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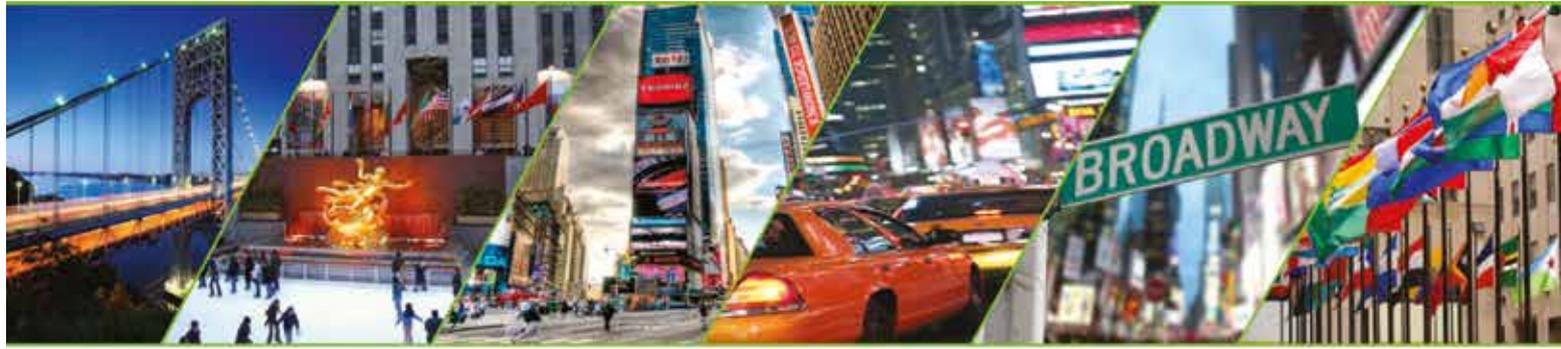
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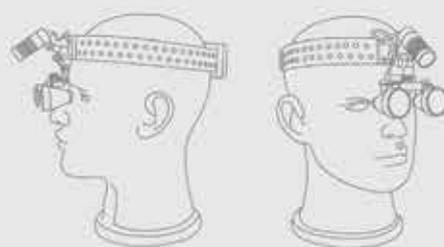
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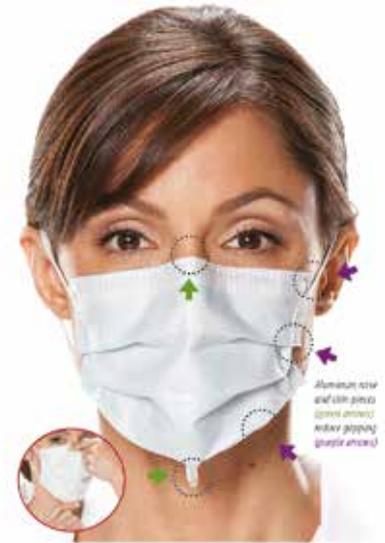
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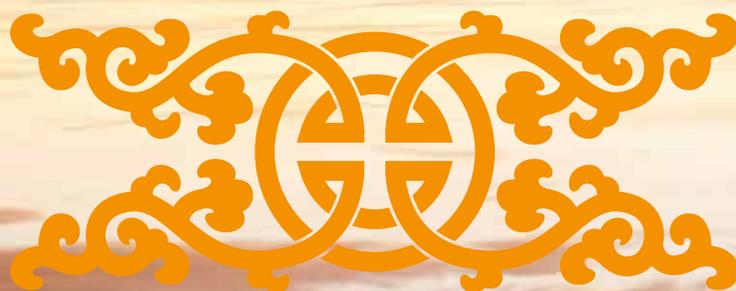
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focus on

CHINA

With its nearly 1.4 billion inhabitants, China is an economic giant and it has registered impressive double-digit growth figures for most of the 1990s and 2000s. In recent years, however, this seemingly incessant expansion began to show signs of fatigue.

Author: Michela Adinolfi





Economy overview

In the last 50 years, China has turned from a country based on agriculture to an industrial superpower, experiencing a population boom with no precedents in history. Despite heavy human and environmental costs, the economic and industrial transformations that occurred in China lifted a great number of people out of poverty:

- The number of absolutely poor people in rural China fell from 250 million in 1978 to 35.97 million in 2009.
- The proportion of people who live with less than 1 \$ per day, dropped from 46% in 1990 to 10.4% in 2005.
- China's Human Development Index (HDI) rose from 0.404 in 1980 (77th among 106 countries measured) to 0.687 in 2011 ranking (101st among 187 countries measured). However, taking into account the inequity across geographic areas and sectors of society, the 2011 HDI ranking decrease from 0.687 to 0.534.

With its nearly 1.4 billion inhabitants, China is an economic giant and it registered impressive double-digit growth figures for most of the 1990s and 2000s. In recent years, however, this seemingly incessant expansion began to show signs of fatigue as the impact of both domestic and external issues caused a contraction that is still lasting by now. Predicted growth for 2015 should stop slightly below 7%, a very low figure compared to previous decades, but still very better than many other developed nations. China remains, however, the second largest economy in the world after the USA and it is now taking a more decided step in the international cooperation environment by founding the Asian Investment Development Bank, aimed at financing infrastructure projects in Asia, that has already been joined by most of the Asian countries and also by most of the major economies outside Asia except from USA, Japan and Canada.

Despite the massive urbanisation that took place in the last three decades and the remarkable expansion of the Chinese middle class (68% of urban households were in the \$9,000 to \$34,000 annual income range in 2012, according to an estimate by McKinsey), the consumption boom that many economists expected has not happened.

As reported in a recent editorial by Bloomberg, the gap between extreme rich and poor people has narrowed for six and this is a significant achievement, but the smaller inflow of migrants registered in the last five years into China's main cities means that much of the real wage increase, which, meanwhile, has pushed many multinationals to move their factories to cheaper manufacturing places such as the Indochina peninsula, has mainly benefited low-income and migrant workers. This group represents around 40% of China's households but only 17.5% of the total consumption.

At the same time, the higher number of graduates and qualified workers make higher-end jobs harder to find, putting white-collar wages under downward pressure.

The big infrastructure projects carried out by the government have also favoured the state-owned companies, and focused less on the development of the small and middle-size private sector. According to the Chinese premier Li Keqiang's remarks during the latest World Economic Forum 2015, China is aware of this need and should now concentrate more in supporting entrepreneurship and innovation, but the current slowdown will not harm the economic sustainability in the medium to long term.

Healthcare profile

In about 50 years, the health of China's population has seen a dramatic improvement. For instance, according to the World Health Organization (WHO) life expectancy at birth rose from 35 years before 1949 to 75 years in 2010. Moreover, the maternal mortality ratio (MMR) dropped from 1500/100,000 before 1949 to 30/100,000 in 2010, while the infant mortality rate (IMR) decreased from 200/1,000 to 13.1/1,000 live births in 2010. These were very remarkable achievements that account for a general progressing path towards health indicators that are more in line with those of the older industrialised countries.

However, these gains were not equally benefiting all of the population. With a land area of over 9.5 million square kilometres, China is the world's fourth-largest country with wide remote rural areas where the living conditions are extremely different than in larger cities. The gap exists not only between urban and rural residents, but also between Eastern, Middle and Western China, with the latter lagging behind in health outcomes such as maternal mortality ratio.

FOCUS ON China

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China Hangzhou
West Lake

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Photo Next Page

Peking opera

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General figures

Gross national income per capita (PPP international \$, 2013)

11,850

Life expectancy at birth m/f (years, 2012)

74/77

Total expenditure on health per capita (Intl \$, 2012)

480

Total expenditure on health as % of GDP (2012)

5.4

Source: WHO

Total population (2013)

1,393,337,000





Moreover, the huge inflow of migrants that filled Chinese cities in the past decades created millions of unregistered urban dwellers who barely had any access to health services other than traditional Chinese medicine remedies. Even with the newly introduced healthcare insurance coverage for the rural residents, millions of migrant workers still remain excluded from it because they cannot move back to their home provinces.

The massive urbanization (from 7% in 1949 to 51% in 2011) and the rapid industrialisation permanently changed population lifestyles, habits and behaviours. With such deep transformations happening in the span of a very few decades, combined with the burden of pollution, water and soil contamination that weren't recognised and addressed as severe threats to healthcare for long time, the diseased profile of the Chinese population has altered significantly. Over the last 20 years, deaths related to communicable diseases have dropped while non-communicable diseases have spread all across China, even faster in rural than in urban areas. Currently, the WHO reports malignant neoplasms, heart diseases, cerebrovascular diseases and chronic lung diseases as the major causes of death in China, with growing morbidity rates.

Another important factor influencing the country's healthcare profile is its demographic trend. According to official data, China had 178 million people aged 60 years or above, nearly 13% of the total population, but with an estimated increase of 5 million per year, the ageing population is expected to reach the stunning number of 248 million in 2020, with its share climbing up to 17%. Despite the reforms introduced in the welfare system, there is still a gap between the growth rate of the ageing population and the availability of financial resources for their support.

The three health insurance programs include the Urban Employee Basic Medical Insurance Program (UEBMI), based on employment contributions (8%); the Urban Resident Basic Medical Insurance Program (URBMI) and the New Cooperative Rural Medical Scheme (NCMS), both based on provincial contributions, combined, provide coverage to the majority of the population. Nominally, more than 95% of the population had joined the schemes, but in the reality, migrant workers' employers often do not provide any insurance contributions. Moreover, a urban-rural medical assistance system covers special disadvantaged groups such as low-incomes patients with severe illness, the severely disabled and senior citizens from low-income families.

As the amount of contributions varies greatly, especially those in UEBMI and NCMS, health insurance coverage is very uneven, also because of the different benefits included in the covered basket.

Among the main issues that the government is attempting to address there are:

- Wide variations in the quality of care and availability of services
- High copayments
- Incomplete drug coverage
- Insufficient reimbursement of out of pocket expenses, especially in rural areas and for services related to critical illness
- Less qualified, undertrained staff in rural areas
- Insured patients sometimes end up spending more out-of-pocket than the uninsured due to increase charges by service providers
- Underpaid doctors raise extra income by prescribing costly drugs and treatments.

Several healthcare reforms have been implemented to tackle these shortcomings and the funding for the health sector has to be increased to about \$1.3 trillion by 2020. The public sector is put under great pressure, even though a rising share of patients prefer going to private clinics because of the higher quality of services. Despite this trend, the private sector is still underdeveloped with only 12% of hospital beds and less than half of population having any form of private insurance. Only recently, the reimbursement of private treatment to publicly insured patients has been introduced into the national policies.

The Traditional Chinese medicine (TCM) system is integrated in the overall healthcare system and it is composed of general hospitals or departments within them, special hospitals, community health centres, township hospitals, village clinics, outpatient departments and clinics. TCM is encouraged by the government in combination with Western medicine.

As of 2011, China had a total of 954,389 health-care facilities including hospitals, primary care institutions, public health institutions and other facilities. Among the total of 5.16 million inpatient beds, about 30% was under primary care institutions such as district health centres, county hospitals and public health institutions. However, inpatient bed density varies from 6.24 beds per 1000 people in urban areas to 2.80 beds per 1000 people in rural areas.

China had 178 million people aged 60 years or above, nearly 13% of the total population, but with an estimated increase of 5 million per year, the ageing population is expected to reach the stunning number of 248 million in 2020.

Photo

The Great Wall of China

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The Chinese dental industry

According to the event organiser, Reed Sino-pharm, in 2013, the medtech sector generated over US\$24 billion and the expected US\$1 trillion that should be pumped into the healthcare sector by 2020 will provide further resources for an expansion of services and related demand of equipment.

The company reports that in the same year, in the Chinese dental industry those companies with annual revenue of RMB 20 million or more increased their revenue by 31.9% from a year earlier to RMB 5.025 billion, while in the first eleven months of 2014 they totalled RMB 3.623 billion.

Larger foreign brands are well-established and widely recognised in the Chinese dental market and dominate the mid-to high-end segment. However, in recent years some domestic companies have introduced themselves into this market by providing an alternative to imports of quality but expensive equipment.

As regards the participation of private investors in the provision of dental services, China is still different from the developed markets where it is common to see a large share of patients opting for a trusted dentist operating in a single practice, or in recent years, to seek treatment in dental clinics that offer particularly advantageous conditions. In Chinese larger cities, however, there is a marked preference for local hospitals that enjoy of a good reputation, which is attracting some private investors to acquire hospitals with an established reputation, trusting that it will keep attracting patients despite the entrance/entry/appearance of a private player in the ownership.

The total healthcare spending was about US\$389.5 billion in 2011, or 5.1% of GDP, which represents a 30-fold increase from the expenditure in 1990. Per capita health expenditure in 2011 was roughly US\$289, but once again, this national average hides big differences among the different provinces, regions and urban vs rural areas. The percentage of private health expenditure in the 2011 was 34.9%, a decline from the peak of 59% registered in 2000 and even from the 35.7% in 1990.

Concerning the health workforce, against an increase in the total number of health workers from 6.14 million in 1990 to 8.62 million in 2011 and in the number of doctors, including assistant doctors, from 1.56/1000 in 1990 to 1.82/1000 in 2011, there are significant disparities of human resources across the different geographic regions and areas. Both number and quality of healthcare staff is insufficient to meet the demand for treatment of the growing population.

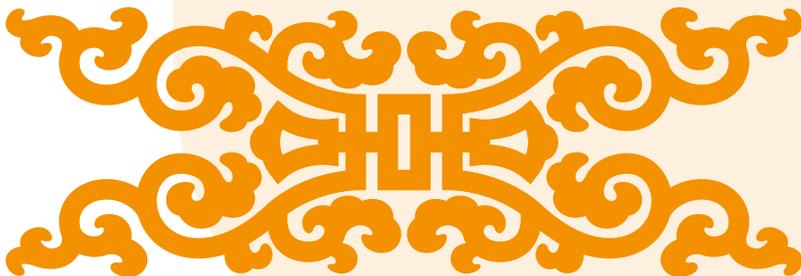
Among the goals to strengthen healthcare system, the top priorities are the reduction of out-of-pocket payments, the allocation of resources and staff targeted to reduce the urban-rural and cross-regional gap, and the improvement of public management across all levels of the three-tiered health-care delivery network.

Outlook on the oral healthcare sector

In 2012 the Chinese dental hospitals provided treatments worth RMB8.1 billion, after 6 years of Compound Annual Growth Rate (CAGR) of 22.7% since 2006, when the revenue was RMB 2.37 billion. Gross margins remained around 11% (ranging from 10.8% to 11.9%) in the period 2010-2012.

Private and foreign providers are aggressively stepping into the market, focusing on Beijing, Shanghai, Guangzhou, Shenzhen, Hangzhou and other larger conglomerates in coastal regions.

Dental diseases are usually neglected compared to conditions that are perceived as more critical and the high rate of out-of-pocket payments does not help lower and middle-income households to seek for proper oral healthcare. According to a national report dating back to 2008, 94% of the population had some form of dental problem, mainly calculus (97%), caries (88%) and periodontal disease (85%), followed by dental sensitivity, plaque and malocclusion.





Other significant figures were:

- 66% of children aged 5 had cavities.
- Almost one-third of children aged 12 had cavities in the permanent teeth.
- Adults between the ages of 35 and 44 had cavities, and only 8.4% of the teeth with cavities had been treated.
- Periodontal disease was rather rare and only affected 14% of the population.
- Tooth loss affected more one third of people aged 35 to 44 and almost one in ten people aged 65 to 74.
- Between 10 and 42.6% of adults wore dentures.

These figures have not been significantly reduced in last years, as the market remains unable to meet the demand of dental care. With a density of 100 dentists for 1 million people, the rate is still below that of developed countries and also below that of other developing nations. However, 15,000 new dentists add to the workforce each year.

The major providers of dental care are public dental hospitals, even though in recent years around 50,000 private clinics have been established.

In such a large country as China, it is a very difficult task to conduct exhaustive surveys and studies on a national scale and gaining a close picture of the general population oral healthcare status. Three national oral health surveys have been conducted so far, in 1983, 1995 and 2005.

In the last few years several regional studies have assessed the oral health status of specific population groups. A comprehensive look to these surveys helps gaining some insights into the oral health conditions across the different Chinese regions.

For instance, a 2008 study on the prevalence of dental caries among 2,364 people aged 65-74 in the three provinces of the north east: Liaoning, Jilin and Heilongjiang (a region also known as Manchuria), reported an incidence of 67.5%, higher in rural than in urban areas, with the higher prevalence registered in the Jilin Province.

Even Periodontal disorders were common:

gingival bleeding	72%
dental calculus	86.6%
periodontal pockets	58%
loss of attachment	60.1%

The major providers of dental care are public dental hospitals, even though in recent years around 50,000 private clinics have been established.

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On the workforce side, a more recent survey conducted in Liaoning Province reported that, out of a total of 5,617 dentists, 87.8% are located in urban areas. The disproportion is worsened by the lower educational skills and specialisation levels found in dentists working in rural areas. The ratio of dentists to the total population was 1:7682, too low to meet the demand for oral health services. It was estimated that 13,000 dentists would be needed to fill this gap. Moreover, the ratio of dentists to nurses to technicians was about 6:2:1, highlighting a shortage of these dental professionals in the region.

Although the two cited studies only took a specific area into consideration, it is worth mentioning that their findings are consistent with those reported in the third National Oral Health Survey (2005). According to researchers, rural residents across the whole country, generally show low levels of oral health knowledge and poor oral health behaviours. Among the reasons, they indicated high costs of dental examination and treatments, which are not covered by health insurance and poor implementation of oral health promotion activities. The shortage of facilities and professional dentists at the community level in rural areas also contributes to a higher prevalence of dental diseases.

According to researchers, rural residents across the whole country, generally show low levels of oral health knowledge and poor oral health behaviours.

In general terms, however, the same trend is evident across the whole country. The average density of dentists is 18 to every 100,000 residents. Just to give a quick comparison, the proportion is three times higher in the United States. When one considers that in this count there are also orthodontists, periodontists and other specialists included, it is clear how the ratio of dentists per population in itself, apart from the difficulty of accessing dental services, is still too low to meet the oral healthcare needs of the population.

According to the World Federation of Public Health Associations, in 2008 the Chinese Government has started an oral health promotion project for children in 23 provinces across middle and western regions of China, funded by a special government budget. The programme includes the provision of oral health education, specialised training courses and providing oral healthcare training courses in community level, as well as providing pits and fissure sealants for the first permanent molars in children bearing a high caries risk.

Since the beginning of the programme until 2012, the budget allocated for the project has increase from 8.8 million Chinese Yuan (approximately \$1.5 million) to 46.5 million Chinese Yuan (approximately \$7.8 million). In terms of coverage, the number of school children involved rose from 150,000 to 540,000 during the same period and the number of sealed teeth increased from 530,000 to 2.3 billion. This remarkable progress was accompanied by an effort in qualifying 20,000 oral healthcare workers to carry out the project, that also served as a blueprint for further allocations of funds for oral healthcare targeting school children in the eastern provinces as well.

Currently, the comprehensive oral health promotion programme receives financial support from both the central and provincial government and extends over almost all of the provinces. Further to the above mentioned intervention, the project now includes topical application of fluoride, such as fluoride varnish, for high-risk pre-school children in order to prevent tooth decay in primary teeth, and providing simple fillings for permanent and primary teeth decays.

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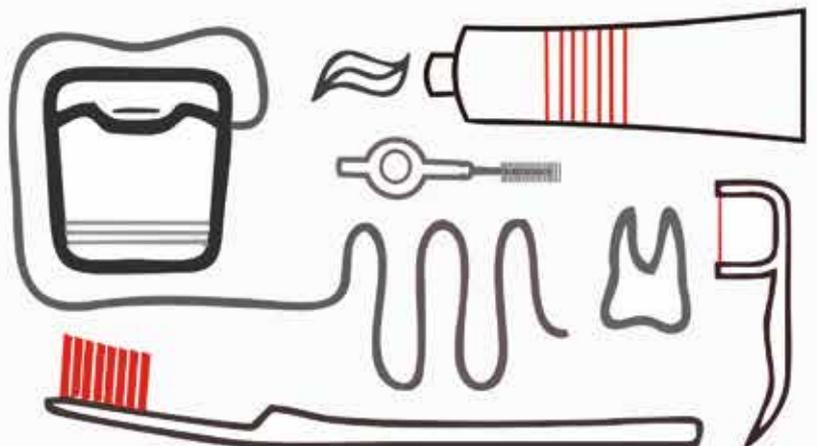
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Guided implantology

Author: Dott. Francesco Giardina

Implantology is the branch of dentistry dedicated to restoring missing teeth, in the way most similar to the natural one: by inserting implants where teeth have been lost, for various reasons. The above tells us that implantology is a surgical discipline aimed at prosthetic rehabilitation which cannot be achieved by excluding the prosthetic project.

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Information Technology (using dedicated software for implant prostheses design that acquire DICOM files and then returns three-dimensional images of the jaw bones) and robotics (using 3D printers) have recently changed the picture described above, allowing us:

- **virtual planning of the surgical and prosthetic phase;**
- **realisation of a surgical TEMPLATE**, with incorporated rigid guides, that allow insertion of the designed implant at the position, angle and depth as planned in the virtual project. The above is achieved using dedicated kits with burs that have a working part and a perfectly coaxial guide cylinder for the TEMPLATE's rigid guide (**Fig. 2**)
- **Execution of a pre-constructed prosthesis:** By placing the surgical TEMPLATE on plaster models created previously, "**plaster surgery**" can be carried out and a temporary prosthesis can be created, that is designed virtually and can be placed in the patient's mouth immediately after guided entry of the implants (**immediate loading**).

Today we are going to talk about **Assisted Software Guided Implantology** and **assisted Software Guided Implant-prosthetics**.



Fig. 1

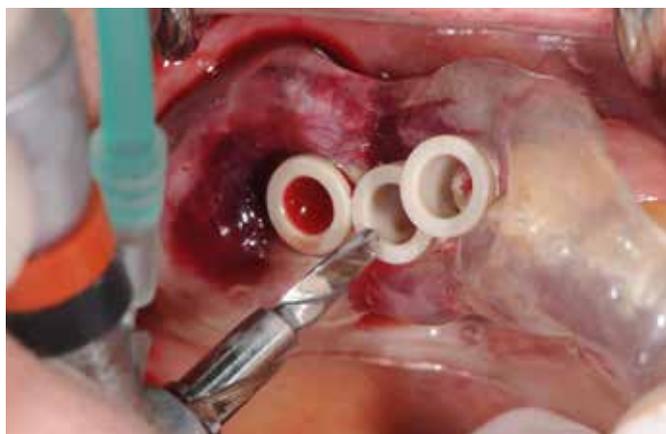


Fig. 2

The case

Woman aged 63 years with upper bilateral terminal edentulism; no contraindications contained in medical history. Firmly asks for fixed rehabilitation on implants. Nine months prior to the insertion of the implants, a bilateral large-scale Maxillary Sinus Floor Augmentation was carried out, using homologous bone grafts. This situation made us decide to perform **assisted Software Guided Implantology** without immediate loading, by inserting six implants, three each side in the edentulous areas.

After inserting the surgical TEMPLATE into the patient's mouth (it is anchored to the front teeth and making sure it is congruent and stable **a necessary condition for carrying out the project**) (**Fig. 1**), circular mucotomies were carried out using the guides, after which mucosa cylinders were removed. The middle surgical sockets on each side are prepared first of all (**Fig. 2**) where, using the TEMPLATE, the first two implants are inserted (**Fig. 3**), using specific assembly tools that are firmly anchored to the implants themselves. This procedure aims to stabilize the TEMPLATE permanently, preventing any accidental displacements.



Once the TEMPLATE is stabilized, the same procedure is carried out using the remaining guides.

Once the implants have been positioned (**Fig.4**), the assembly tools are removed, unscrewing the connection screws to the implant itself and the TEMPLATE, and viewing the correct implant position (**Fig. 5**). The operation ends in a classical manner with insertion of the healing screws (**Fig. 6**).

Control has been done after three months. (**Fig. 7**).

The technique described below, which is simple and safe to carry out **on the condition that all the project phases have been carried out correctly**, allows complex surgery to be carried out in relatively short times (60-90 minutes for a full-arch of 6/8 implants) with maximum predictability. Also, the possibility of having a pre-constructed fixed prosthesis that can immediately be fitted for the patient

(where the right anatomic-functional conditions allow it) considerably improves not only the aesthetics but also healing of the bone-implant interface that takes place under functional loading.



Fig. 5

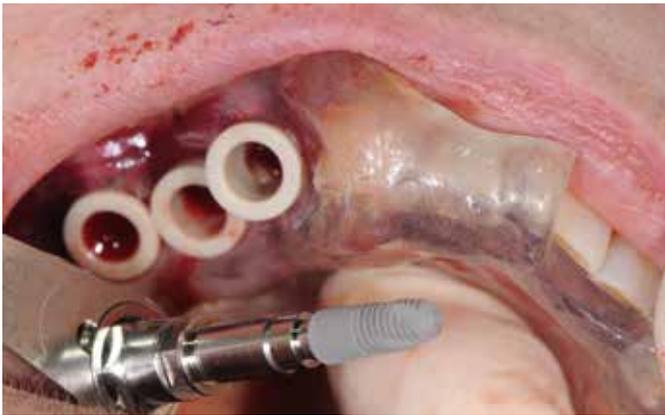


Fig. 3



Fig. 6



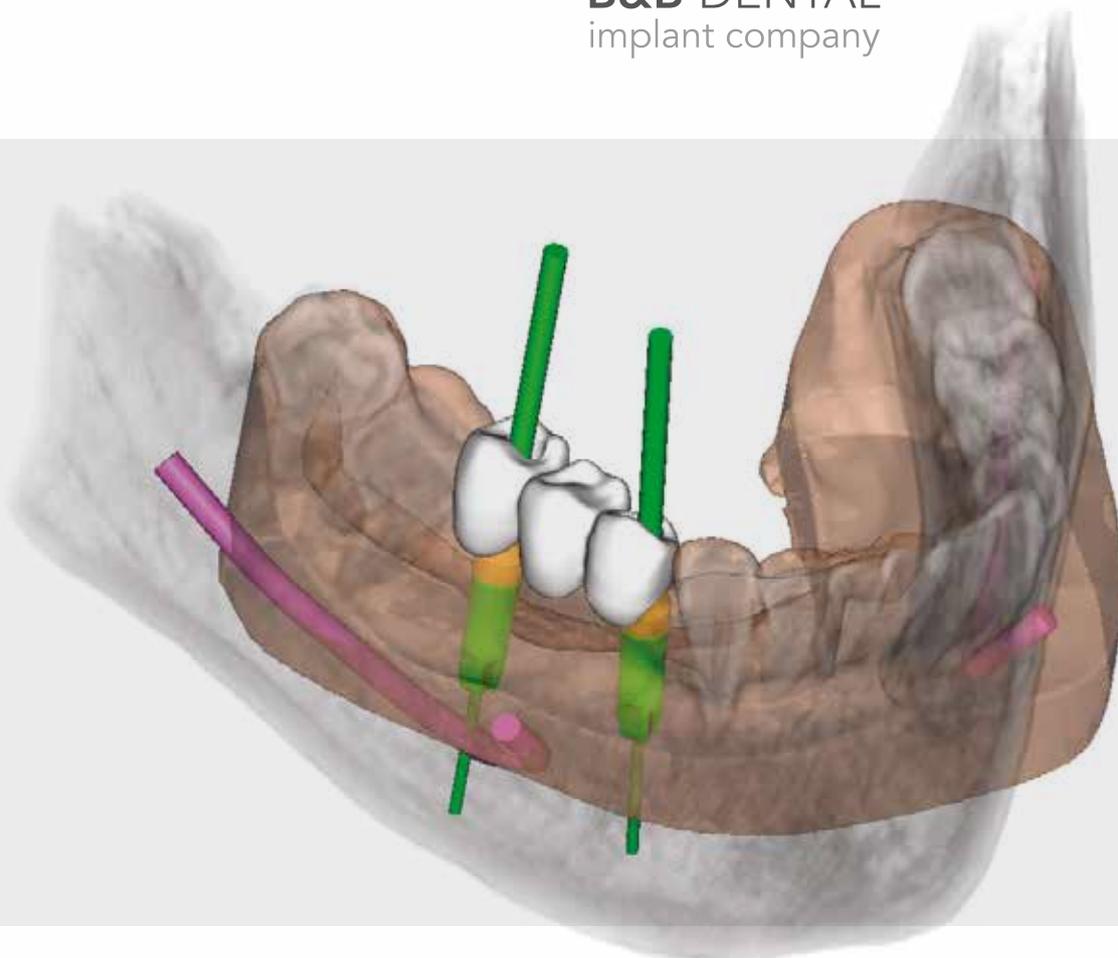
Fig. 4



Fig. 7



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DURAVIT COMPUTER-GUIDED SURGERY



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MEDESYS is an Italian company manufacturing high quality dental, surgical and orthodontic instruments. A third generation family company located in Maniago, the knives district famous worldwide for its 600-years tradition and know-how in the manufacture of blades and cutting tools of the finest quality. Medesy is nowadays firmly present and appreciated in **more than 105 international Countries** for the excellent quality of its products refined in all the details, from a technical point of view and in terms of design.

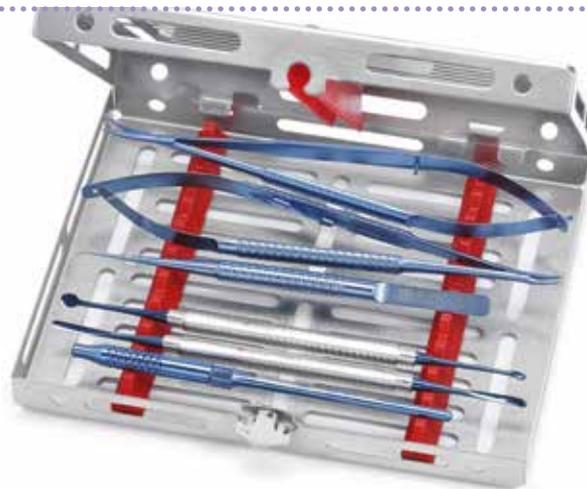
Medesy manufactures a wide range of instruments easily covering all the dentistry specialties. To facilitate everyday tasks of the professionals the company also selects the most suitable instruments for each discipline and presents them organized in ergonomic trays. Here below some examples of these kits Gammaxif, the new range of sterilization trays ensuring a perfectly safe cleaning and sterilization process.

• **Micro periodontal surgery kit**

Nowadays periodontology has become extremely specialized, more complex and advanced thanks to the most recent developments in the treatment techniques and has created a demand for more sophisticated surgical instruments far more suitable for accurate dental interventions.

Medesy has replied to the precise needs of the professionals with a new specific kit created uniquely for periodontal micro surgery, a **combination of instruments made in titanium**, extremely light and purer than steel.

The kit has been specifically conceived for microsurgery and includes instruments which have been developed to guarantee maximal precision and reliability (**Code 1671/7 kit**)



• **Micro-surgical tweezers**

Range of 5 different micro-surgical tweezers, conceived to fulfil the ever growing demand for more sensitive and finer microsurgical instruments; main technical features:

- Tungsten carbide inserts;
- Diamond dusted tips;
- 0,7 mm hole
- 1x2 teeth
- Standard serration

The ultra-thin tips ensure a precise and firm grip of the tissue fragments and also a wider visual field (**Codes 1063 & 1064**)

• **Peri-implantitis kit**

The bacterial aggression observed on the neck portion of the implants is similar to the bacterial aggression noticeable at the mucogingival junction of the tooth.

The stainless steel instruments may contaminate the titanium made implants while plastic instruments do not fully remove the failing tissues around the implant.

Hence the need of using instruments made of Titanium, the unique solution for a real efficient and fully safe handling on and close to the implants sites. Blue colour for a simple and fast identification of titanium tips (**kit code: 1671/3**)



• Ortho Advanced Kit

Medesy presents the new line of Orthodontic pliers, Century Line, whose some of the main features are the following:

- finely manufactured through a sophisticated handcrafted **BOX-JOINT system** which provides higher stability to the pliers, ensures safer use, longer duration and preserves the tips perfectly aligned;
- note the **new neat Rhombus design** for MEDESYS'S distal ends: a lighter and thinner shape for optimal performance;
- **TC inserts** on cutters and on distal ends obtained by using the most advanced electro-welding technological processes;
- A special **glass-microspheres surface treatment** adds an anti-glare and elegant finishing to the instrument

Medesy produces a wide range of cutters and distal ends offering different cutting functions. Medesy created a special Orthodontic kit which includes the most common basic pliers and instruments for performing an orthodontic treatment.

Excellent for Orthodontics specialists (kit code: I680/2)

Today **more than 3.000 instruments**, some of them covered by an international patent, are successfully on the market proving that Medesy commitment on innovation is the right formula to better fulfil the needs of modern dentistry. The entire Medesy team takes pleasure in looking after all its customers with a personalized attention and punctual pre and post sales-service. **Our know-how, expertise and above a deep passion for our instruments are at your full service to provide you just with the Best. Always. Everywhere.**



Visit us!

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Interview with G.COMM



G.COMM



Author: Michela Adinolfi

Tell us something about G.COMM's history.

Our roots are in the Italian region known as Brianza, a land of established manufacturing traditions. G.COMM in 10 years of activity has gained a considerable reputation as a manufacturer of dental and electromedical equipment and supplies, focusing on components for dental units and in particular in the production of lamps and electric micromotors for the dental practice.

Your motto is "Quality, design, innovation". How does it influence your activity?

These three words identify what today makes G.COMM a benchmark among dental manufacturers. Thanks to our know-how, we can produce and sell with our own brand competitive, reliable, high-quality products that make the dentist's work easier and contribute to the patient's well-being, at the same time fully complying with the sanitary regulations, hygiene standards and environmental safety.

From the project development to its engineering and manufacturing, G.COMM manages all the production phases, giving to the company a high level of flexibility.

We guarantee an excellent pre- and post-sales assistance, but we also design and create custom-made products under the customers' specific, personal request to help them find the best and finest solution to their dental unit.

Customer care and passion for our products are the basis of the growing success of G.COMM around the world, distributing today in more than 30 countries. But we are determined to expand ourselves and experience new markets all around the world.

Dental lamps are your core products. How do the different models meet the dentist's demands?

In G.COMM we have put a special focus on the quality of the dentist's work. This mission inspired the design and production of our lamps. For instance, the motto of our IRIS VIEW lamp is: "Our target: your work".

We believe that quality of work is strictly related to the possibility of perceiving the smallest details in the area of operations. Out of this belief comes Iris View, a dental light with a Full HD videocamera (1920x1080px) and autofocus that allows to view the area of treatment with a 30x optical zoom.



Iris View permits to have a detailed image of the operating area, highlighting details which are difficult to see with naked eye, amplifying the visual capabilities of the professional and relieving eyestrain, leading to important progress in work methods.

Iris View allows recording and broadcasting the operation in Hi Definition, making easy the connection to a wide range of devices. This opportunity is quite useful in various scientific contexts such as conferences, conventions and university lectures.

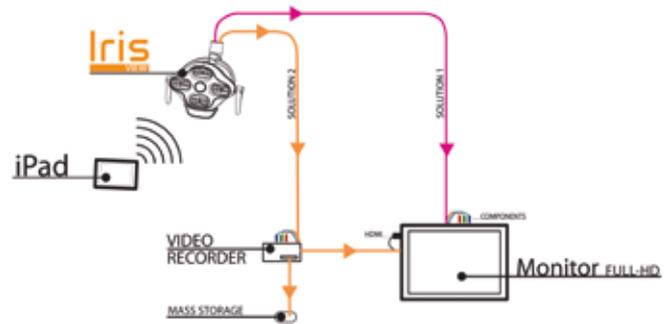


Photo: Connection to a wide range of devices

Photo: Iris View dental lamp

The use of the videocamera improves communications both with the patient and specialized personnel. In the diagnosis phase diseases can be clearly shown on the monitor, making comprehension of the problem simple and immediate. During the operating phase, specialised staff can follow the evolution of the operation in real time and at the end of the work results can be assessed.

IrisView is expressly designed to improve the professionals' well-being and work. The use of Monitor permits to work in complete comfort because the operating area can be observed in indirect vision. In fact, the dentist is not forced to maintain an incorrect posture such as being bent over the patient, but can operate sitting upright. In this way, he can reduce stress on the spinal column and consequentially decreasing the risk of professional ailments such as cervical problem, lumbar troubles and orthopaedic diseases.



Photo: The use of videocamera

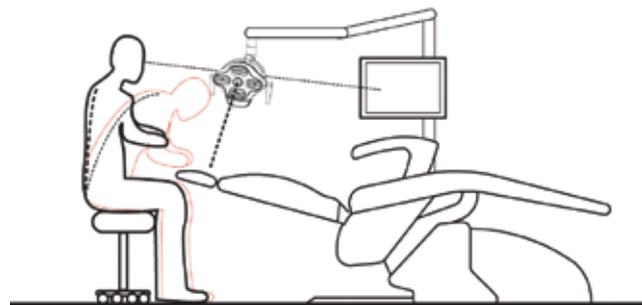


Photo: Complete Comfort

The lamp can be controlled both with the MyLight app and with the onboard keyboard to manage all the functions, according with the dentists' needs. Using the iPad it's possible to let an assistant set the parameters of the illumination with a Wi-Fi connection. In this way it's possible to avoid touching the lamp, increasing hygiene and cleaning.



Photo: My Light app

Colour temperature regulation: through a regulation system it's possible to adjust the colour temperature from 4.200° K to 6.000° K to improve the contrast on soft tissues. Recent studies demonstrate that dentists' concentration increase through the rise of colour temperature with the consequent reduction of their eyestrain.

With the onboard keyboard or through the iPad it's possible to set 3 different preset programs:

Anty-Polymerisation Mode: minimises blue emissions, reducing the compound curing speed;

Surgical Treatment: optimises the colour contrast on soft tissues, better distinguishing the shades of gums, blood and peridontium;

Colour Capture: creates a combination of cool and warm LEDs that maximises the colour rendering index facilitating the dentists' choices during tooth replacement operations.

Other important features included:

Light intensity: it's possible to adjust illuminance from 8.000 to 35.000 lux, as a function of the specific application in order to reduce eyestrain.

Scialytic Effects: the clearly geometry of reflectors, in combination with each LED source, allows to realize a luminous flux which is homogenous, clean and without shadows.

Low energy consumption and high lifetime: low values of current and voltage (<20W) are present to supply the light source and to minimize the heat production, make the fan cooler not necessary. LED lifetimes are high in comparison with halogen

light. Minimum LED lifetimes is about 50.000 hours, against the traditional 3.000 - 5.000. Soft lines and smooth surfaces, the possibility of an easy handle's extraction and sterilization allow to maintain an optimal cleaning and hygiene.

Absence of UV rays: there is no emission of UV rays, dangerous for biological tissues.

Ergonomics and italian design: Iris View is realized with a production process that assure robustness, harness and durability in terms of detachment and stretching.

Available in different RAL colours, for applications on the unit, ceiling, wall and floor.

New: available with 3rd axis movement to rotate Iris View in any directions.

Then I would like to mention **our high-performing dental LED lamp, POLARIS**. Polaris established the new frontier of dental illumination LED technology: it shares many of the features of IRIS VIEW, namely the colour temperature regulation, the scialytic effect, low energy consumption and high lifetime, absence of UV rays, the ergonomic Italian design and movement flexibility. POLARIS is available with the 3rd axis movement to rotate it in any direction and with a mirror and anti polymerization kit.



Photo: Polaris dental LED light

The functional and efficient bleaching LED light system CORE-WHITE can easily be applied directly to POLARIS just by removing a handle. Without any external supports and the power cord directly connected to POLARIS, the operation area is free of any obstruction.

Through LED technology is possible to obtain the desired light intensity for different operation purposes. The maximum light power emitted is 2000 mW. Special filters are used to eliminate I.R. on the light pattern.



Photo: LED light system COREWHITE

G.COMM also produces the **halogen dental light ISA**. Dental light ISA has been designed to be ergonomic and modern at the same time and it is also very easy to clean. The results of the applied technology are:

- **an operating light** very easy to handle, stable and unique for its armonious lines and pleasant colours;
- **a perfect light pattern and cold white light**
- **ergonomic and italian design:** ISA is entirely made in aluminium; its structure is very solid, resistant and does not wear out after mechanical use. The new resin reflector it's easy to clean and resistant to brakes. ISA is available in different colours (RAL 9010, 9002, 9016, 7047 and others), and can be mounted on units, ceiling, wall or floor.

The halogen light range includes the **VISION dental light**.

VISION is simple and functional, thanks to the coated reflector glass guarantees a light pattern without shadows and imperfections and a cold white light.

It is available today in three versions:

Vision Switch: allows to choose two light intensities: 15000 and 25000 lux

Vision with Potentiometer: the progressive regulation between 15000 and 25000 lux allows to select the more suitable light intensity for dentist's needs.

Vision with Optical Sensor: in order to comply with the sanitary regulations, this model allows to switch on-off the light just passing one hand.

As well as ISA, VISION is available in different colours (RAL 9010, 9002, 9016, 7047 and others) and can be mounted on units, ceilings, walls or floors. (immagine VISION)



Photo: Isa, halogen dental light



Photo: Vision, halogen dental light

CGF Concentrated Growth Factors: Protocol and characterization

The CGF is an autologous platelet concentrate, developed by Sacco, in 2006 and obtained from blood samples through a simple and standardized separation protocol, by means of a specific centrifuge (MEDIFUGE 200, Silfradent srl, Forli, Italy), without the addition of exogenous substances. The main feature of the CGF resides in its consistency: it is an organic matrix rich in fibrin, able to "trap" platelets, leukocytes and growth factors; elements that play an important role in the regenerative processes.

CGF-(Concentrated Growth Factors)

Salient features of the CGF:

- Simple, safe and economic
- Natural - 100% autologous
- Thick Fibrin Matrix
- Leukocytes, Platelets and Growth factors
- Variable kinetics release
- Matrix for Bone Graft Material

The CGF may be a valuable aid in the field of regenerative medicine, to speed up the process of regeneration. In fact this growth factor concentrate, showed great regenerative properties and versatility (Sohn et al. 2009).

Its use has been proposed in various situations ranging from filling of extraction sockets (Tadić et al., 2014) to the filling of the cavity after cystectomy (Mirković et al., 2015), or in the sinus lift procedure (Kim et al., 2014; Del Fabbro et al., 2013; Sohn et al., 2011). Moreover, it can be used alone or with autologous bone particles or biomaterials (Gheno et al., 2014). Some authors suggest wet the surface of the implants with CGF in order to accelerate the bone-integration (Siebrecht et al., 2002).

• Scanning Electron Microscopy (SEM) studies, have shown that the CGF presents a fibrin network formed by thin and thick fibrillar elements (Rodella et al., 2014).

• Histo-morphological studies (Borsani, Bonazza et al., 2015 submitted) have allowed to see the fibrin network structure and the distribution of blood cells (leukocytes, erythrocytes and platelets) in the CGF.

• Finally, in vitro studies using different human cell lines (Borsani, Bonazza et al., 2015 submitted), have shown that the addition of the CGF to the culture medium, stimulated cell proliferation (Borsani, Bonazza et al., 2015, submitted).

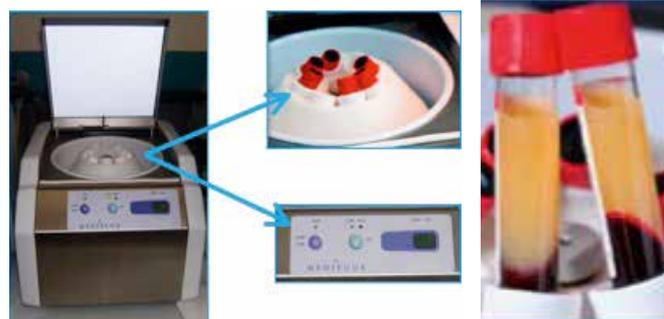


CGF is obtained using polyethylene tubes (Vacuette Test Tubes), coated with silica micro particles and without the addition of exogenous substances. After collection, the blood samples are immediately centrifuged using a special centrifuge device (Medifuge, Silfradent, Italy).

CGF - MATERIALS

BLOOD COLLECTION

1. Antiseptic swab
2. Complete butterfly
3. Tourniquet
4. Gauzes
5. Patches
6. Vacuette Test Tubes (Greiner Bio-One GmbH, Kremsmünster, Austria)
7. Tube rack



CGF MEDIFUGE (Silfradent)

Characteristics

- Benchtop centrifuge dedicated to the CGF production, equipped with an appropriate rotor with alternate and controlled speed and with an acceleration always below 300 RCF.
- The medical device MEDIFUGE allows for the use of up to 8 test tubes for the creation of CGF (fibrin);
- A microprocessor control system allows for the maintaining of a constant speed;
- The exception rotor system with self-ventilation protects the blood sample from heat exposure;
- The rotor-holding compartment, the closing door and the test tube-holding jackets guarantee biological safety in terms of bio-containment, in the event of test tube breakage;
- The test tube-holding jackets and rotor are built from thermal, antistatic material that is easy to clean, extract and sterilize in an autoclave at 135°;
- MEDIFUGE is equipped with a decontamination cycle with UVC reflected light;
- Cycle duration 5 minutes at 1,000 revs;
- The electronic control engine and its internal parts require no maintenance;
- Noise levels fall below the standards required and do not exceed 57 dBa.

CGF centrifugation protocol (One step protocol)

- 30" acceleration
- 2' 2,700 rpm/ 735 g
- 4' 2,400 rpm/ 580 g
- 4' 2,700 rpm/ 735 g
- 3' 3,000 rpm/ 905 g
- 33" deceleration and stop

At the end of the process, three blood fractions were identified: (1) the upper layer, representing the liquid phase of plasma named platelet poor plasma (PPP); (2) the lower layer, representing red blood cells (RBC) because of mainly contains erythrocytes; (3) the middle layer, representing the solid CGF consisting in three parts: the upper white part, the downer red part (about 0,5 cm from RBC) and the middle "buffy coat*" part (interface between white and red part) (Figure 1 A,B,C).

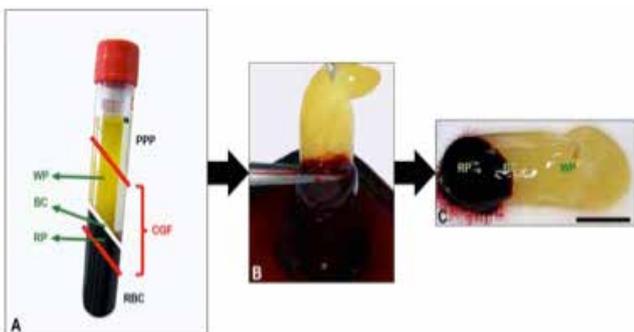


Fig.1 A,B,C: phases of CGF

CGF- Morphological characterization

FIBRIN NETWORK

The use of electron microscopy (SEM), allowed to observe that the CGF fibrin network of the is constituted by thin and thick fibrillar elements (Figure 2A).

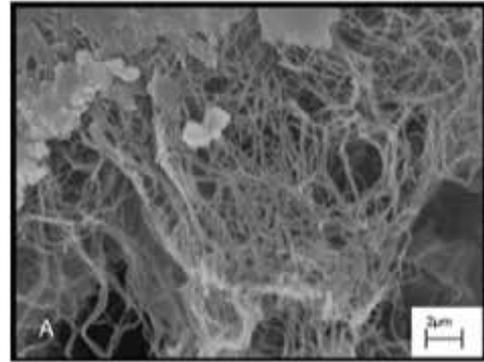


Fig.2A: SEM analysis of CGF, fibrin network

Hematoxylin-eosin staining, allowed to observe the architecture of the CGF fibrin network (Figure 3). The images showed that the fibrin network and architecture changed moving from the buffy coat* to the white part. In particular, near the buffy coat* the fibrin network was strictly compact (Figure 3A) while far from the buffy coat* became with a larger mesh (Figure 3B).

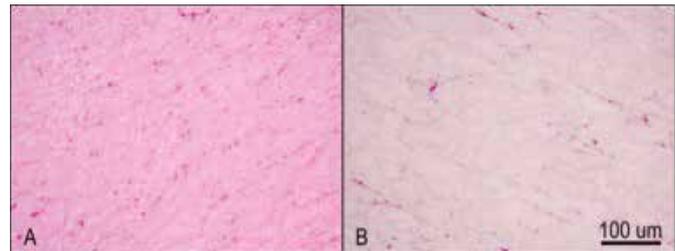


Fig.3: Architecture of the fibrin network: A) near the buffy coat; B) far from the buffy coat;

BLOOD CELLS

The May Grunwald Giemsa histological staining (Figure 4A) and Hematoxylin-eosin (Figure 4B), allowed to localize blood cells present in the CGF. White blood cells are mainly located in the buffy coat* and dispersed in it, especially in the red part of the CGF; the red blood cells are present only in the red part of the CGF.

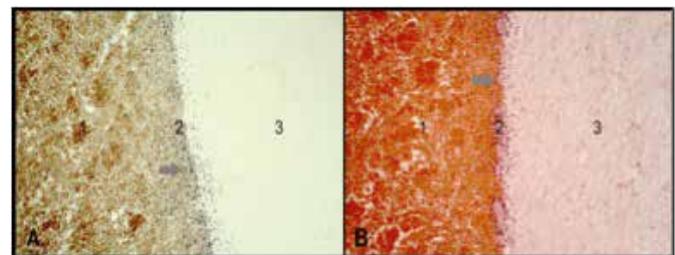


Figure 4: A) May Grunwald Giemsa; B) Hematoxylin-Eosin

Using immunohistochemical analysis, with the platelet marker CD61 (Figure 5B), platelets appear principally in the buffy coat* of the CGF, although platelet aggregates have been highlighted also in the white part of the CGF.

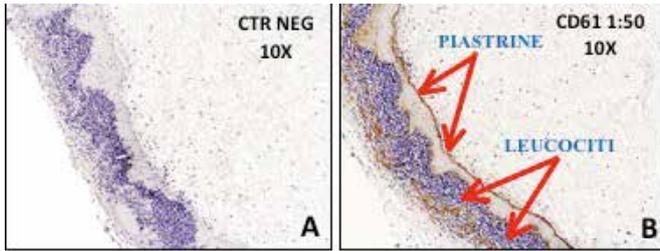
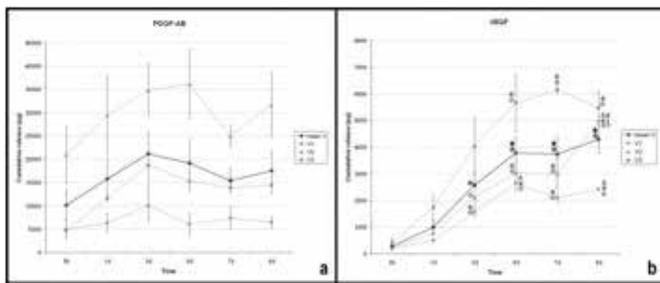


Figure 5: platelets immunohistochemical analysis using CD61: A) negative control, without CD61; B) with CD61

* interface between the white part (PPP) and the red part (RBC) of CGF.

CGF - in vitro Growth Factors Release

The in vitro kinetics release of certain CGF growth factors, showed that this is specific to each factor. In fact, some of them have a quick release (1 day) while others have a slower release (up to 6-8 days)(Figure 6 a,b).



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We would like to introduce you our company, or to bring you up to date on our situation, if you already know us.

Renowned throughout the world for its traditional craftsmanship and superlative quality of its knives and scissors, the small town of Maniago in northeastern Italy is the home of **DenTag**[®].

Starting in the early 1950s, a team of expert artisan knife-makers established **DenTag**[®], with – as may readily be imagined – knives as their very first products.

Soon thereafter, the ambition and vision of the founders brought the company towards another direction, diverting its attention to the manufacture of high-quality surgical and dental instruments.

Towards the end of the 1980s, **DenTag**[®] decided to modernize the entire production cycle in a new and more spacious factory, hence introducing the most modern machinery and sophisticated computer technology.

The raw materials - stainless steel, aluminum and titanium - are carefully selected. The tempering and sharpening techniques for which Maniago's craftsmen have been famous for generations have been applied in their precise manufacturing of instruments.

DenTag[®] introduced numerical-control production machinery and, where possible, the production processes have been completely automated and integrated by electronic comparative optical analysis. The entire production process is now computer-controlled in order to guarantee a consistent quality at all times.

Control and testing, both intermediate and final, as well as certain phases that are especially delicate and important in maintaining the quality of the product, are still entrusted to the watchful eye and the experienced hands of skilled craftsmen, who have been trained completely within the company.

This approach has led to products of superb quality and attractive design.

The company is constantly in contact with numerous universities and end users, which facilitate the utilization of all the latest scientific and technological discoveries and to align the production with the developing needs of the market.

Thanks to its focus on quality, **DenTag**[®] today produces surgical and dental instruments for numerous companies in Italy and abroad, as well as a range bearing its own brand.

In order to augment visibility with direct customers, **DenTag**[®] has created a line of instruments with a special smooth handle, which is marketed solely under its own brand name.

DenTag's instruments (both categories - Class I and Class II) are in full compliance with all current international standards and directives.

Given the highly-specialized nature of its products, **DenTag**[®] receives requests for new instruments – on a nearly daily basis. For this reason, research specifically focuses on the manufacture of instruments that are innovative in every way – in their shape, the materials used, and in the surface finish.

We are firmly convinced that, during this third millennium, the concept of total and real quality is destined to become increasingly vital, especially in light of the extraordinary level of globalization that is rapidly becoming the dominating factor in the market.

Versatility and continuous research into innovative production technologies will be the basis for **DenTag**'s expansion in this field.



The Evolution of a Species



It is well known that **DenTag**® have always produced surgical and dental instruments...using stainless steel.

During the years, we have produced innumerable variations of instruments, for our own brand and for other ones. We also started the production of instruments in aluminium, titanium and with hard metal inserts too, always working with metals. We believe, in our small way, that we have created a well-recognized, reliable quality standard. However, we are always aware of market changes and new trends, which evolves quickly and sometimes in an unexpected way.

Cyclically we receive requests for lighter instruments, but at the same time as reliable as those made of stainless steel. As we cannot use different materials for tips, to lighten instruments, we can only change handles. For this reason, we have started the production of a new set of handles made of plastic.

Clearly, this solution has been adopted before by other companies.

Therefore, we designed this new series of handles starting from the study of the state of art, trying to make advantage of, and if possible, to improve positive features, correcting possible mistakes.

The result of this research is a handle that, we believe for the first time, presents several different positive features combined together.

Material: Polyamide with fibreglass. Light (g 11) and resistant to stress. Its use turns out to be easy, with firm grip and not tiring. Tested and used in alimentary field, therefore totally non-toxic and free of potentially harmful substances. Autoclavable without changes of form and colours.

Shape: Diameter of 10, 5 mm in the grip and 9,0 mm in the centre of the handle, to minimize the risk of carpal tunnel syndrome, due to prolonged use in the course of time. Longitudinal notches to increase grip and sensitivity.

Construction: During the moulding phase of the handle, we have inserted two suitably shaped stainless steel bushes, in which tips are then introduced. This procedure eliminates the presence of longitudinal internal metal cores, with considerable reduction of weight. Tips are not glued to the plastic, therefore there is no risk of releasing potential harmful substances.

Appearance: Simple profile, easy to wash and clean. Without deep grooves or notches that may cause the accumulation of germs and bacteria. Being plastic material, its colouring is possible in different shades, aesthetically pleasing and with the advantage of recognising immediately the instrument.

We are not the first ones who introduce plastic handle instruments in the market, but we have tried to do it in the best way.

Always respecting our quality standard, and we are proud of it, to

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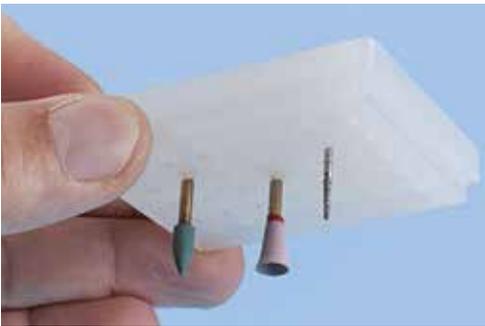




DenTag

Universal holder

for burs, tips, mirrors and other small parts in different diameters you have to preserve and protect.



The universal base comes from the dental bur holder. It was designed to satisfy flexibility and practicality needs. It permits to manage indifferently burs with any kind of axle diameter and more other small instruments such syndesmotome tips, crown remover tips, mouth mirrors, periotome tips etc.

An instrument helpful and practical to manage all the myriad of little

devices and accessories that, in dentistry, can often be lost into the drawer.

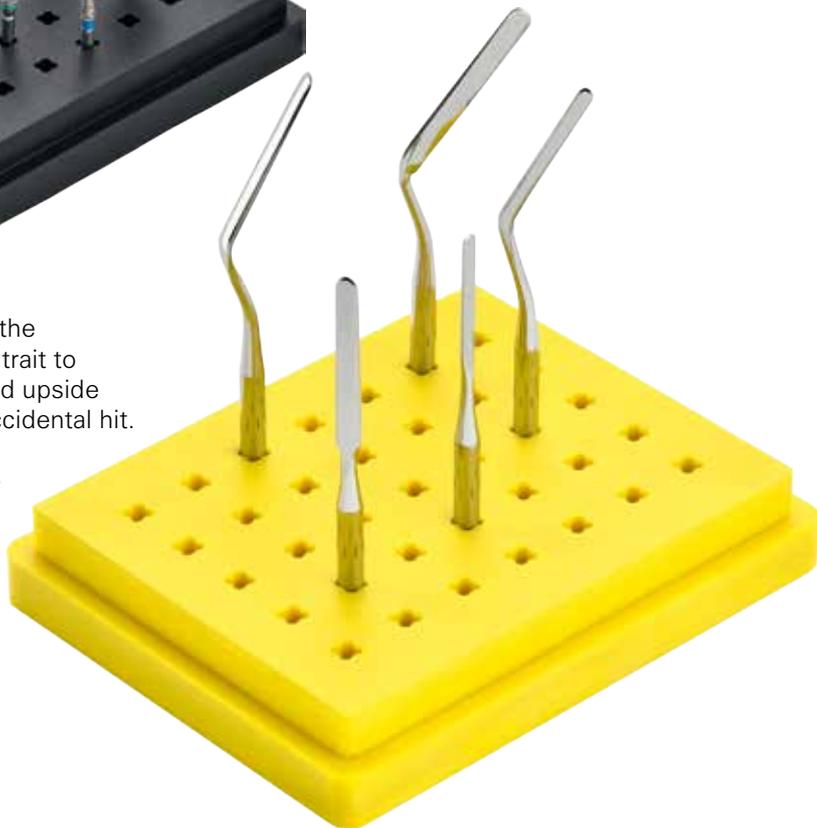
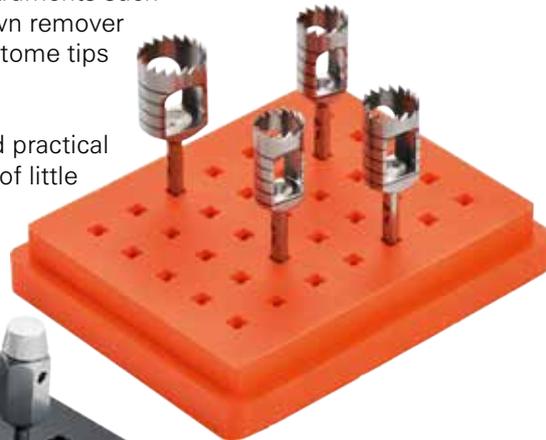
Silicon bur holders don't cause galvanic effect, caused by the difference of metals with which the burs are built, and the relative aluminum or steel bur holders.

Compared with the plastic bur holders, the food silicon ones have the characteristic not to be toxic.

Made in autoclavable nontoxic silicon, it can hold till 35 small parts that are easy to insert and extract from the peculiar holes. It has got the distinctive trait to keep the burs (small parts) even if turned upside down, in order to protect them by an accidental hit.

Available in six different colors to divide and identify easily the suitable parts for different applications.

You can also cover it with a transparent top in two different heights for different sizes of instruments.



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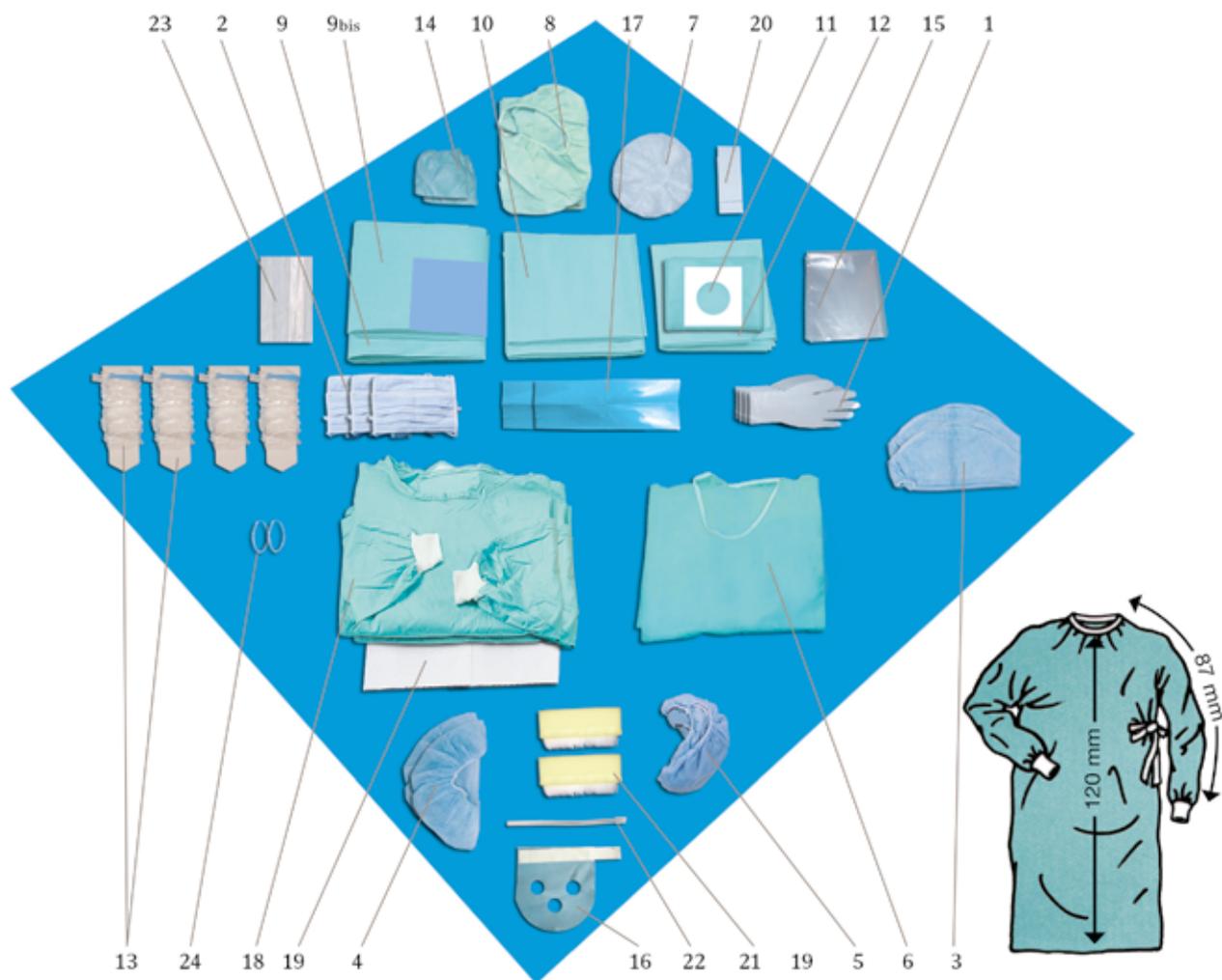
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25 套件/批 - 250 元/套件

3250 元/批

130 元

套件

- | | |
|---|--|
| 1. 聚乙烯手套 (4) | 12. 孔巾 800 x 700 mm (1) |
| 2. 口罩 (3) | 13. 弹性管罩 1200 x 80 mm
已套在硬纸板上 + 不干胶 (4) |
| 3. 橄榄帽 (1) 连帽 (1) | 14. 无影灯把手护套 (2) |
| 4. 橡筋护发帽 (2) | 15. 塑料袋 800 x 500 mm (1) |
| 5. 鞋套 (6) | 16. 接管架带不干胶 (1) |
| 6. SMMS 长袖罩衫 (1)
SMMS 盖布重量 35g/m ² 特殊处理 | 17. 轻粘蓝色屏障膜
2 张 10 cm x 30 cm (2) |
| 7. 辐射管护套 PE (1) | 18. SMMS 手术服 L 号 (2) |
| 8. 弹性套 1900 x 1050 mm (1) | 19. 擦手巾 (2) |
| 9. 盖布 1500 x 1500 mm. 一边有不干胶 (1) | 20. 胶带 700 mm x 50 mm (2) |
| 9b. 吸水盖布 1500 x 1500 mm. 一边有不干胶, 带接管粘扣带 (1) | 21. 外科海绵刷 (2) |
| 10. 盖布 1000 x 1000 mm 一边有不干胶 (2) | 22. 排唾液泵 (1) |
| 11. 孔巾 800 x 700 mm + 中部带不干胶 (1) | 23. Ice System 袋 (1) |
| | 24. 无胶乳橡筋 (2) |



Starting from 2016, **Expodental Meeting, in Rimini from May 19th to 21st**, will be a unique international event - and undoubtedly the most relevant - for the dental sector in Italy, organized by UNIDI (Italian Dental Industries Association). Thanks to a well-structured offer of exhibiting spaces, training opportunities, and high-tech areas, this event will be able to meet the needs of all relevant actors within the dental sector, offering a unique opportunity for producers, distributors, agents, professionals, press and university in terms of business, education and updating with the latest technologies.

In addition to the broad exhibition, UNIDI is working on a comprehensive scientific programme of clinical and non-clinical events dedicated to dentists and dental technicians, in partnership with the most important professional associations, such as ANTLO (Italian Dental Technicians Association) and ANDI (Italian Dentists National Association). The aim is to make Expodental Meeting an opportunity for professional growth, offering refresher courses, seminars, corporate events, technical demonstrations and round tables on the most advanced technology. The scientific program will offer a unique opportunity to learn from some of the most excellent speakers in Italy, such as Prof. Giovanni Zucchelli, Prof. Tiziano Testori and Prof. Aldo Bruno Gianni. Furthermore, thanks to the partnership with the most relevant Association of Italian Dental Technicians, an international congress has been settled, with the participation of renowned dental technicians such as Walter Gebhard.

Strong in its traditions, Expodental Meeting has an equally strong drive toward the future and innovation. Expodental Meeting will host Expo 3D the first event ever exclusively dedicated to the 3D printing revolution in digital dentistry.

Furthermore, DDH (Digital Dental Health) will offer to all visitors the opportunity to experience live demonstrations in a completely digitalized dental clinic and dental lab first-hand.

An exclusive location will host Expodental Meeting: Rimini Fiera, a totally new exhibition center built in 2001 and designed for effective business operations. A strong organization and a logistics will simplify the incoming of international exhibitors and visitors. Expodental Meeting will be easy to reach: the city of Rimini is very close to the Bologna International Airport, and the new pavilions in 2016 will be located at the South entrance, where the high-speed trains from Milan and other major Italian cities stop.

www.expodental.it



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Italian Pavilion, @BITEC Bangkok, Premium Zone A



Asa Dental - Booth A110



B&B DENTAL
implant company
Booth A105



Coswell - Booth A132



Dentalfarm - Booth A113b



Erio - Booth A129



Fast Protec - Booth A113a



JDentalCare - Booth A11



Major Dental - Booth A104



Medesy - Booth A131



Megadental Italia - Booth A90



Mesa - Booth A89



OVS
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Ruthinium Group - Booth A112



Saratoga - Booth A114



TeKne Dental - Booth A130



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GNYDM 2015



**The Greater New York Dental Meeting
REGISTRATION IS OPEN!**

Scientific Meeting Dates: Friday, November 27 – December 2
Exhibit Floor Dates: Sunday, November 29 – December 2

With NO pre-registration, the GNYDM welcomes all to New York City during the greatest holiday time of year. This year will be the largest show to date including new specialty symposiums and EXPOs, an even larger exhibit floor and a completely revamped “Live” Dentistry Arena.

EXHIBIT FLOOR – FREE CE OFFERED EVERYDAY

An integral part of the Greater New York Dental Meeting experience is for attendees’ to interact with exhibitors. Professionals can visit more than 1,600 exhibit hall booths and over 700 companies, learning about the newest equipment and materials available from around the world. This is the largest Dental Meeting exhibit floor in the country.

The Greater New York Dental Meeting’s partnership with the U.S. Department of Commerce International Buyer Program allows exhibitors a free listing in our Export Interest Directory, the opportunity to meet many worldwide senior level volume buyers, export counseling by government specialists and additional benefits derived from our extensive international marketing efforts.

At the heart of the Greater New York Dental Meeting is its attendees and speakers; there are choices of 350 essays, full-day and half-day seminars as well as hands-on workshops.

2ND ANNUAL WORLD IMPLANT EXPO

The Greater New York Dental Meeting begins its Annual World Implant Congress to facilitate the education of dental professionals to all aspects of Implantology. In addition, it will expand its exhibit floor to include the sale of implants, associated materials and technology solutions.

GLOBAL ORTHODONTIC SYMPOSIUM

For 2015, the GNYDM has announced that it will introduce an Ortho EXPO to facilitate the education of dental professionals in all aspects of Orthodontics. The GNYDM’s exhibit floor will include companies involved with orthodontic products, technology, materials and equipment as well as incorporate a full educational program focused on orthodontics.

ORAL CANCER SYMPOSIUM

This symposium provides a comprehensive overview of the current surgical and medical management of oral and oropharyngeal cancer patients. Featuring 8 world renowned speakers, this program is must see! Saturday, Nov. 28; 8:30 – 4:30PM

Educational Highlights:

- **Dental Laboratory Education.** The Greater New York Dental Meeting presents a Dental Laboratory Education with specialized education, demonstrations, digital dentistry and technology for technicians and dentists’ in a side-by-side integrated, hands-on experience.
- **Technology Education.** The Technology Education Classroom includes CAD/CAM, Cone Beam and Lasers with sessions of education daily from Sunday through Wednesday. Anticipate



purchasing tickets early, last year the program sold out months before the Meeting!

- **Learning and Lunch Panel Discussion** is offered on Sunday, Nov. 30. The topic this year is Diabetes and Salivary Diagnostics. Attendees receive a Free lunch at the close of the program; space is limited.
- **New Dentist's Program** focuses on startup strategies and pathways to practice ownership for the new dentist. The program is Sunday, 8:30AM - 12PM & 2-5PM. A tour of the Exhibit Floor begins at 8:30am. The seminar closes with Career opportunities: Imagine a job fair combined with speed dating followed by a cocktail reception to continue the networking.
- **Women's Program:** Challenges Facing the Female Dentist including personal stories and professional advice on women's lifestyles in Dentistry
- **Education for Hygienist** on the Exhibit Floor each day of the Meeting
- **Social Media Pavilion** with Seminars and Workshops daily: Saturday - Wednesday
- **Friday, Nov. 27 Opening Session** with Dr. Gurel Gulip presenting "Aesthetic Dentistry: Past, Present and Future" at the New York Marriott Marquis Hotel in the Westside Ballroom 5th Floor
- **Botox, Dysport and Dermal Filler Seminars and Demonstrations:** These unique hands-on workshops introduce procedures on actual patients to teach Dentists' skills on how to use Botox/ Dysport and Dermal Fillers in their practices; offered Sunday-Wednesday
- **International Programs** offering educational courses in Spanish, Portuguese, Italian, French and Russian. This year, there is a designated room for live Portuguese translation for all morning and afternoon sessions held in that specific room.
- **Sleep Medicine:** 5 Days of the latest research and awareness in Dental Sleep Medicine; Learn how to establish Dental Sleep Medicine protocols in your practice, identify patients at risk, integrate medical practice systems and treat patients successfully

- **Invisalign EXPO:** 4 Days of Invisalign programming is offered for the entire dental team; learn how to incorporate Invisalign into your practice today. Sunday-Wednesday.
- **8 "Live" Patient Demonstration Sessions:** The "Live" Dentistry Arena, a 450-seat high-tech patient demonstration area, is receiving a face lift! The Arena will include new technology including a large screen for viewing and offers revolutionary concepts of treating patients with new materials and applications.

The "Live" Dentistry Arena takes place right on the exhibit show floor every morning and afternoon Sunday through Wednesday. There is NO cost to attend.

In addition, earn FREE certified education credits by walking through the 4 day exhibit floor or attending the poster session on Sunday. Attendees can also learn about Hospital Residency Programs throughout the Northeast by attending the Sunday, Residency Fair.

Monday Celebrity Luncheon features Justice Patricia DiMango, who serves as one of the three judges on CBS Television Distribution's new syndicated court show Hot Bench, create by Judge Judy Sheindlin.

Visit: www.gnydm.com to register to attend for FREE! Education Registration opens in August.

Greater New York Dental Meeting;

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First Impressions

Dr. Freedman offers a brief summary of new and exciting products and technologies in dentistry, based upon his clinical experience”

George Freedman, DDS, FAACD, FIADFE, FASDA



Dr. George Freedman is a founder and past president of the American Academy of Cosmetic Dentistry, a co-founder of the Canadian Academy for Esthetic Dentistry and a Diplomate of the American Board of Aesthetic Dentistry. He is a Visiting Professor at the MClInDent programme in Restorative and Cosmetic Dentistry, BPP University in London. His most recent textbook, “Contemporary Esthetic Dentistry” is published

by Elsevier. Dr Freedman is the author or co-author of 12 textbooks, more than 700 dental articles, and numerous webinars and CDs and is a Team Member of REALITY. Dr Freedman was recently awarded the Irwin Smigel Prize in Aesthetic Dentistry presented by NYU College of Dentistry. He lectures internationally on dental esthetics, adhesion, desensitization, composites, impression materials and porcelain veneers. A graduate of McGill University in Montreal, Dr. Freedman is a Regent and Fellow of the International Academy for Dental Facial Esthetics and maintains a private practice limited to Esthetic Dentistry in Toronto, Canada.

Z-Prime Plus Bisco

There has been a rapid increase in the utilization Zirconia and Alumina metal oxide indirect restorations. Their high strength and physical integrity, even under extreme functional conditions, is well established. The early esthetic problems of this category have largely been solved. Most important for the practitioner, these crowns and bridges can be utilized with existing techniques of preparation and impression taking as well as the more innovative scanning and milling procedures. The major concern, until recently, was the uncertainty of the cementation method for Zirconia and Alumina; existing cementation technologies were NOT compatible with the metal oxide ceramic surfaces, functioning merely as luting (rather than adhesive) agents.

Bisco’s Z-Prime Plus is a single-component priming agent used to enhance adhesion between indirect restorative materials and composite resin cements. It is indicated as a surface treatment Zirconia and Alumina, metals, alloys, composites, and endodontic posts. Z-Prime Plus has been designed to develop high bond strengths with both self-cure and light-cure cementation techniques. It has been shown to bond chemically to Zirconia, and significantly enhances the bond strengths of resin cements. The increased adhesive strength of the cement decreases the need for excessive tooth preparation and is ideal for short crown preparations, as well as Zirconia-based Maryland bridges. The convenient single bottle delivery offers easy dispensing and eliminates any possibility of clinical error. The technique is straightforward: 1. Clean the internal surfaces of the restoration. 2. Apply a thin layer of Z-Prime Plus to the internal surfaces of the restoration. 3. Air dry 3-5 seconds. 4. Continue with the selected cementation technique. Z-Prime Plus offers excellent Zirconia cementation to the patient and peace of mind to the dentist.



Mirror Image Cosmedent

Provisional restorations must be strong and esthetic, yet easy to remove for final cementation. They must be easy to fabricate (particularly by an auxiliary where permitted) and simple to trim and polish. Ideally, a single provisional material should serve for both single and multiple unit indications. Working with dental practitioners, Cosmedent has recently developed MirrorImage, an auto-mixed, two component provisional in cartridges based on multifunctional methacrylic ester 10:1 chemistry. Its physical properties allow thin, translucent, and esthetic margins. MirrorImage is free of methyl methacrylate, and thus, it has a minimal exothermic reaction (never rising above 104°F) and low polymerization shrinkage. It has fast working and setting times, fits well, trims easily (for rapid customization), polishes rapidly (minimal oxygen inhibited layer), and requires minimal occlusal adjustment. The faster working and setting times are more comfortable for patients and more efficient for dentists. It is a very stress-free material for fabricating both short and long-term temporary crowns or bridges, inlays, onlays and veneers.

MirrorImage has a high degree of flexibility, making it particularly suitable for longer span provisional bridges. It protects the prepared dentition from sensitivity, staining, and other adverse external influences while preserving the occlusal dimension. For extended wear situations, it exhibits good abrasion resistance and excellent color stability. MirrorImage looks very natural, and is available in 5 shades (A1, A2, A3, B1 and OM2). It also has a natural fluorescence that shows under UV lighting. It is easy to repair (after it is polymerized) with any light-cure composite after appropriate preparation. MirrorImage brings esthetics to provisionals. Both patients (and practitioners) appreciate its high polish, strength, and durability.

Turbo Temp 3 Danville

Provisional materials must be strong enough to withstand normal occlusal forces from several weeks to several months and rigid enough to prevent decementation over the same time period. They must resist staining from a variety of oral discolorants and maintain excellent esthetics throughout their use. And, of course, they must dispense, handle, polymerize and polish with minimum fuss and bother. Turbo Temp 3, recently introduced by Danville, is an enhanced crown and bridge provisional material that offers improved physical properties as well as a lower price to practitioners. It provides predictable temporization for a range of indirect restorations, including single crowns to extended bridges, and polymerizes hard to grip the abutment tightly, eliminating costly recementation appointments. Turbo Temp 3, a syringeable bis-acryl composite chairside provisional material, is easily dispensed with minimal stress on the hands, from a 10:1 cartridge; existing Turbo Temp 2 "guns" are convertible to Turbo Temp 3 with free interchangeable sliders from Danville.

The rapid auto-mix delivery system assures a perfect chemistry every time, accurately reproducing tooth detail for a fully functional provisional restoration. There are 6 shades available, from A3.5 to Bleach white, offering a comprehensive esthetic palate. After the initial in-mouth polymerization (approximately 3 minutes), the material is very easy to trim with a scalpel or a sharp scaler, and in the unlikely case of voids or marginal discrepancies, can be readily repaired with a flowable resin. Turbo Temp 3 polishes and/or glazes to a very smooth finish that is retained throughout the service life of the provisional. Patients often report that these temporary restorations feel "smooth", even after months of continuous wear.



Shades Available:

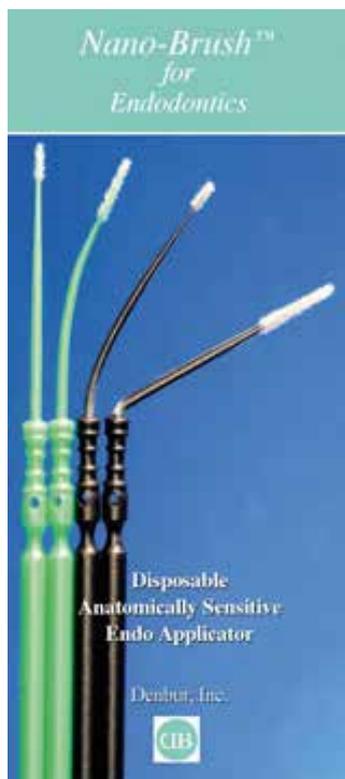
MirrorImage is available in A1, A2, A3, B1 and Bleach.



Nano-Brush for Endodontics - Denbur

The use of applicators to access the internal surfaces of a tooth during and after root canal treatment can be rather technique sensitive. Most available brushes are not long enough, non bendable enough to be angulated for comfortable access, not tufted for an effectively even application of cleansers and materials, and may inadvertently leave fiber brush filaments in the canal. Denbur's new Nano-Brush is an innovative applicator that follows the natural anatomy to access the root canal. It can be used to remove the pulp from the chamber, to clean the debris in the canal, or to apply cleansing and restorative materials onto the internal radicular surfaces in the canal. With its non-linting fibers, the Nano-Brush systematically and effectively cleans the root canals, permitting the precision application of materials, expediting more predictable endodontic treatment in a shorter time.

The Nano-Brush promotes deep penetration of resin sealers into the dentinal tubules and lateral canals. Made of a pliable material, the applicator shaft can be bent to any convenient angle, and may be used independently or with the extended access handle. The extension eliminates the need to secure the applicator with a nylon string as the handle gives ample holding space to have full control of the applicator while proceeding with the treatment. The Nano-Brush can be used with the access handle as well. In order to separate the extended handle from Nano-Brush, simply bend the bottle neck area above the access handle, bend again, then twist, bend and twist again. The long extended handle will separate from the access handle of Nano-Brush. Nano-Brush makes the practice of endodontics simpler and more efficient.



SplashMax DenMat

VPS impression materials have been with the dental profession for the past 35 years. While much easier to use than the earlier generation polysulfides (rubber base), they were hydrophobic, and thus performed poorly in the generally wet environment of the human mouth. This was particularly true in the fit-critical region of the sulcus, continually bathed in crevicular fluid. More accurate than alginates, VPS materials were also more difficult to pad-mix. The 1990's brought watershed advances to the impression industry: hydrophilicity and cartridge mixing, eliminating inaccuracies and technique sensitivities. Since then, there have been many advances that have fine-tuned dental impression-taking, and today, this procedure is faster and easier than ever before.

DenMat has recently introduced SplashMax, delivering highly detailed and accurate impressions, with optimal VPS impression performance, and fewer retakes. It has excellent dimensional accuracy with a 99% recovery after stretching and compression, preventing permanent deformation of the impression after removal from the mouth. High elasticity and tear strength keep the impression from tearing during removal from mouth or separation from model. Instant hydrophilicity offers consistently high-detailed impressions in a moist environment. SplashMax's thixotropic consistency and excellent flow properties make the material self-contouring, and allow it to capture the finest anatomic details. Its wild berry scent reduces the patient's gag reflex, and promotes patient comfort. The material's high contrast colors offer an excellent visual analysis of the polymerized impression. SplashMax is available in a convenient 1:1 automix cartridge delivery system. There are four high contrast viscosities (xlite, lite, medium and heavy) and two polymerization times (2:15 & 4:30). SplashMax is an "everything" VPS impression material featuring instant hydrophilicity, excellent tear strength, high dimensional accuracy, and vibrant contrast colors.



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VIETNAM

Market Updates

Vietnam has an important asset to become one of the most interesting investment destinations globally: a population of 93 million people, half of whom are below 30 years, internet penetration at 40% and an increasing middle-class, forecasted to double to 33 million by 2020; moreover, the gross domestic product (GDP) per capita is comparable to India and the Philippines, despite wages remain lower than in many other Southeast Asian countries.

Author: Michela Adinolfi





Macroeconomic stability was restored in 2012, although the restructuring of the banking sector and State-owned enterprises remains a work in progress. GDP growth in the first quarter of 2015 was above expectations, at 6%. The future benefits of the Trans-Pacific Partnership (TPP) and the Regional Comprehensive Economic Partnership (RCEP), currently under negotiation, that will give Vietnam and other ASEAN countries improved access to Japanese and U.S. Markets, as well as the new legislation taking effect in 2015 regarding foreign ownership of property, bankruptcy and enterprises should help restructuring and support growth.

Vietnam is also expected to benefit from China's move up the manufacturing value chain.

The geographical proximity to China make it attractive particularly for more labor-intensive manufacturing segments, allowing them to continue to use their existing supply-chain network.

It's not a surprise that Vietnam has been targeted by increased foreign direct investment (FDI) flows to the Mekong region, accounting for over 7% of all FDI inflows to ASEAN in 2013 (14.4% excluding Singapore), the fastest growth except Myanmar and Laos. Within the Mekong region, Vietnam attracts the second-largest amount of FDI after Thailand. The manufacturing sector is the biggest recipient, accounting for 70% of FDI flows. Vietnam is being targeted by several big investment projects from other countries:

- Korea: according to the South Korean embassy in Vietnam, Korea has over 4,000 businesses investing in Vietnam. The two countries now have a "strategic partnership" relationship under a free trade agreement that resulted in US\$28.8 billion bilateral trade in 2014. In 2011, Korea officially overtook Japan as the second largest supplier of goods to Vietnam after China. The key imports from Korea include electronic products, equipment and machines, parts and materials. Currently Korea is the largest investor in Vietnam with US\$38 billion, mainly invested in processing and manufacturing, high-tech, real estate, catering, construction, IT and communication. In the last months of 2014, some big South Korean projects were licensed in Vietnam, including the second phase of the US\$3 billion Samsung Thai Nguyen high-tech complex, US\$1.4 billion Samsung CE Complex and a US\$1 bn project invested by Samsung Display in Bac Ninh province.

- Japan, according to the country's trade agency JET-RO, considers Vietnam as the second most attractive investment destination in the Southeast Asia region after Thailand.

A framework of economic cooperation was signed between the two countries in 2012, bringing Japanese business delegations to Vietnam to support Japanese manufacturers to build incubators in Long Duc Industrial Park (Dong Nai province) and Vietnam-Japan Tech Park (Vie-Pan). Moreover, human resource development initiatives were taken in cooperation between the two countries.

Cover Photo

Vietnam Halong Bay beautiful sunset landscape

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Photo

Ships at Saigon Flower Market at Tet, Vietnam

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The 17th CSA Annual Meeting China Dental Show - CDS

SEE YOU IN SHANGHAI !

New Date: 24-27 Sep. 2015

New Venue:
National Exhibition and
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New Theme:



CTC: Ms. Jenny Liu
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Organizer



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www.ChinaDentalShow.com

• USA: In the first half of 2014, there were three business delegations, including corporations such as Boeing, Apple, AIG Exxon Mobil visiting Vietnam. Recently, a group of more than 30 enterprises of the US – ASEAN Business Council travelled to Vietnam to find opportunities for cooperation in the field of construction. The TPP agreement is expected to turn the US into the leading investor and partner of Vietnam. In 1997, Ford became the first foreign automaker with an automobile assembly line in Vietnam, with an investment of \$123 millions. In 2014, Ford invested an additional \$6.1 million in its factory in Vietnam to prepare for assembly of the small SUV Ecosport. US investors are also diverting investment from China to Vietnam: in late 2014, Microsoft shifted its smartphone factories from China to Vietnam. To date, 39 production lines from plants in Komárom (Hungary), Beijing, Guangdong (China) and Reynosa (Mexico) have been moved to Bac Ninh province, turning Vietnam into a key point in the global supply chain of this group. With this shift, export sales of Microsoft Vietnam in 2014 reached \$2 billion. Microsoft has 15,000 employees in Vietnam but recently the company announced that it would invest \$3 million in three years for staff development and support of young leaders in Vietnam. Intel is also disbursing \$1 billion of capital in Vietnam, while closing its assembly/test site in Costa Rica to shift to Asia. In late 2014, dual-core CPUs for fourth generation computers were manufactured at Intel Vietnam factory; it is expected that by the end of 2015, 80% of the chips used in computers worldwide will be manufactured in Vietnam. According to the Foreign Investment Department of the Ministry of Planning and Investment, as of February 2015, the US had 729 investment projects in Vietnam with total capital of approximately \$11 billion. In the past five years, bilateral trade between Vietnam and the US has doubled, from \$14.2 billion in 2010 to \$36.3 billion in early 2015.

The Vietnamese tax policy favours investors in posing a lighter burden on businesses than in China and Philippines. The current

average VAT of 10% and corporate income tax of 22% are in line or lower than the surrounding countries. For smaller and medium sized FDI firms with annual revenue lower than US\$952,000, the CIT rate is even more attractive (20%). Regarding expropriation risks, investors are more confident towards Vietnam than China or Thailand, accounting for a better predictability.

However, Vietnam is much less attractive in terms of corruption, regulatory burden and quality of public services and infrastructure. Moreover, labour productivity remains a weakness of the Vietnamese market. It is rated among the lowest in the Asia-Pacific region, lagging behind other neighbouring countries such as Malaysia and Thailand. Labour productivity is an important indicator of a country's competitiveness and economic development and it needs scientific and technological investment to be enhanced. Vietnam's rapid transition from an agricultural economy to a manufacturing hub meant a long reliance on cheap labour and low input costs that has caused a delay in such investments.

One of the biggest deterrent for foreign investors is the foreign ownership limit on Vietnamese companies at 49% and for many popular companies the limit is already full. The absence of a foreign board where companies can trade at a premium the local shares makes finding stocks difficult. As a percentage of GDP, the total market cap of Vietnamese equities is currently 30%. By comparison, Thailand and the Philippines are trading at 116% and 95% of their GDP respectively.

Sources:

Vietnam Business Forum, Vol. 13, No. 11 (1015) May 26 – Jun 8, 2015

Production Service Vietnam, "VIETNAM BUSINESS NEWS" The Economic Mirror Indochina's – June 2015 - <http://produktionservice-vietnam.com/archiv/6-2015%20PSV%20Newsletter.pdf>

Photo

Local people on their bicycle along a rice field. People in Bac Son still use a bicycle as their communal transportation. Bac Son, Vietnam

Stock photo © gnameandi



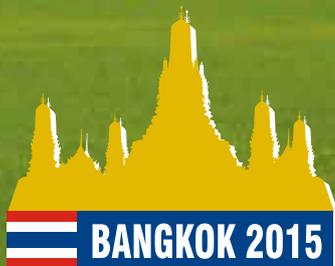
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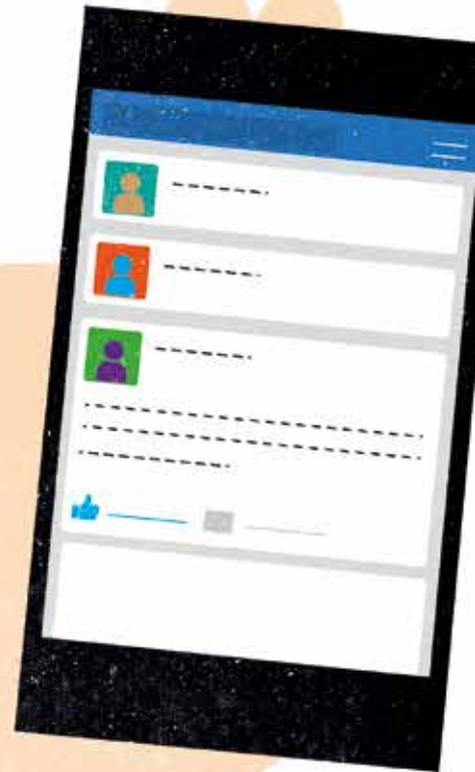
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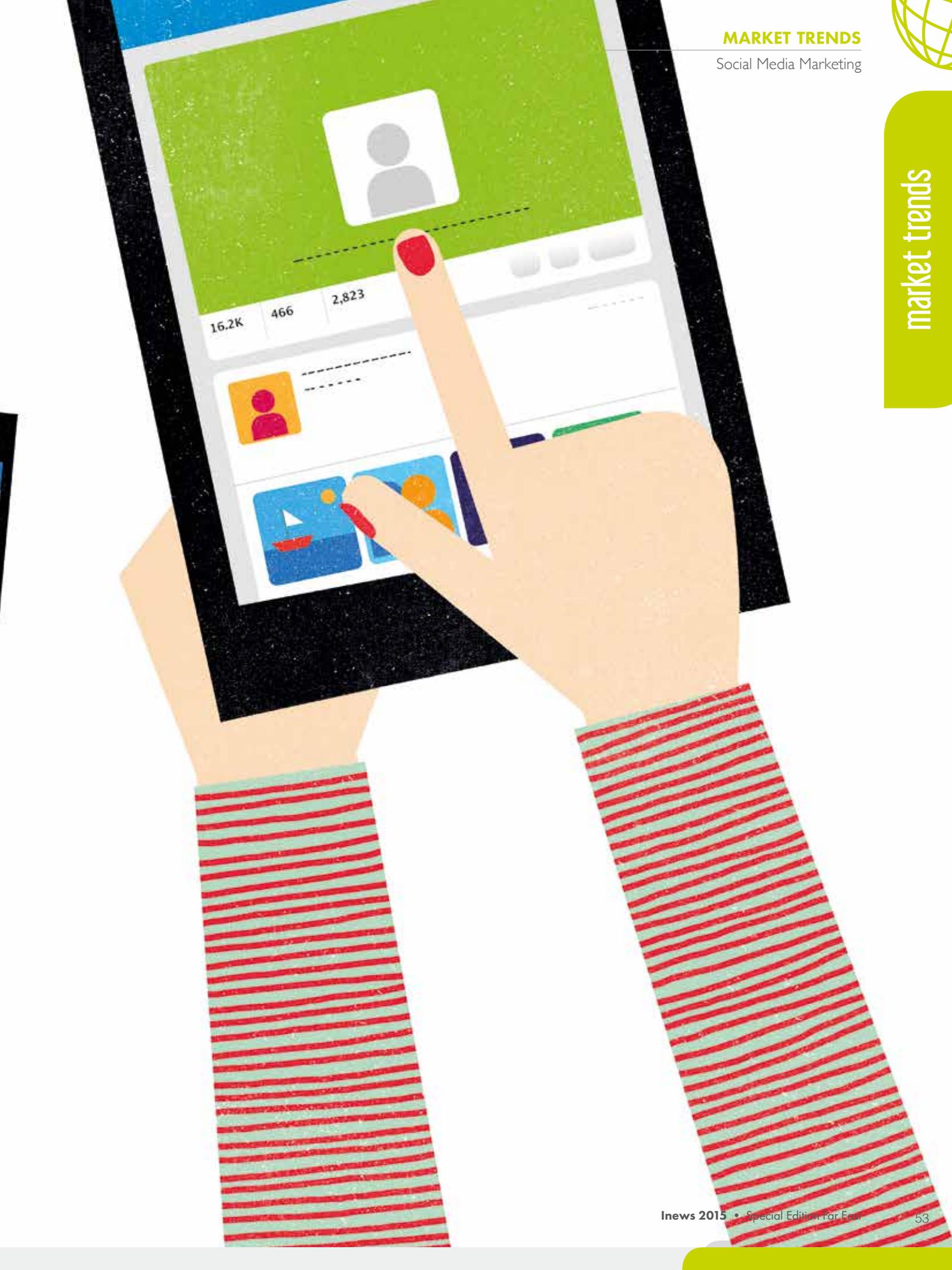


SOCIAL MEDIA MARKETING

users' expectations

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ommunications have changed and companies are responding to this evolving interactive scenario by redefining some very important concepts. In this article you will find different suggestions on what we should expect in the next months.

In 2014 you should consider that most of the brands have social media platforms. These changes are reflecting the importance of the customers' voice. As regards the opinions born on the Internet, especially on Facebook or Twitter, we have to admit that they require a fast reply.

Everybody needs fast answers, mostly during start-ups periods, when your brand isn't consolidated enough. If you think that customers using social media expect a response from you within an hour to enjoy a service... This is another reason to go towards customer service direction.

Apparently, during your company's start-up, your brand is still not so famous to support a lot of answers, but you have to consider that about ¼ of users can wait the rest of the day to receive your replies. This is the reason why start-ups must monitor online conversations providing fast answers to users. 2014 has been a very prosperous year regarding the growing use of social channels, both in terms of volume and ways of interaction between people.

In this topic I will try to give different suggestions on what we should expect in the next months. The global population has increased from 7 to 7.2 billion of people and the number of active Internet users has exceeded 3 billion users -12 months ago were 2.5 billion- (with a penetration that has reached 42% of the world population). Active accounts on social media are now more than 2 billion (29% penetration), this means that compared to 12 months ago the percentage has grown by 12%. If we take a look to data regarding mobiles, it is interesting to note that compared to an increase of 5% of mobile users, the number of people who actively use social media from their smartphone has grown of 23% (more than 313 million of people). The growth of these indicators truly represents a global phenomenon.

What happens in Italy? If a level of penetration data is higher than the average (60% vs 42% of the world average), observing the time spent online, we consider that the percentage of people who enters the internet from a desktop is lower than people who browse the net from mobile (2.2 hours per day, compared with an average of 2.7 hours). So, it seems that Italians prefer many sessions of a shorter duration compared to what happens in other countries: globally, the number of pages visited by desktop has decreased by 13% but has increased of 39% by smartphone (and 17% by tablet).

The analysis on the active use of social channels, highlights how year after year is important to let people interact and find the information they are seeking. Today there are more than 2 bil-

lion active accounts on social platforms (with a penetration of 29% of the total population): in Italy the penetration is 46% (the highest value is the one registered in Singapore - 66% - while in France, for example, is 45%, and in Germany 35%). Between all the platforms, the most used is still Facebook (1.36 billion active users), but it is interesting to notice the continuous growth trend of instant messaging services (as WhatsApp, that has exceeded 600 million users, compared to 400 million 12 months ago, Facebook Messenger that is used today by more than 500 million people and Wechat which has almost doubled its userbase, now reaching 468 million users). The big new entry in this ranking is Instagram, which is now used by more than 300 million people.

Italian people spend 6.7 hours a day on the internet (including mobile and personal computers: 2.5 hours are dedicated to the use of social channels against a world average of 2.4 hours (2 hours in France and 1.9 in Spain - to provide the terms of comparison). The 60% of Italians regularly browse the internet and the active accounts on social channels are now 28 million (22 million of logins are made from mobile devices).

Data regarding the access to social channels from mobile have seen the greatest increase in the last 12 months (11%), demonstrating a particular inclination to interact in mobility and actively with content that can be accessed online. We have noticed how WhatsApp and instant messaging platforms are more and more used worldwide, in particular in Italy: considering the total population, the most used service during a month is actually WhatsApp (even more than Facebook).

So, even in Italy, the mobile represents the mean by which people mostly access to platforms relationships and conversations online.

Therefore, Italians use their smartphones to complete various tasks, once delegated to larger screens: the use of video content is growing as well as the use of applications related to social platforms. It is also interesting to observe how the percentages of people seeking information about products to buy and who then actually buy from desktop are identical (39%), while there is a small deviation between those seeking from smartphones and those who complete a purchase by the same device (20% vs 19%). This happens probably because people prefer using personal computers to conclude transactions.

So, despite not being a lover of annual reports, it is interesting to take a look on how important has been 2014 for social medias, in order to understand what is the starting point of this 2015.

Let's start from some aggregated data.

Today nearly 3 out of 10 people are active users of at least one social platform. Social media have effectively reached a penetration of 28% on the total population, exceeding the 2 billion active users:

- Facebook has 1.3 billion users
- Google 343 millions
- 300 millions LinkedIn



- Instagram 300 millions
- Twitter 280 millions
- Tumblr 230 millions

These are people who frequently enter these platforms, to which they dedicate more time. The 28% of the time spent online regards social channels (in particular children aged between 15 and 19 spend, on average, three hours a day interacting on social networks and those aged between 20 to 29, on average, two hours a day).

Companies are replying to the evolution of this scenario where they have to interact with people and they are doing it by redefining some important concepts. Five of these are the result of a rationalisation that I want to examine here below:

1. Real-time ≠ Right-time

“Real-time marketing” was one of the terms used (and often abused) in recent months, but the focus is shifting now on finding a right-time, rather than the real-time. Even if 2014 has been characterized by the importance of thinking about how to deliver the right audience and the best content when they could create a real value of people.

2. Media and content are not two separate worlds

2014 has been also the year that changed the dynamics of content distribution: the quality of content now requires a dedicated media strategy that applies more leverage on a “copy-paste-do-it-yourself”, but planned, anyway.

Each day grows the number of individual content products which are shared not only by users, but also by brands. Therefore is really important to develop together both strategy media and strategy contents in order to ensure visibility in important moments, especially for contents addressed to a specific audience.

Focusing on the brand is a decisive element, as customers identify their interest in products and services through this public spec of the company. Therefore, they become “Leads” in generating conversations that increase positive opinions and valorise the company on the market. The promotion carried out by the brand positioning, outlines the target of the real and the potential consumer. In this way, it is possible to make promotional campaigns more effective through a physiological segmentation of targets by attracting the specific and customized interest of the customer: that motivates the consumer to buy.

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The promotion of content makes possible to segment more precisely and effectively the audience and to ensure that you can reach interesting and interested people at specific times, with content tailored to their needs.

3. The editorial approach is becoming more and more important

Brands are aware of the importance to create quality content which will give birth to a world that can excite and engage people. The 59% of companies expect to increase the budget dedicated to create content during the next 12 months.

4. The word Video doesn't mean only YouTube

Last months of 2014, were characterized by an historic overtake: for the first time Facebook collected more videos visualization than YouTube. This fact is important not only for the data in itself, but even because it represents the growing tendency to enjoy video contents from different platforms: YouTube is not the first media anymore, but right now new tools have appeared besides Facebook, such as Vine and Instagram.

It is important to understand what is the audience section that you want to reach and the project of the content you want to accomplish.

For example, YouTube is the only platform that has got a very high penetration. But nowadays, there are several factors that we have to consider, as the different methods of access to content from people. And not only are the views to make Facebook an increasingly important channel for the creation of video, but also shares.

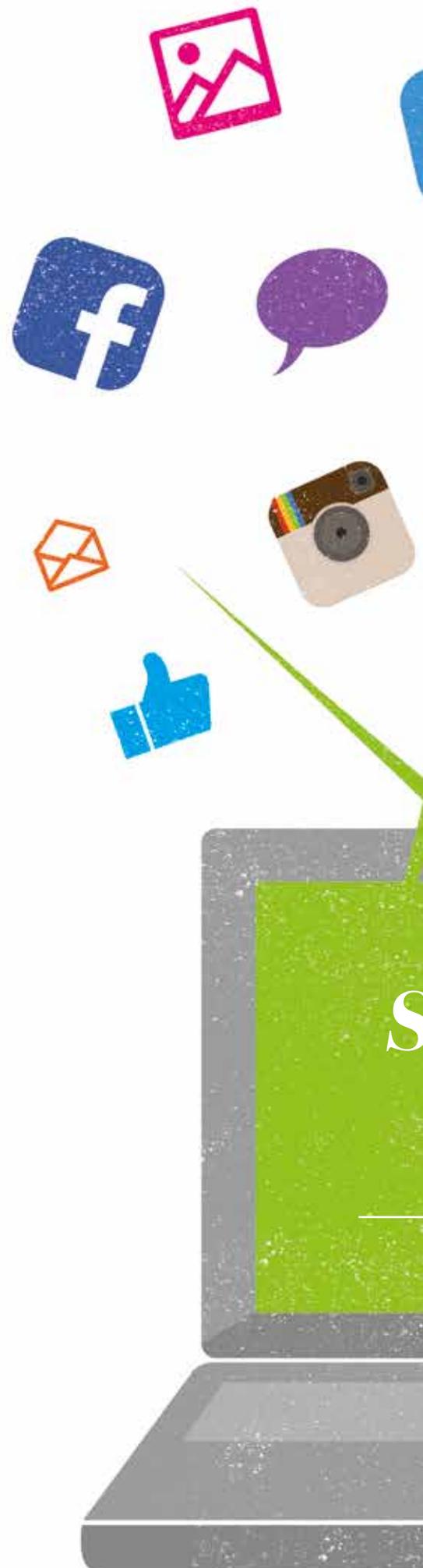
As regards Facebook, it has become an important channel for the creation of video not only for the high percentage of views but even for the high level of content sharing.

5. Time to answer.

Apparently, during your company's start-up, your brand isn't famous enough to support a lot of answers, but you have to consider that about a quarter of users can wait the rest of the day to receive your answers. This is the reason why start-ups must monitor online conversations and answer to users faster.

It's time to answer! Why?

Firstly because your potential customers need to receive immediately the information they need and, secondly because there are many information that can be easily reached and you have to reach them before your competitors.





ITALY

An outlook on the Italian dental industry

The Italian dental industry employs approximately 6,000 workers.

More than half of them work in the manufacturing industry, while the retail and wholesale distribution sectors employ respectively around one third and one sixth of the total workforce.

Author: Michela Adinolfi



The largest share of the Italian dental production value is for the segment of equipment and devices for dental practices, that accounts for one quarter of the total. It is followed by consumable products, accounting for a slightly lower share and implantology (at a more distant 13%). Apart from x-ray devices, sterilization, hygiene products and consumables for dental technicians, respectively at 9, 7 and 6%, the other categories (precious and non precious metal alloys, equipment and devices for dental technicians, furnishing and lighting) remain around a range of 3 to 4%. Last come the pharmaceuticals and orthodontic products between 1.5 and 2%.

Comparing the growth forecasts for single product segments, it is interesting to note that the most relevant increase rates for 2014 over 2013 are reported for equipment and devices with almost 4% growth forecasted in 2014 (from €355 to 370 million). Moreover, consumable products as a whole enjoy good prospects with growth expected to be just one percentage point below the equipment segment (slightly less than 3%, from €225 to 231 million). The consumables for specialties such as implantology and orthodontics are a little less performing with growth limited to 1.7%, remaining substantially stable around €108 million.



HOT TOPIC

Italian dental industry



At the other end of the chart we may find a negative trend for precious and non-precious alloys, plunging by 8% from €28 to 26 million, and services, whose value is expected to drop by 11% from 10 to 9 million.

The manufacturing sector is mainly destined to exports, accounting for over 60% of the total production value (roughly €740 mn), while the domestic market accounts for less than 40%. These figures confirm the latest years' trend towards an increasing export-oriented focus for the Italian dental manufacturers. It is also worth noticing that the Italian market as a whole, with an estimated value of over €1 billion, is supplied by imports for slightly over 60% of its value. This figure completes the previous picture, signaling the impact of the reduced domestic demand on the manufacturing industry, that tends to sell more in foreign markets than in Italy.

In particular, the remarkable difference between the export and domestic market is evident in the comparison of both sectors across the years 2010-2013. In this period, while sales towards the domestic market dropped by a total Compound Annual Growth Rate (CAGR) of almost 2% (with 3% peaks in 2011-13), the value of exports increased at a CAGR of 6%, reaching €465 million in 2013 and expected to

increase to €490 million in 2014. The export sector registered a 34% growth between 2008 and 2014, meaning a CAGR of almost 5% during this period. The composition of the Italian dental exports reveals that the most successful product segment remains equipment and devices for the dental practice (30%), followed by consumables for the dental practice (26%) and x-ray devices (13%). Their growth in 2014 is expected to be quite variable, with 6% increase for equipment, 4% decrease for consumables and 13% growth for implantology, a rather surprising figure but accounting only for a segment of limited size.

It is also interesting to see how the ratio of equipment and products sold to the domestic market was essentially the same of the exported products in 2008, when the two sectors accounted respectively for 48 and 52% of the total production value. The latter has therefore gained 10 percentage points in just about five years, showing how the contracting internal demand combined with the increasing international recognition gained by the Italian dental production shifted the balance in favour of export-oriented production.

Cover Photo

Beautiful sunrise in San Quirico d'Orcia, Tuscany, Italy

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Italy, Venice

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HOT TOPIC

Italian dental industry





This is particularly true for some product segments such as equipment and devices for dental practices (including furnishing) and hygiene/sterilisation, where export-oriented production accounts for almost two-third of the total, or x-ray equipment, where it becomes the prevalent destination with 84% export incidence. However, there are other products that show a reverse trend, namely implantology, orthodontics and precious/non-precious metal alloys, whose production is aimed at the domestic market with shares ranging from 70 to 85% (for implantology, the most remarkable product segment showing such a contrasting datum).

The distribution sector was the one suffering the most the contraction of internal demand, as it couldn't compensate the loss with sales in other markets. The trend between 2008 and 2014 was negative by 1.7%, with much of the drop concentrated in the period 2008-10 and 2011-12, but the introduction of new foreign technologies into the market has helped the sector regain some margin. The largest share of the wholesalers are in the product segments of consumables for the dental practice (over 30%), implantology (26%), followed by consumables for dental technicians and equipment for the dental practice at much lower shares (9% and 11%). Wholesalers in segments such as orthodontics, x-ray and alloys remain around 4-5%, followed by very limited numbers in the remaining categories (furnishing and lighting, pharmaceuticals, hygiene/sterilisation, equipment for dental technicians).

When it comes to imports, after two significant drops occurred in 2009 and in 2012, a sustained 4% growth up to €380 million is forecasted for 2014, supported in particular by the new applications and technologies in the x-ray and CAD/CAM sector. At the same time, sales for large multinationals in implantology and pharmaceuticals stand quite still in terms of annual growth. The biggest import segment is consumables for the dental practice (over 30%), followed by implantology (22%). These two categories alone contribute to more than half of the total value of dental imports, with combined €190 million. Moreover, the categories of consumables for dental technicians, x-ray, equipment for the dental practice and dental technicians and orthodontics account for shares ranging from 8 to 11%.

The end-user market shows some signs of recovery after a series of negative years between 2008 and 2013, but they are still timid. The trend over the last five years is negative as well, but not as much as the industry feared in the midst of the crisis, with CAGR of -1.3%. The sales value follow quite closely the trends and shares of the import value, with sales concentrated in the same categories of consumables and implantology (respectively accounting for €315 and €241 million), with the addition of the segment of equipment for the dental practice, reporting a value of €135 million in 2013. Other important segments in terms of sales value are consumables for dental technicians, x-ray devices and orthodontics (€87 million for the first, around €68 million for the other two segments). Among the remaining categories, only three (equipment for dental technicians, precious/non-precious alloys and hygiene/sterilisation) reported a sales value above €30 million.

In the first quarter of 2015, distributors' spending trends showed a continuation of the preference for consumables rather than devices or equipment (respectively, almost 2% growth on the last quarter of 2014, against 0.3%).

In general terms, the recent crisis has determined a selection among the companies operating in the Italian dental sector. Only one-in-three companies is growing (from 70% in 2005), while there has been an increase in the number of shutdowns (from 1% in 2005 to 10% in 2013). This trend is even visible in the export sector, where the share of companies that registered any growth showed a parallel decrease. In this context, however, the size of the company seems to bring an advantage in keeping on a growing path. As for the future outlook, the general sentiment is surely improved in comparison to the last few years, but diffidence remains tangible due to the close relationship of the domestic dental market with the general economic performance of the Italian economy.

Photo

Sunset in Manarola,
Cinque Terre, Italy

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Ricca Iacolino

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