

TREATMENT RECOMMENDATIONS



EDITION
2024/25

EMS 
MAKE ME SMILE.

THE ONLY TOOLS FOR



CHECK
FOR MORE
INFORMATION

SDA 
SWISS DENTAL ACADEMY



CERTIFIED PRACTICE



GBT TREATMENT



AIM OF THIS DOCUMENT

This document provides guidelines for optimal Guided Biofilm Therapy (GBT) treatment to ensure the highest level of efficiency, safety, and comfort for both patients and clinicians during biofilm and calculus management as well as stain removal. In addition, the treatment recommendations support the clinicians in enhancing ergonomics, offering superior comfort, and providing an outline to be economical for the practice owner*.

GBT is an evidence-based, indication-oriented, systematic, and modular protocol for prevention, prophylaxis, therapy, and maintenance.

Swiss Dental Academy (SDA), the educational branch of EMS, trains dental professionals in GBT to provide state-of-the-art treatment, thereby ensuring optimal oral health and hygiene for patients.



*As approved in the IFU FB-618

THE **GBT** COMPASS AND ITS

08 RECALL

HEALTHY PATIENT = HAPPY PATIENT

- ▶ Schedule recall frequency according to risk assessment
- ▶ Ask your patient if he or she liked the treatment

07 CHECK

MAKE YOUR PATIENT SMILE

- ▶ Do a final check for remaining biofilm
- ▶ Ensure calculus is fully removed
 - ▶ Accurately diagnose caries
- ▶ Protect with fluoride and apply AIRFOAM for a fresh and smooth feeling
 - ▶ No polishing anymore

06 PIEZON® PS

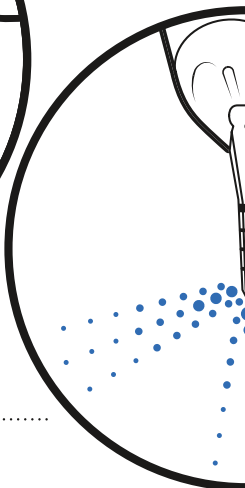
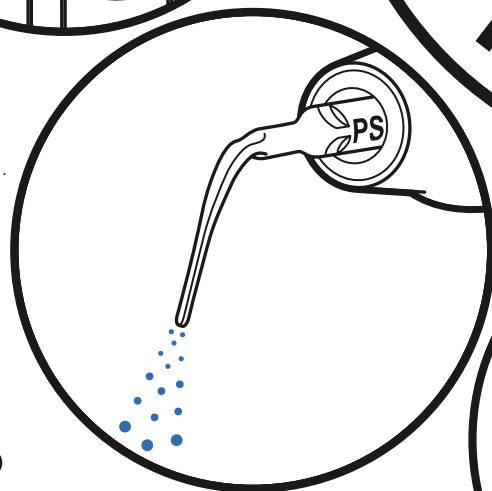
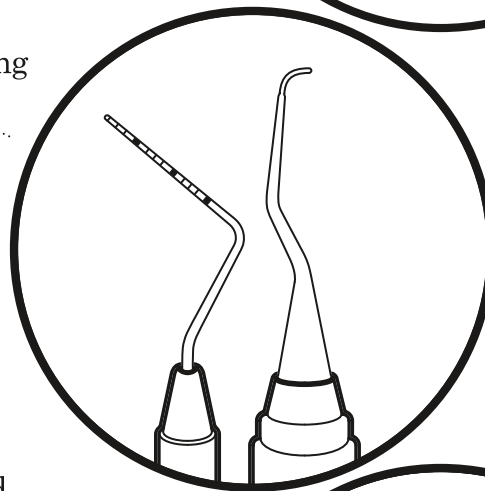
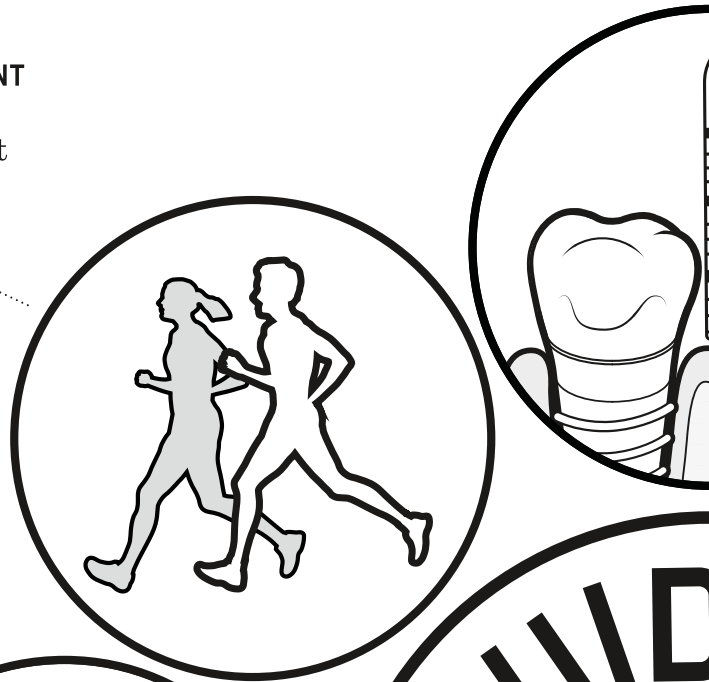
REMOVE REMAINING CALCULUS

- ▶ Use the minimally invasive EMS PIEZON® PS Instrument supra- and subgingivally up to 10 mm
- ▶ Clean > 10 mm pockets with mini curette
 - ▶ Use EMS PIEZON® PI MAX Instrument around implants up to 3 mm subgingivally and on restorations

05 PERIOFLOW®

REMOVE BIOFILM IN >4 TO 9 MM POCKETS

- ▶ Use AIRFLOW® PLUS Powder on natural teeth in deep pockets and root furcations and on implants
- ▶ Use new and slimmer PERIOFLOW® Nozzle



GUIDE
BIOFILM
THE

8-STEP PROTOCOL



01 ASSESSMENT AND INFECTION CONTROL

ASSESS EVERY CLINICAL CASE AND IMPLEMENT HYGIENE MEASURES

- Start by rinsing with BacterX® Pro mouthwash
- Assess teeth, gingiva and periodontal tissues
- Assess implants and peri-implant tissues

02 DISCLOSE

MAKE BIOFILM VISIBLE

- Highlight to patients the disclosed biofilm and their problematic areas with EMS Biofilm Discloser
- The color will guide biofilm removal
 - Once biofilm is removed, calculus is easier to detect

03 MOTIVATE

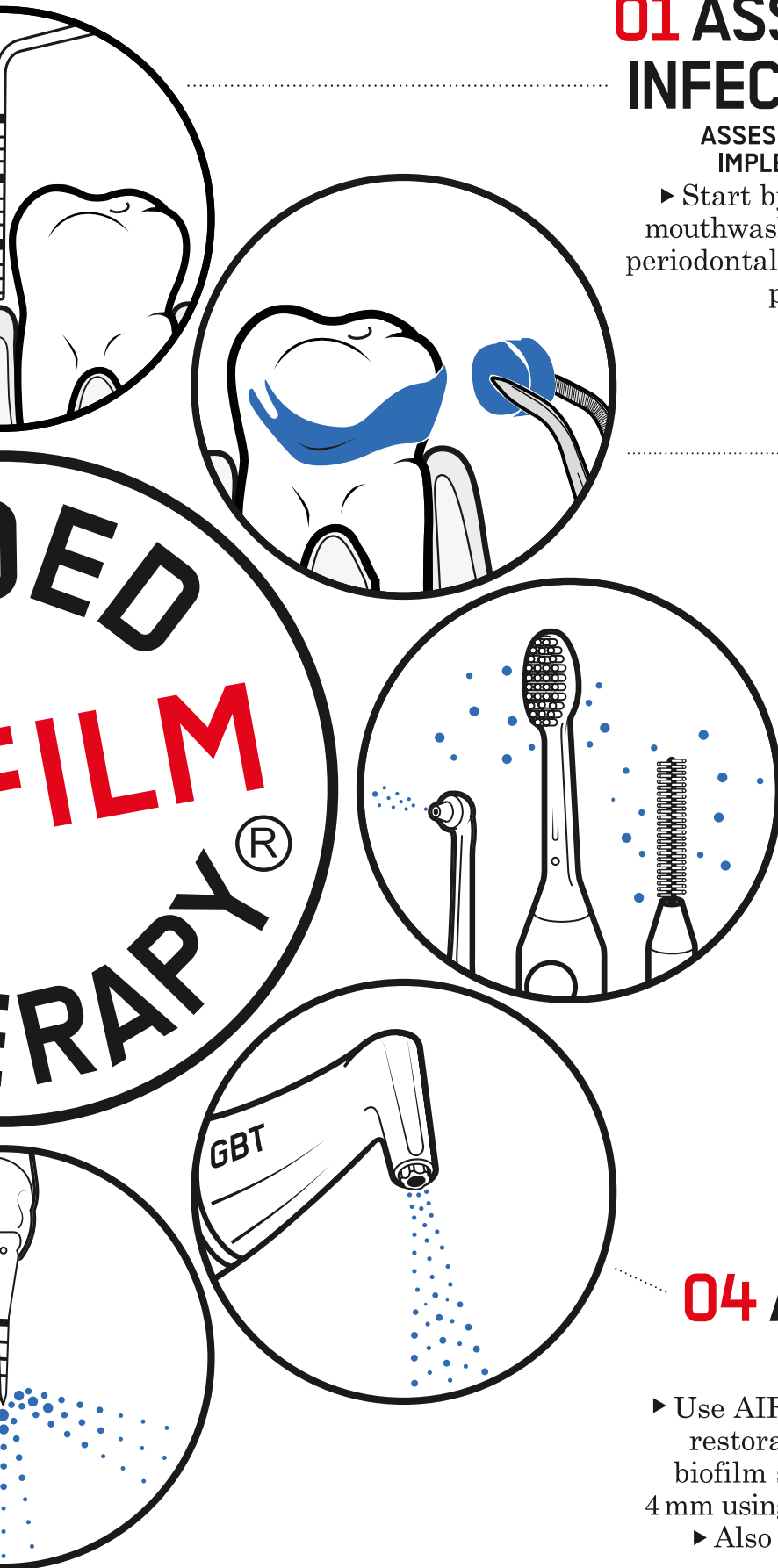
RAISE AWARENESS AND TEACH

- Emphasize the importance of prevention
- Instruct your patients in oral hygiene
- EMS recommends interdental brushes or dental floss as well as electric or manual toothbrushes and AIRFLOW® erythritol toothpaste for daily home care

04 AIRFLOW® MAX

REMOVE BIOFILM, STAINS AND EARLY CALCULUS

- Use AIRFLOW® MAX for natural teeth, restorations and implants
- Remove biofilm supra- and subgingivally up to 4 mm using AIRFLOW® PLUS 14 µm Powder
 - Also remove biofilm from gingiva, tongue and palate



BENEFITS OF EMS ORIGINALS

HIGH PRECISION

UNMATCHED QUALITY

HIGH EFFICIENCY

**MAXIMUM PATIENT AND
CLINICIAN COMFORT**

SAFE

NO HEALTH RISKS

PROFITABLE

ERGONOMIC

SCIENTIFICALLY PROVEN

“I FEEL GOOD” EXPERIENCE

Clinicians encounter fake instruments, handpieces and powders. Protect your patients and your practice as copycat dental products are associated with high risks.

PREPARATION



DENTAL PROFESSIONAL

Protect yourself with a face mask (Bacterial filtration efficiency, BFE 96%), dental loupes and gloves.



MASK



DENTAL LOUPES



PROTECTIVE
GLOVES

DENTAL PRACTICE

Fill the AIRFLOW® PLUS Powder chamber of the AIRFLOW® Prophylaxis Master to the maximal indicated limit with AIRFLOW® PLUS Powder. Prepare the EMS Biofilm Discloser, salivary ejector, VISIGATE, AIRFOAM, AIRFLOW® PLUS Powder, PERIOFLOW® Nozzles if needed and **sterilized Instrument set kit** containing:

1. MOUTH MIRROR
2. PERIODONTAL PROBE
3. EXPLORER
4. TWEEZERS
5. GBT FLOWCONTROL®
6. AIRFLOW® MAX HANDPIECE
7. PIEZON® HANDPIECE
8. PIEZON® PS INSTRUMENT/PI MAX INSTRUMENT

PATIENT

BACTERX® PRO, eyeglasses, patient drape.





01 ASSESSMENT AND

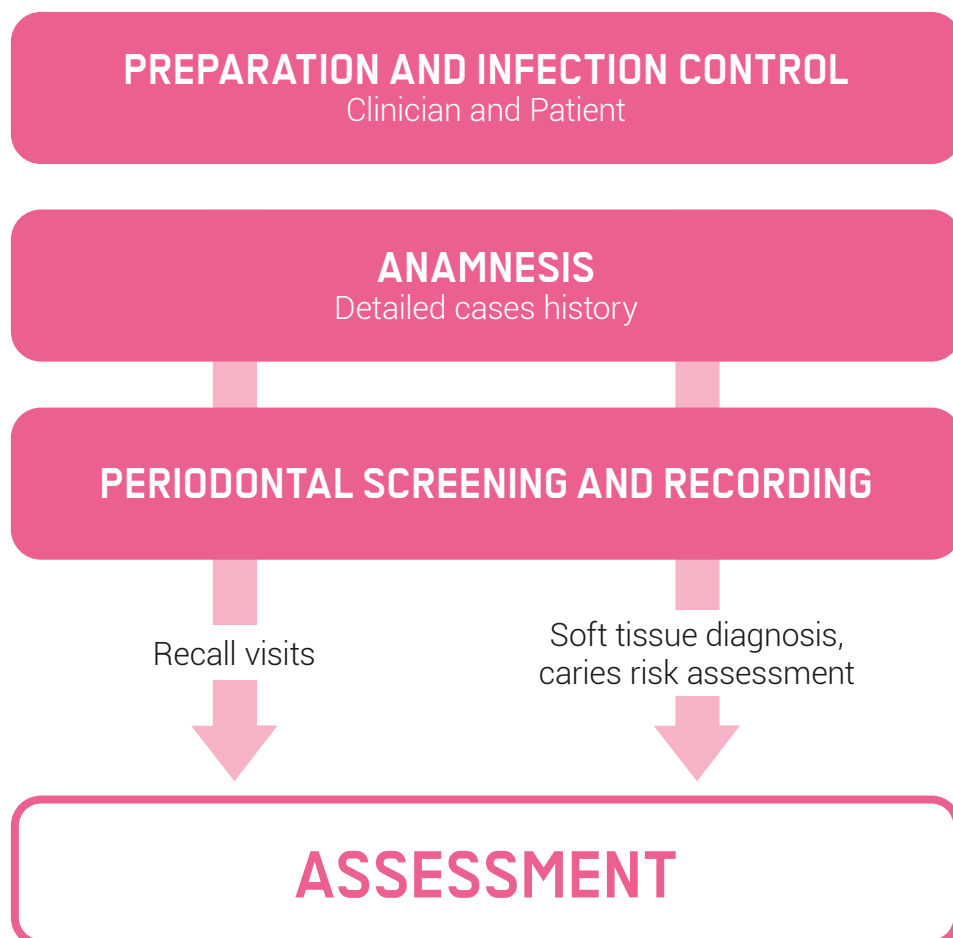
MEDICAL AND DENTAL CASE HISTORY

► Assessment is the initial step in the Guided Biofilm Therapy (GBT) protocol, commonly referred to as anamnesis, which involves a comprehensive evaluation. This includes analysing the risk of caries and periodontal disease, as well as documenting a detailed dental and medical case history that covers medication history and patient habits.

It is essential to ask patients specific questions about allergies and sensitivities to substances such as iodine, CPC/CHX, and common flavors or aromas like mint, cherry, and lemon. Also important are erythritol and xylitol. Additionally, inquire about the intake of any anticoagulants to ensure a safe and tailored treatment plan.

Ask your patient to pre-rinse or gargle for 40 seconds with mouth rinse e.g. BACTERX® PRO¹ to minimize the risk of aerosol contamination.

A thorough periodontal/peri-implant screening and recording is mandatory to plan the treatment: 6-point pocket charting, bleeding on probing, color, contour consistency of the gingiva should be assessed.



1. Inactivation of SARS-CoV-2 through treatment with the mouth rinsing solutions ViruProX® and BacterX® pro.
Julia Koch-Heier, Helen Hoffmann, Michael Schindler, Adrian Lussi, Oliver Planz
<https://pubmed.ncbi.nlm.nih.gov/33802603/>

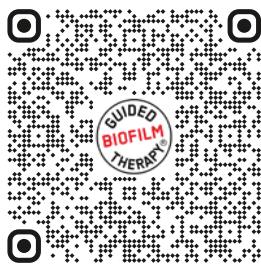
INFECTION CONTROL



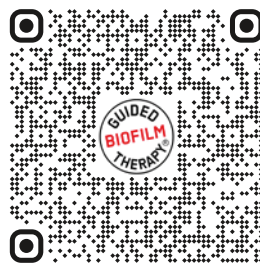
► Risk assessment protocols are an addition to treatment planning, allowing diagnosis based on relative risk of oral disease and not just the presence of actual disease.

Choose and fill out the correct caries risk assessment documents for your patients¹.

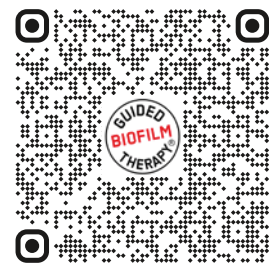
CARIES RISK ASSESSMENT



For children
0 - 6 years of age



For children
≥ 6 years of age



For adults

The aim of oral health assessment and review is to facilitate the move from a restorative to a preventive and long-term approach that is risk-based and meets the specific needs of individual patients. The information gathered from this step forms the basis of discussion with patients on their oral health. It also facilitates the discussion during the motivation step.



1. Courtesy of Prof.dr.med.dent. Adrian Lussi, University of Bern.

PROBE **AND** SCREEN EVERY

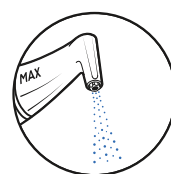
► Probing and screening is the cornerstone to discuss long-term oral health status with the patient.

Unless the depth is measured, the treatment can not be started.

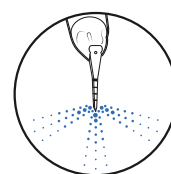
Assessment of the soft tissues guides us to the next step of the GBT protocol.

The below gives an overview on the instrumentation to be used for different clinical scenarios.

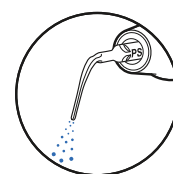
ON NATURAL TEETH



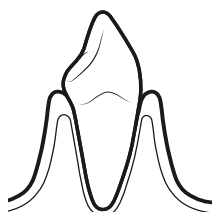
AIRFLOW® MAX
SUPRA- AND SUBGINGIVAL UP TO 4MM



PERIOFLOW®
SUBGINGIVAL 4-9 MM



PIEZON® PS
SUPRA- AND SUBGINGIVAL UP TO 10 MM



HEALTHY

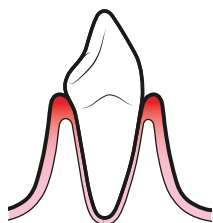
- HEALTHY GINGIVA
- NO BLEEDING ON PROBING



NOT
NEEDED



IF CALCULUS



GINGIVITIS

- SHALLOW POCKET
- NO BONE LOSS
- BLEEDING ON PROBING

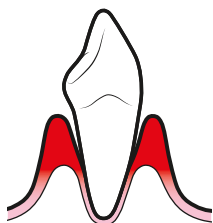


4 mm

NOT
NEEDED



IF CALCULUS



PERIODONTITIS

- DEEP POCKET
- BONE LOSS
- BLEEDING ON PROBING
- NO SUPPURATION



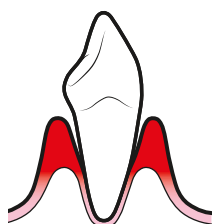
4 mm



9 mm



10 mm



SUPPURATING

- PERIODONTITIS
- BONE LOSS
- BLEEDING ON PROBING
- SUPPURATION



ONLY
SUPRA



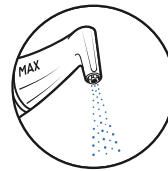
10 mm

CLINICAL CASE

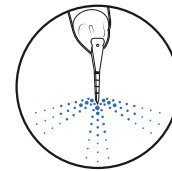


► Probing around implants should be done at every appointment. We can use either a metal probe or a plastic probe to assess the probing depths.

ON IMPLANTS



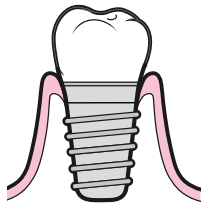
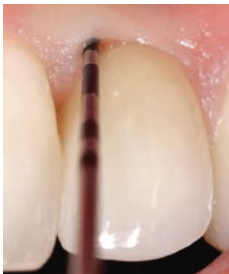
AIRFLOW® MAX
SUPRA- AND SUBGINGIVAL UP TO 4MM



PERIOFLOW®
SUBGINGIVAL 4-9 MM



PIEZON® PI MAX
SUPRA- AND SUBGINGIVAL UP TO 3 MM



HEALTHY

- NO BONE LOSS
- HEALTHY GINGIVA
- NO BLEEDING ON PROBING
- NO SUPPURATION



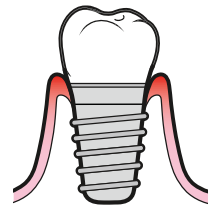
4 mm



9 mm



IF CALCULUS



MUCOSITIS

- NO BONE LOSS
- BLEEDING ON PROBING
- NO SUPPURATION



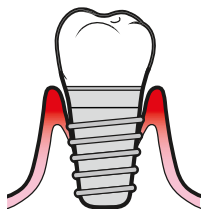
4 mm



9 mm



IF CALCULUS



PERI-IMPLANTITIS

- BONE LOSS
- BLEEDING ON PROBING
- NO SUPPURATION



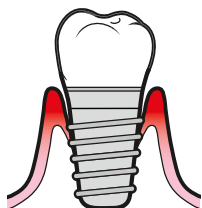
4 mm



9 mm



IF CALCULUS



SUPPURATING PERI-IMPLANTITIS

- BONE LOSS
- BLEEDING ON PROBING
- SUPPURATION



ONLY SUPRA



IF CALCULUS



02 DISCLOSE

► Disclosing biofilm is a crucial step in Guided Biofilm Therapy (GBT) to visualize supragingival biofilm, which is typically invisible to the naked eye.

The two-tone EMS Biofilm Discloser consists of the following ingredients: water (aqua), glycerin, ethyl paraben, flavoring (aroma), N-cetylpyridinium chloride, erythrosine, and patent blue. This product contains 250 pre-soaked pellets, for individual, convenient use.

GOAL

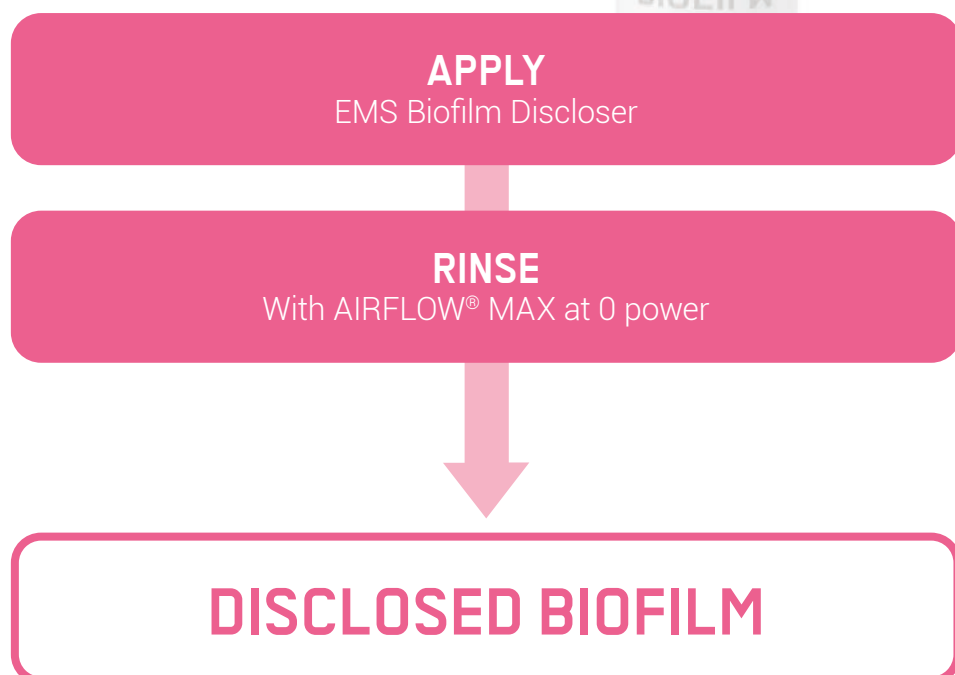
► To make all supragingival biofilm visible to assure minimally invasive treatment and complete biofilm removal.

ADVANTAGES FOR THE PATIENT

- Motivation, re-education on oral hygiene
- Understanding the need for professional prophylaxis
- Personalized patient instruction and motivation
- Self-evaluation by the patient
- Effectiveness of oral hygiene maintenance

ADVANTAGES FOR THE CLINICIAN

- Visualizing the dental biofilm
- The color guides the biofilm removal
- Take plaque indices



RECOMMENDATIONS FOR USE



1. Ensure that the GBT VISIGATE® is in place.
 2. Take one pellet with tweezers and apply it to all surfaces of the teeth including buccal, lingual, palatal, occlusal and interdental.
 3. After disclosing, remove excess dye with **AIRFLOW® MAX** at power **0** and **10** water.
- EMS Biofilm Discloser is safe to use in all age groups as well as in all clinical applications, e.g. around teeth, implants, restorations, prosthetics and orthodontic appliances.
Please read the instructions for use carefully to rule out any contraindications.

To remove excess disclosing, use:

1. POWER AT 0
2. WATER AT 10
3. GBT FLOWCONTROL®
4. AIRFLOW® MAX
5. GBT VISIGATE®





03 MOTIVATE

MOTIVATION IS THE CORNERSTONE AND FORMS THE BASIS FOR TRUST AND PATIENT COMPLIANCE IN ORDER TO ACHIEVE OPTIMAL LIFETIME ORAL HEALTH.

Successful, long-term oral health is not only based on professional teeth cleaning through GBT but, more importantly, on daily home care. Reeducate and instruct your patients on oral hygiene. Emphasize the importance of prevention. Discuss any habits like smoking, etc. Diet counselling may be necessary at this point. Show the patient areas where improvement in oral hygiene is needed, tell them what to do and, finally, work with them on using individualized interdental aids or flossing, where needed.



SHOW

Patient disclosed biofilm

INSTRUCT

Your patient on oral hygiene

MOTIVATION

HOME CARE



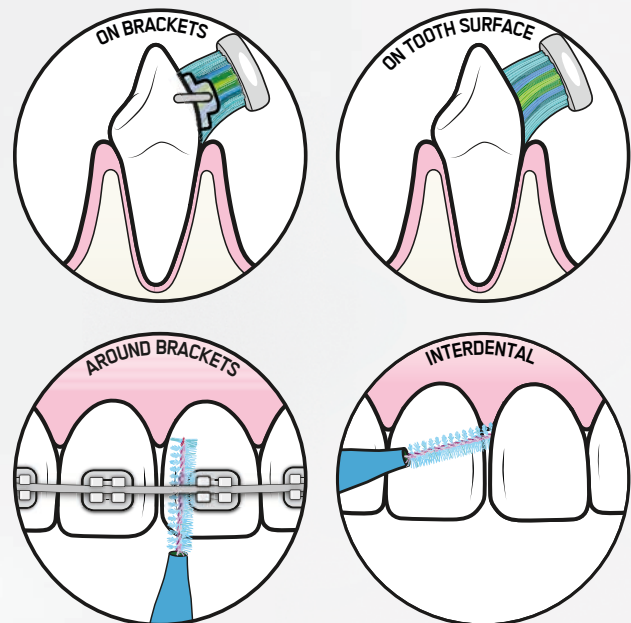
ERYTHRITOL- BASED AIRFLOW[®] TOOTHPASTE*

HIGH ANTI-CARIOGENIC PROPERTIES**

LOW ABRASIVITY FOR SMOOTH AND EFFICIENT DAILY HOME CARE

BIOCOMPATIBLE, NO SLS¹ OR PARABEN

IDEAL FOR SENSITIVE PATIENTS



1. Barbara Cviki and Adrian Lussi, Healthcare 1012, 9, 935 Barbara Cviki and Adrian Lussi, The biocompatibility of a new erythritol-and xylitol-containing fluoridetoothpaste., Healthcare 2021, 9, 935.

* If available in your country

** From the GBT Brochure FA-612 rev.G

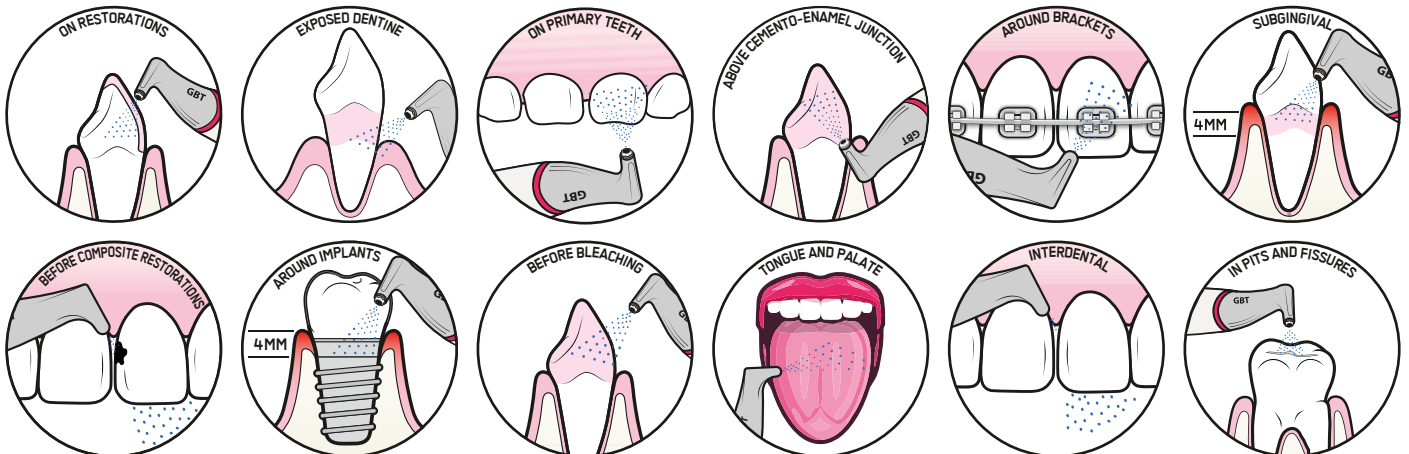
AIR-FLOWING®

- ▶ AIR-FLOWING® is the synergy of the AIRFLOW® Prophylaxis Master, the respective AIRFLOW® handpieces, including AIRFLOW® MAX, AIRFLOW® as well as PERIOFLOW®, and the erythritol-based AIRFLOW® PLUS powder.
- ▶ Only AIR-FLOWING® works with a constant and regulated flow rate of the AIRFLOW® PLUS powder. This makes biofilm management during Guided Biofilm Therapy (GBT) more predictable, safe, efficient and comfortable.
- ▶ AIR-FLOWING® is an integral part of the Guided Biofilm Therapy protocol.

AIR-FLOWING®



APPLICATIONS



AIRFLOW® PLUS POWDER

**MINIMALLY INVASIVE
MAXIMALLY PREVENTIVE
OPTIMAL COMFORT**

*"I'm also
a water
bottle!"*



CONTAINS

Erythritol, CPC or CHX, amorphous silica. Size: 14 µm

The original AIRFLOW® PLUS Powder is available in a high-quality aluminum bottle (400 grams) for greater sustainability. When empty, give it to your patient.

The original AIRFLOW® PLUS Powder is available in a high-quality aluminum bottle (400 grams) for greater sustainability. It has a completely re-engineered and 100% biodegradable spout for precise and controlled powder flow that ensures fast and smooth powder chamber refills. When empty, give it to your patient.

TEETH

- ▶ Primary and secondary teeth

DENTAL HARD TISSUES

- ▶ Enamel
- ▶ Dentin
- ▶ Cementum

ORAL SOFT TISSUES

- ▶ Supra- and subgingival pockets up to 9mm
- ▶ Tongue
- ▶ Palate

IMPLANTS

- ▶ Peri-implant sulcus
- ▶ Deep peri-implant pockets

RESTORATIONS AND PROSTHETICS

- ▶ Restorations
- ▶ Prosthetics
- ▶ Dentures

ORTHODONTICS

- ▶ Orthodontic brackets
- ▶ Aligners
- ▶ All parts of the orthodontic appliance

REMOVE BIOFILM BEFORE

- ▶ Caries diagnosis
- ▶ Fluoride treatment
- ▶ Orthodontic treatment
- ▶ Restorative and prosthetic treatment
- ▶ Bleaching procedures



04 AIRFLOW® MAX

AIRFLOW® - THE ORIGINAL EMS TECHNOLOGY

The original AIRFLOW® MAX handpiece with its patented Laminar AIRFLOW® Technology is another brilliant innovation from the EMS Research Center.

GOAL

► To remove oral biofilm in a safe, minimally invasive, predictable and comfortable way. Once the disclosed biofilm is removed completely, there is no need to clean any further. This assures minimally invasive treatment.

ADVANTAGES FOR THE PATIENT

- Safe: on hard and soft tissues, restorations, prostheses, implant and orthodontic appliances.
- Minimally invasive.
- Comfortable: no sensitivity or pain during or post treatment.

ADVANTAGES FOR THE CLINICIAN

- Superior ergonomics even with 8 hours of daily work.
- Complete and fast biofilm removal.
- Constant and regular powder delivery makes treatments predictable.
- Easy, comfortable and simple to use.
- Lower powder consumption.



ALL CASES

Supra- stains and supra- and subgingival
biofilm removal up to 4mm

COLOR GONE, BIOFILM REMOVED

STAINS AND BIOFILM REMOVED

RECOMMENDATIONS FOR USE



ANGLE

- ▶ Range of usage is between 15°- 80°.
- ▶ Continuously adjust the angle while working.
- ▶ Avoid using the AIRFLOW® MAX Handpiece at 90°.

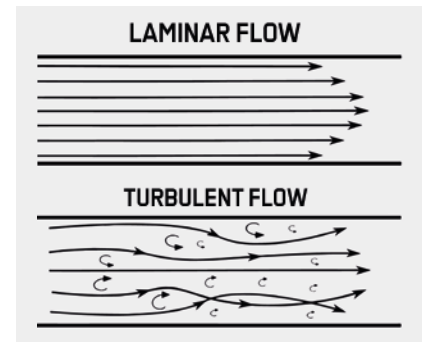
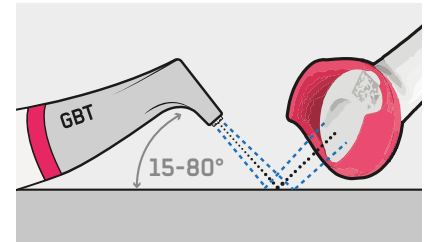
DISTANCE

- ▶ General rule for AIRFLOW® MAX: work closer!
- ▶ Keep the handpiece at 2 to 5mm during treatment.
- ▶ In case of heavy stains, keep the handpiece at maximum 2mm.

MOVEMENT

- ▶ Make continuous semi-circular movements.
- ▶ Create small 'Smileys' from mesial to distal.
- ▶ Never hold the handpiece stationary!

POWER AND WATER SETTINGS



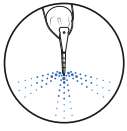
AIRFLOW® MAX with the patented Laminar AIRFLOW® technology for perfect control.

SPECIAL CONSIDERATIONS WHERE CLINICIANS MUST USE THEIR OWN DISCRETION OR WITH PHYSICIAN'S CONSENT

- ▶ Antiresorptive therapy that reduces bone loss (i.e., therapy with bisphosphonates or denosumab).
- ▶ Pregnant and breast-feeding patients.
- ▶ Contagious patients or patients with a risk of infection: suitability for AIRFLOW® and/or PERIOFLOW® treatment needs to be assessed individually by the clinician according to the medical condition present and in accordance with practitioner protection level, patient risk assessment and specific country regulations.
- ▶ Medically compromised patients (e.g., diabetes, multiple drug interactions, cardiac abnormalities, infectious diseases...).
- ▶ Patients taking medications (e.g., anticoagulants).

CONTRAINDICATIONS

- ▶ In patient with uncontrolled acute bronchitis/asthma or upper respiratory tract disease or infection at that appointment.



05 PERIOFLOW®

GOAL

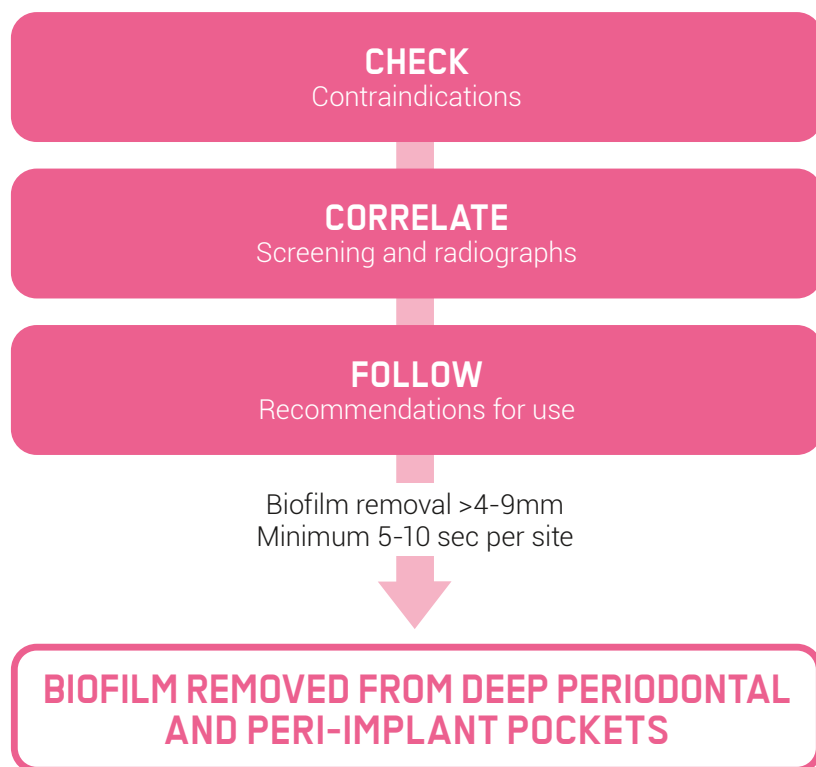
- ▶ To remove biofilm from periodontal/peri-implant pockets in a safe, minimally invasive, predictable and comfortable way from 4-9mm during supportive periodontal/peri-implant and non-surgical therapy.

ADVANTAGES FOR THE PATIENT

- ▶ Safe on soft tissues: the new design reduces intra-pocket pressure.
- ▶ Minimally invasive: no change on root or implants surfaces.
- ▶ Comfortable: no need for anesthesia.

ADVANTAGES FOR THE CLINICIAN

- ▶ Efficient, gentle and fast biofilm removal.
- ▶ Treatment is predictable.
- ▶ Higher accessibility to reach deeper periodontal and peri-implant areas.



REMOVE THE NOZZLE

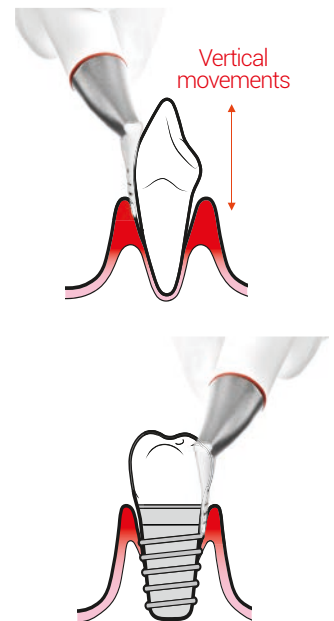
- ▶ Use the PIEZON® Check tool.



RECOMMENDATIONS FOR USE

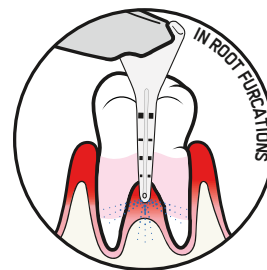
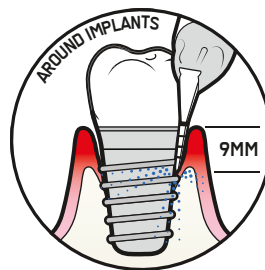
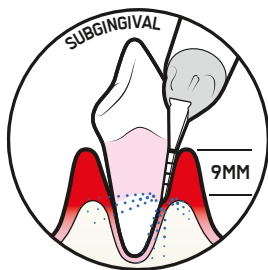


- ▶ Preferably use with table top devices.
- ▶ ONLY use AIRFLOW® PLUS or PERIO Powder.
- ▶ Single use per patient.
- ▶ Never push the Nozzle into the pocket even if the probing depths are more than 4mm.
- ▶ Correlate clinical probing depth with radiographs.
- ▶ Use between 5-10 secs per site depending on the probing depth.
- ▶ If treating multiple sites in 1 patient, check that the tip is not bent and the quality has not changed. After 20 sites, use a new Nozzle.
- ▶ Use your finger and thumb to compress the site.
- ▶ Insert the Nozzle up to the depth of the pocket.
- ▶ Activate the AIRFLOW® PROPHYLAXIS MASTER or AIRFLOW® One.
- ▶ Start with vertical, overlapping repetitive movements as you come out of the pocket.
- ▶ Natural tooth: site specific usage.
- ▶ Implant: minimum 6 sites to be treated.



5 TO 10

10



CONTRAINDICATIONS*

- ▶ After any subgingival debridement, especially when the soft tissue condition is not optimal.
- ▶ Profuse bleeding and suppuration on probing.
- ▶ Lack of keratinized tissue.
- ▶ Adjacent to an unhealed or recently extracted site.
- ▶ Where there is presence of any abscess.
- ▶ Acute pain at the site.
- ▶ In case of vertical root fracture.

RISK OF EMPHYSEMA

▶ What is emphysema? Subcutaneous emphysema occurs as a result of an abnormal introduction or presence of air or gas into tissue or tissue spaces. It has been recognized and documented as a complicating factor for any dental procedure using pressurized air.

Read more about clinical signs and what to do in case of emphysema by scanning the QR code*.



* As approved in IFU FB-618



06 PIEZON®

PIEZON® NO PAIN TECHNOLOGY IS TO BE USED AFTER AIR-FLOWING® IN ORDER TO REMOVE THE NOW VISIBLE HARD CALCULUS SUPRA- AND SUBGINGIVALLY.

GOAL

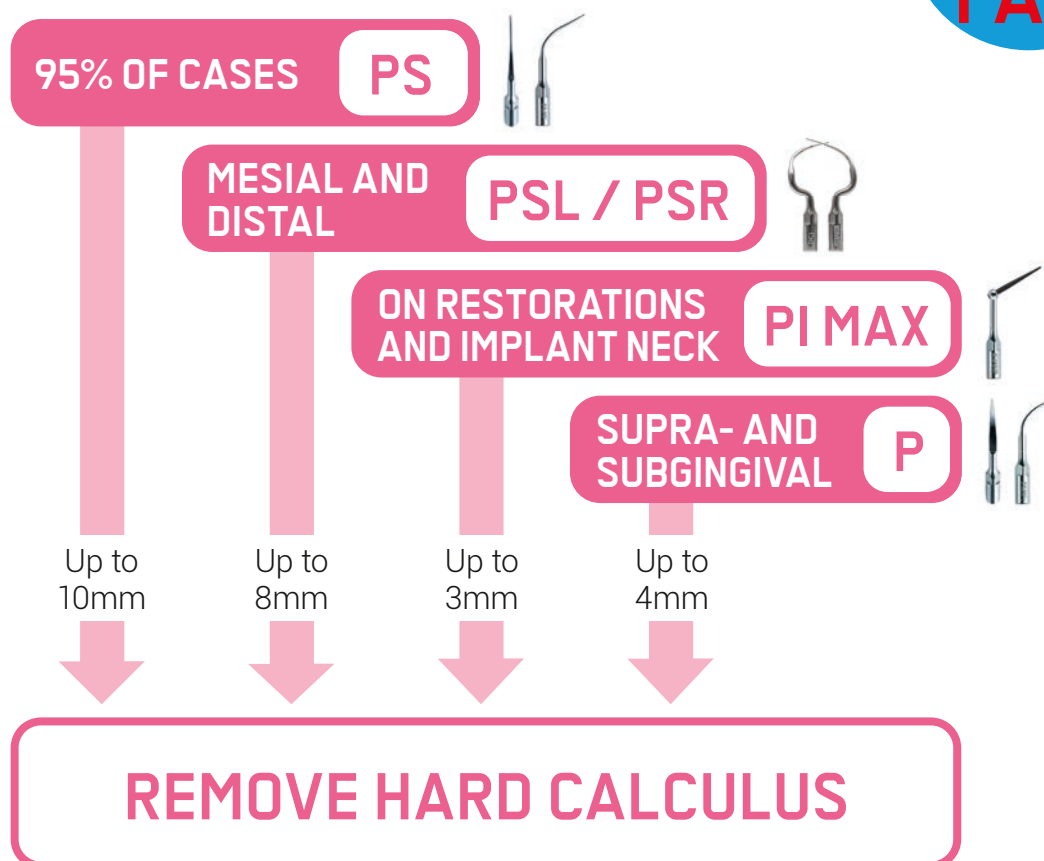
- ▶ To remove supra- and subgingival calculus in a safe, efficient, minimally invasive, predictable and comfortable way with linear movement and dynamic power regulation.

ADVANTAGES FOR THE PATIENT

- ▶ Safe and preserves the natural integrity of teeth, restorations, prostheses, implants and orthodontic appliances.
- ▶ Minimally invasive.
- ▶ Comfortable: no sensitivity or pain during or post treatment.

ADVANTAGES FOR THE CLINICIAN

- ▶ Slim design with optimal accessibility.
- ▶ Similar tactile sensation to a probe to detect calculus in subgingival areas.
- ▶ Efficient and predictable calculus removal with precision.
- ▶ Optimal ergonomics.



On exposed dentin: briefly re-clean with PLUS Powder if patient experiences roughness

RECOMMENDATIONS FOR USE



CORRECT SETTINGS

- ▶ Set your AIRFLOW® Prophylaxis Master with respect to indication and instrument used.

ADAPTATION

- ▶ Hold the original PIEZON® PS instrument parallel to the tooth.

ANGULATION

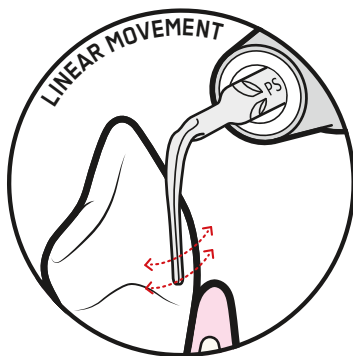
- ▶ Angulate the instrument with a slight tangent (5° - 30°).
- ▶ Only the last 1-2 mm should be in contact with the tooth.

PRESSURE

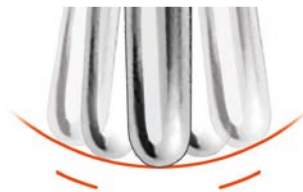
- ▶ Let the instrument work effortlessly, apply no pressure.

MOVEMENT

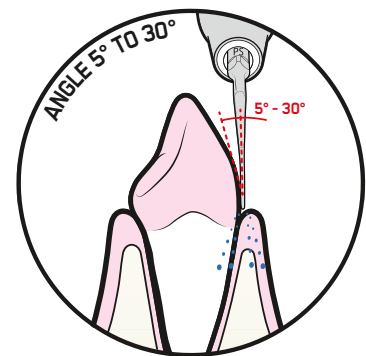
- ▶ Make small back and forth strokes after you adapt to remove the calculus.
- ▶ Never use the tip, front or back of the Instrument.



20x MAGNIFICATION



OF THE FIRST 2MM OF THE PS INSTRUMENT



SPECIAL CONSIDERATIONS WHERE CLINICIANS MUST USE THEIR OWN DISCRETION OR PHYSICIAN'S CONSENT*.

- ▶ Antiresorptive therapy that reduces bone loss (i.e., therapy with bisphosphonates or denosumab).
- ▶ Contagious patients or patients with a risk of infection: suitability for PIEZON® treatment needs to be assessed individually by the clinician according to the medical condition present and in accordance with practitioner protection level, patient risk assessment and specific country regulations.
- ▶ Medically compromised patients (e.g., diabetes, multiple drug interactions, cardiac abnormalities, infectious diseases ...).
- ▶ Patients taking medications (e.g., anticoagulants).

* As approved in IFU FB-618



06 PIEZON®

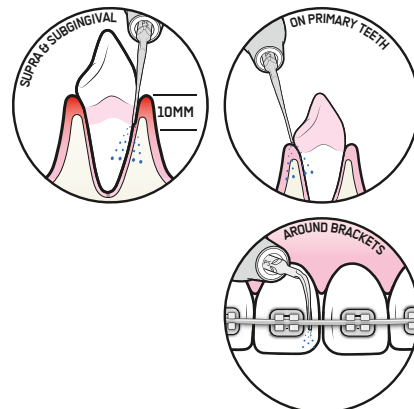
PIEZON® PS INSTRUMENT

Removes supragingival and subgingival calculus up to 10mm:

- ▶ From primary and secondary teeth.
- ▶ From dental hard tissues: enamel, dentin and cementum.
- ▶ Always start with low power, increase as and when necessary.
- ▶ Use a medium-to-high water flow rate.

 1 TO 10 SUPRAGINGIVAL
1 TO 6 SUBGINGIVAL

 7 TO 10



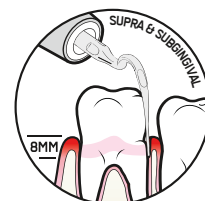
PIEZON® PSL/PSR INSTRUMENT

Removes supragingival and subgingival calculus from interproximal spaces up to 8mm:

- ▶ From secondary teeth.
- ▶ From dental hard tissues: enamel, dentine and cementum.
- ▶ Always start with low power, increase as and when necessary.
- ▶ Use a medium-to-high water flow rate.

 1 TO 6

 7 TO 10



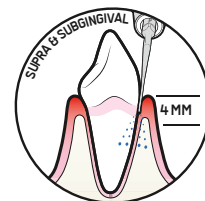
PIEZON® P INSTRUMENT

Removes supragingival and subgingival calculus up to 4mm:

- ▶ From secondary teeth.
- ▶ From dental hard tissues: enamel, dentine and cementum
- ▶ Use a low to medium power setting.
- ▶ In case of hard calculus, use a higher power.
- ▶ Use a medium-to-high water flow rate.

 3 TO 6

 7 TO 10



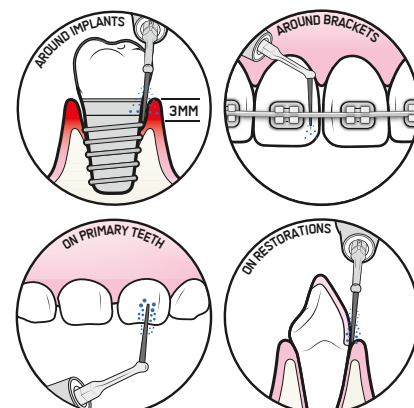
PIEZON® PI MAX INSTRUMENT

Removes supragingival and subgingival calculus up to 3mm:

- ▶ From restoration, prostheses and dentures
- ▶ Around implants.
- ▶ Around orthodontic appliances.
- ▶ Use a low to medium power setting.
- ▶ Use a medium-to-high water flow rate.

 3 TO 5

 7 TO 10



CHECK TOOL

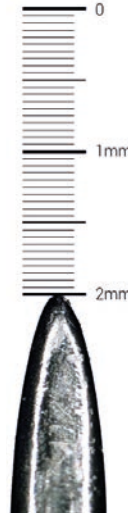


- ▶ Always check the wear of your PIEZON® PS NO PAIN Instrument to ensure maximum comfort for your patients during treatment.
- ▶ You must change your PIEZON® PS Instrument if 2mm* is worn from the tip.
- ▶ By using an instrument that is worn, you will damage the handpiece's sonotrode and therefore will need to buy a new handpiece.

WHEN USED!



NEW



REPLACE!

- ▶ Instruments must be replaced for optimal efficacy.
- ▶ Predictability changes after 2mm.
- ▶ Efficiency and patient comfort may be affected.
- ▶ The handpiece's sonotrode can be damaged too, when using a worn out instrument.



**FIND OUT
MORE ABOUT THE
PIEZON® CHECK TOOL**



* As approved in FA-794



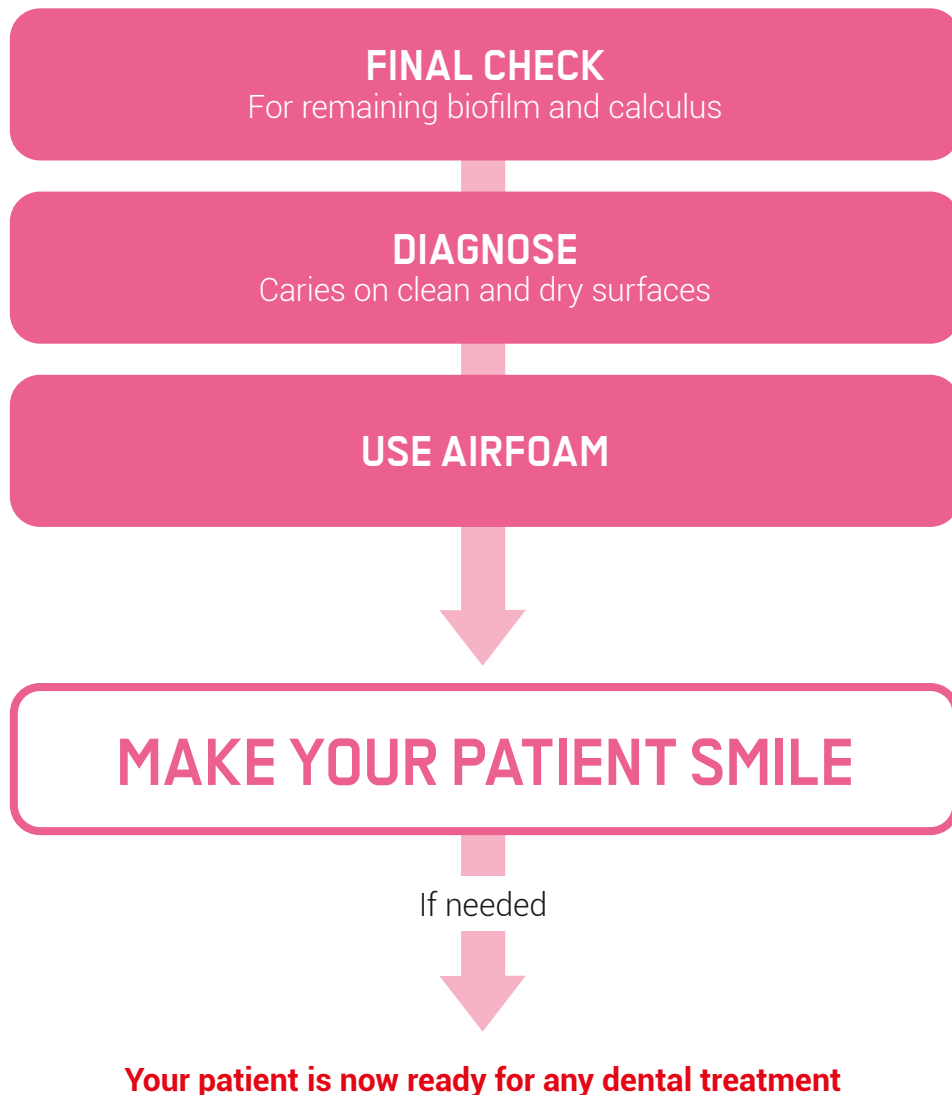
07 CHECK

FINAL CHECK

- ▶ Check for any remaining biofilm, stains and calculus.
- ▶ In addition, check for mobility of orthodontic appliances, prostheses, margins of restorations.
- ▶ Absence of biofilm, stains and calculus in supragingival areas enables clinicians to diagnose hard-tissues effectively, including the presence of caries, erosions, furcations and white spot lesion,s etc.

EXCEPTION:

- ▶ Following the use of PIEZON® on patients with gingival recession, reuse AIRFLOW® PLUS in order to ensure complete biofilm removal if needed.





AIRFOAM*

Use AIRFOAM after GBT treatment or after all dental treatments to give the patient a smooth feeling and mouth freshness. In addition, AIRFOAM protects the tooth surface until the next layer of salivary pellicle forms**.

It contains 1.450 ppm of fluoride. Available in one flavor – Berry

CONTAINS

Cetylpyridinium Chloride (CPC) = 0.05%

Sodium Fluoride = 0.32% with Fluoride = 0.145% (1450 ppm)

USAGE

It is not suitable for children below the age of 7 years. Press the nozzle once to dispense the right amount of AIRFOAM for one use, about the size of a hazelnut.

1. Remove the protective cap from the can.
2. Shake the can for approx. 6 seconds before each use.
3. Hold the can upside down during application.
4. Carefully and slowly press the nozzle.
5. Gently wipe the foam on the front teeth of your patient using fingers.
6. Let the patient spread the foam in the mouth themselves with their tongue.
7. Allow to act in the mouth for approx. 1 min. incl. all interdental spaces, spit out, done!

AIRFOAM eliminates the need for rubber cup and polishing pastes.



* If available in your country | ** From the FA-858



08 RECALL

► Recall frequency is based on the individual patient's risk assessment, caries risk, history of periodontal diseases, presence of any appliances, oral hygiene, habits of the patient and level of motivation.

Patient experience also plays an important role for recall.

ASK YOUR PATIENT
If they liked the treatment

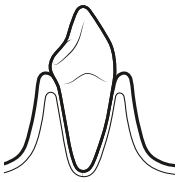
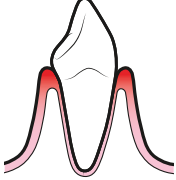
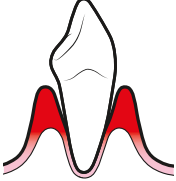
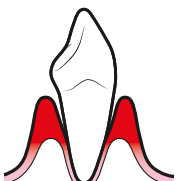
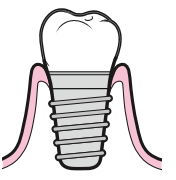
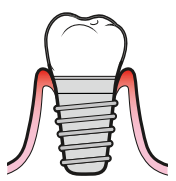
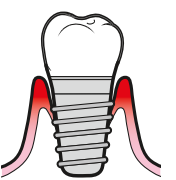
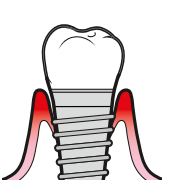


SCHEDULE NEXT RECALL
According to risk assessment

I FEEL GOOD



RECOMMENDED RECALL SCHEDULE

			RECALL
		HEALTHY ▶ HEALTHY GINGIVA ▶ NO BLEEDING ON PROBING ▶ NO CARIES	6 - 12 MONTHS
		GINGIVITIS ▶ SHALLOW POCKET ▶ NO BONE LOSS ▶ BLEEDING ON PROBING	6 MONTHS
		PERIODONTITIS ▶ DEEP POCKET ▶ BONE LOSS ▶ BLEEDING ON PROBING ▶ NO SUPPURATION	1 - 3 MONTHS
		SUPPURATING ▶ PERIODONTITIS ▶ BONE LOSS ▶ BLEEDING ON PROBING ▶ SUPPURATION	1 - 3 MONTHS
		HEALTHY ▶ NO BONE LOSS ▶ HEALTHY GINGIVA ▶ NO BLEEDING ON PROBING ▶ NO SUPPURATION	6 MONTHS
		MUCOSITIS ▶ NO BONE LOSS ▶ BLEEDING ON PROBING ▶ NO SUPPURATION	3 - 6 MONTHS
		PERI-IMPLANTITIS ▶ BONE LOSS ▶ BLEEDING ON PROBING ▶ NO SUPPURATION	1 MONTH
		SUPPURATING PERI-IMPLANTITIS ▶ BONE LOSS ▶ BLEEDING ON PROBING ▶ SUPPURATION	1 MONTH

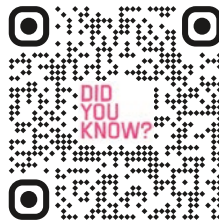
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