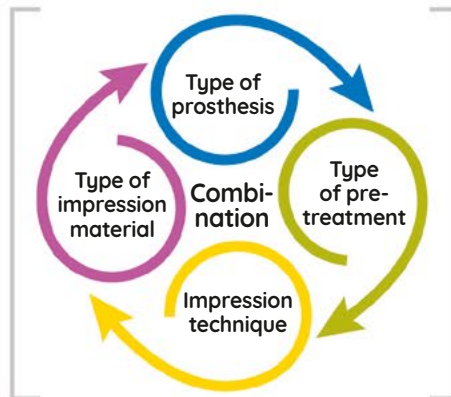
### Surface active

A special platinum catalyst ensures excellent surface wettability. Strong even in humid environments.

### Tear-resistant

Even with hard-to-remove impressions, the details are preserved.

Find out more:



Customers also bought this additional product:  
Dispenser (lightweight) ESTESIL

More at >> [www.tokuyama-dental.eu](http://www.tokuyama-dental.eu)

# ESTESIL H<sub>2</sub>TOP™ FAST

True-to-detail impression without a long wait – the fast way to the goal



## Fast

The faster setting reaction ensures speedy work without long waiting times.

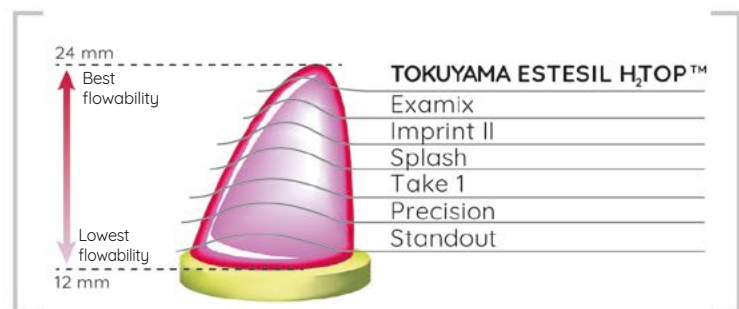
## Visibility

Colour-coordinated base and correction compounds ensure optimum visibility of the details.

## Resilience

Excellent resilience ensures that the impression is and remains dimensionally stable.

Find out more:



Customers also bought this additional product:  
SYMPRESS II mixing machine

More at >> [www.tokuyama-dental.eu](http://www.tokuyama-dental.eu)

# DESENSITISER

The **double block** – a protective shield for hypersensitive dentin.

Sealing the tubules with SHIELD FORCE PLUS



Dentin hypersensitivity is a pain that has been known for a very long time and is one of the most common types of pain in the dental practice. Studies show that about 15-20% of all patients suffer from dentin hypersensitivity.

This pain is triggered by fluid movements of the dentin liquor in the open tubules, which irritate the underlying nerve.

In particular, the increasing wear of the teeth through e.g. abrasion or erosion exposes the dentinal tubules. A reliable desensitiser can provide relief here.





# SHIELD FORCE PLUS



### Fast pain relief

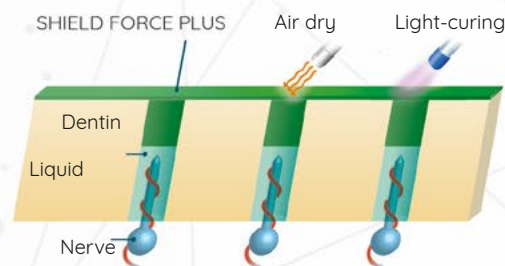
The reaction of the 3D-SR-Monomer provides relief in seconds.  
Block 1 - Closure of the tubules.

### Permanent pain relief

The resulting protective layer on the tooth surface is light-cured.  
Block 2 - Sealing and permanent protection for up to 3 years.

### Handling

Extremely easy to use. No rinsing or massaging. Simply apply, leave on for 10 seconds, air blow and light cure. Done!

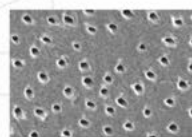


Find out more:



Thermal cycle test (10,000 cycles) at 4°C-60°C \*\*

The sealing layer of SHIELD FORCE PLUS remains intact after the thermal cycle test.



Hypersensitive dentin model

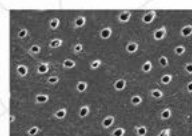


After application of SHIELD FORCE PLUS

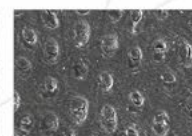


After the thermal cycle test (10,000 x)

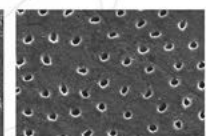
Sealing layer of the Gluma\* Desensitizer (Kulzer) washes out during the thermal cycle test.



Hypersensitive dentin model



After the application of Gluma\* Desensitizer



After thermal cycle test

\* Not an own trademark of TOKUYAMA Dental Corp.  
\*\* Source: TOKUYAMA DENTAL R&D



## Keyfacts Desensitiser

- > Quick and easy handling
- > Excellent sealing effect
- > Durable & resistant protective coating

# RELINING

Denture relining material for long-lasting wearing comfort with maximum reliability



Over the years, dentures can lose their hold and the once good fit. The conditions of the jaw or the oral cavity change.

TOKUYAMA DENTAL relining materials promise a quick remedy here, without requiring a great deal of effort. The materials are suitable for both the dentist and the dental technician.

Different Shore hardnesses ensure that the appropriate material is available for every treatment case. Hard relining materials provide the usual support, while soft relining materials provide comfort when the prosthesis is pressing or pain needs to be relieved. No matter what level of support is required, both materials promise a long-term restoration.



# REBASE II FAST

The classic – tried and tested for years and recognised for hard relinings.



## Time and cost saving

The material can also be used chair-side. No waiting time for the patient, no laboratory costs for the dentist.

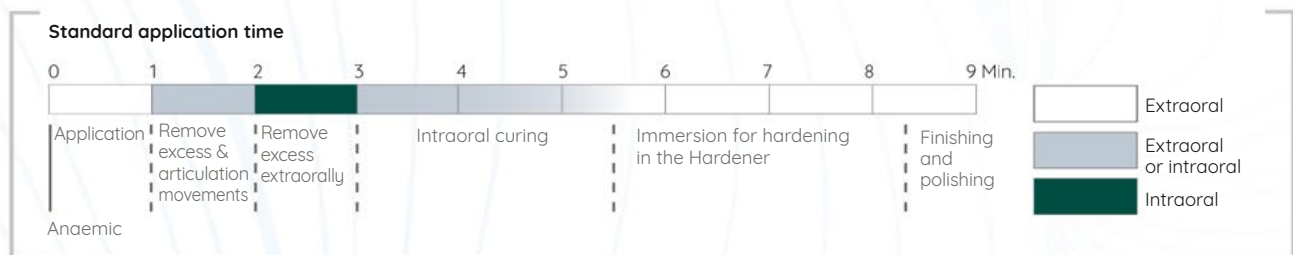
## Pleasant

Low temperature development, no unpleasant taste or smell and MMA-free.

## Permanent

A special hardener removes the top oxygen inhibition layer and thus causes complete curing. No breeding ground for bacteria or bad odours – for long-lasting use.

Find out more:



## Keyfacts relining

- > Can be used chairside or in the laboratory
- > Hard or soft relining
- > Long durability and reliability



# SOFRELINER TOUGH M

Permanent soft relining – long-lasting wearing comfort for up to 2 years.



**Time and cost saving**

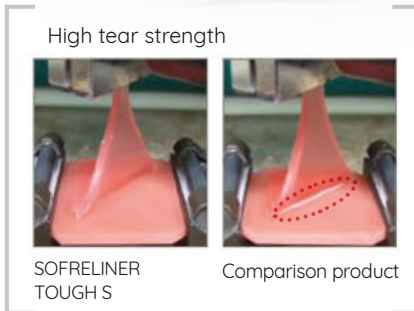
The material can also be used chair-side. No waiting time for the patient, no laboratory costs for the dentist.

**Permanent**

No peeling or tearing of the relining – permanent hold. Likewise lasting comfort without any loss of material stability.

**Safe mouthfeel**

Smooth surface offers little surface for plaque – no bad odours.



Customers also bought this additional product:  
Dispenser II for SOFRELINER

More at >> [www.tokuyama-dental.eu](http://www.tokuyama-dental.eu)





# SOFRELINER TOUGH S

When even more wearing comfort is needed – the extra-soft version.



### Extra-soft

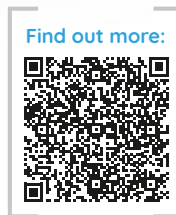
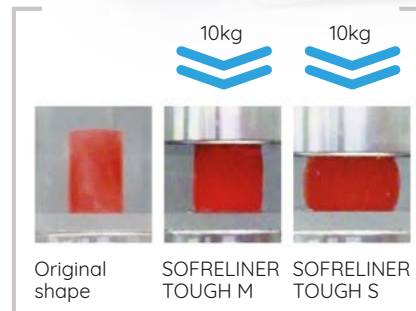
Excellent for interim care (max. 1 year), e.g. for wound healing after operations.

### Excellent

Awarded several times by Dental Advisor as the best soft relining material.

### Stable

High resistance to discolouration or wear.



Customers also bought this additional product:  
**SILICONE REMOVER**

More at >> [www.tokuyama-dental.eu](http://www.tokuyama-dental.eu)

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 **NO | LIC SCADENTA AS**  
[www.licscadenta.no](http://www.licscadenta.no)

 **FI | DENTAL-SERVICE OY**  
[www.dsnick.fi](http://www.dsnick.fi)

 **EE | MEDSHOP OÜ**  
[www.medshop.ee](http://www.medshop.ee)

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[www.vlata.lv](http://www.vlata.lv)

 **CZ/SK | DENTAMED (CR) SPOL. SR.O**  
[www.dentamed.cz](http://www.dentamed.cz)

 **HU | MORIDENT KFT.**  
[www.morident.hu](http://www.morident.hu)



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DENTAL BV



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& CO. KG



MARRODENT  
SP. Z O. O.



DEPROPHAR SPRL



DENTAMED (CR)  
SPOL. SR.O



LEIBETSEDER  
DENTALWARENHANDEL  
GMBH & CO KG



MORIDENT KFT.



MEDIREL SA

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