Products for Dentistry

OSUNG Catalogue 2017/2018

Periodontal
# Products for Dentistry

**OSUNG Catalogue 2017 2018**

## PERIODONTAL

<table>
<thead>
<tr>
<th>Category</th>
<th>Item</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ultrasonic Scaling</td>
<td>Ultrasonic Scaler Tip</td>
<td>036</td>
</tr>
<tr>
<td>Scaling</td>
<td>Solldi Scaler</td>
<td>037</td>
</tr>
<tr>
<td>Root Filling &amp; Curettage</td>
<td>Gracey Curette</td>
<td>041</td>
</tr>
<tr>
<td></td>
<td>Rigid Gracey Curette</td>
<td>050</td>
</tr>
<tr>
<td></td>
<td>Mini Five Curette</td>
<td>052</td>
</tr>
<tr>
<td></td>
<td>Universal Curette</td>
<td>054</td>
</tr>
<tr>
<td></td>
<td>Special Curette</td>
<td>056</td>
</tr>
<tr>
<td></td>
<td>Irregular Curette</td>
<td>057</td>
</tr>
<tr>
<td></td>
<td>Chisel Scaler</td>
<td>057</td>
</tr>
<tr>
<td></td>
<td>Hoe Scaler</td>
<td>058</td>
</tr>
<tr>
<td></td>
<td>File Scaler</td>
<td>059</td>
</tr>
<tr>
<td>Option</td>
<td>Sharpening Stone</td>
<td>060</td>
</tr>
<tr>
<td></td>
<td>Perio Scaling Kit</td>
<td>060</td>
</tr>
<tr>
<td>Periodontal Treatment</td>
<td>Manual</td>
<td>061</td>
</tr>
</tbody>
</table>
Periodontal

Ultrasonic Scaler Tips

Ultrasonic scaler tip made by 100% Korean technique

- Improved quality thru structural analysis
- Lowered price thru process improvement
- No handpiece damage

Recommend change scaler tip when tip is worn by 50%

- Torque Wrench

USFTW

- For EMS and SATELEC tip
- No harm of infection as the tip do not touch hand during connecting to handpiece.

Ultrasonic Scaler Tip

- Universal
  SATELEC
  - Compatible with SATELEC “No.1”

- Supragingival & Subgingival
  USEP
  - Compatible with EMS “Type P”

- General deposit removal
  USEA
  - Compatible with EMS “Type A”

- Interproximal & Subgingival
  USEPS
  - Compatible with EMS “Type PS”
Periodontal

Sickle Scalers

- Has cutting edge at both side as remover of supra-gingival calculus
- Tip end is pointed
- There are curved & straight types.

**Curved Sickle Scaler**
- Both cutting edges are focused to one point according to shape of rounded curved blade.

**Straight Sickle Scaler**
- Both cutting edges are focused to one point according to shape of straight blade.
- Jacquette scaler

**Sickle Scaler_Silicone Handle**
- Autoclavable

**Video Clip**

**2LSH6-33**
- To remove calculus of interproximal & cervical in anterior.

**2LSH6-H7**
- Anterior, Premolar
- To remove calculus of interproximal

**2LSJAC33-33**
- Anterior
- One side is standard size and the other side is small size

**2LSJAC31-32**
- Posterior
- Standard sized Jacquette tip

**2LSJAC24-35**
- Posterior
- Small sized Jacquette tip
**Periodontal**

**Sickle Scalers**

**Sickle Scaler Metal Handle**

- To remove calculus of interproximal & cervical in anterior.

**LSH6-H7**
- Anterior, Premolar
- To remove calculus of interproximal

**LSJAC30-33**
- Anterior
- One side is standard size and the other side is small size

**LSJAC31-32**
- Posterior
- Standard size's Jacquette tip

**LSJAC34-35**
- Posterior
- Small size's Jacquette tip
# Sickle Scalers

| LS204  | - To remove calculus on proximal of supra-gingival in posterior.  
<table>
<thead>
<tr>
<th></th>
<th>- For removal heavy calculus.</th>
</tr>
</thead>
</table>
| LS204S | - For posterior              
|        | - Standard size’s Jacquette tip |
| LSSCM152 | - Useful to remove stain with spoon shape’s knife. |

## Science & Technology

The selection of proper steel and heat treatment is very important thing for instruments. But how do you make a good product if there is no analytical technique for metal crystal structure and heat treatment? Surprisingly, even the famous instrument manufacturers in developed countries are not able to secure these analytical skills. However, we have world-class technology and know-how in analytical engineering for metal as a result of many efforts for a long time.

Figure. SAM image for checking the crystal grain size, solid solubility of carbide and etc.
Periodontal

Sickle Scalers

**Towner (U15)**
- For removal of heavy calculus of interproximal, buccal and lingual

**LSU15-30**
- Anterior
- Towner-Jacquette
- For removal heavy calculus.

**Micro Sickle Scaler**
- Elongated terminal shank with sharp and slender blade.
- Very useful for tight proximal surfaces.
- Used for removal supragingival calculus for all teeth surfaces.
- Used for removal subgingival calculus in right at the edge of the gum.

**Autoctavable**

**LSM1-2**
- Silicone Handle

**LSM11-2**
- Metal Handle

**Mini Sickle Scaler**
- Used for removal supragingival calculus for all tooth surfaces, especially from proximal surfaces.
- Used for removal subgingival calculus in right at the edge of the gum carefully.
- Used for removal filling, adhesive and cement excesses.
- Used for removal calculus and granulation tissue in flap operation.

**Autoctavable**

**LSM11-12**
- Silicone Handle

**LSM11-12**
- Metal Handle
Periodontal

Curettes

Four Types of Curettes

A curette is most suitable to remove calculus in subgingival and to do root-planing. It is specially useful for deep periodontal pocket or furcation lesion.

A cutette is designed to make no tissue trauma & no damage of teeth.

- Curette makes round toe to meet two cutting edges and cross section has round shape
- Two cutting edges are made to meet face and lateral surface

1. Gracey Curette
   Used for fixed specific area according to each instruments
   The lower cutting edge is used only and have 70° angle on the basis of terminal shank

2. Universal Curette
   Used for all root conditioning
   Both cutting edges are used 90° angle on the basis of terminal shank

3. Rigid Gracey Curette
   Useful to remove much calculus as terminal shank is strong and thick
   Tip is strong and thick comparing to grappy curette so can be removed much calculus without extra use of sicle scaler or hoe scaler

4. Mini Five Curette
   Used deep and narrow periodontal pocket
   Terminal shank is 3mm longer to access root conditioning and deep periodontal pocket easily

<table>
<thead>
<tr>
<th></th>
<th>Gracey Curette</th>
<th>Universal Curette</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use area</td>
<td>Designed to use specific area</td>
<td>Available to all area &amp; root conditioning as one curette</td>
</tr>
<tr>
<td>Blade angle</td>
<td>70°</td>
<td>90°</td>
</tr>
<tr>
<td>Use cutting edge</td>
<td>One lower cutting edge</td>
<td>Both cutting edge</td>
</tr>
<tr>
<td>Curve of cutting</td>
<td>Curved toward end of tip and side</td>
<td>Curved toward end of tip</td>
</tr>
<tr>
<td>How to use</td>
<td>Use each area according to curette number</td>
<td>Narrow terminal angle &amp; short length are for anterior and wide terminal angle &amp; long length are posterior</td>
</tr>
</tbody>
</table>
**Periodontal**

**Gracey Curettes-Standard**

It has a blade that is laterally offset by 70 degrees relative to the shank, and has a lower cutting edge and an upper non-cutting edge. Because only one side of each blade can cut.

<table>
<thead>
<tr>
<th>Standard Gracey Curette Silicone Handle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autoclavable</td>
</tr>
</tbody>
</table>

**Video Clip**

- **2CR1-2**
  - Anterior

- **2CR11-12**
  - Mesial surface of all posterior teeth

- **2CR13-14**
  - Distal surface of all posterior teeth
Periodontal

Gracey Curettes-Standard

Standard Gracey Curette_Silicone Handle

Autoclaveable

2CGR9-4 - Anterior & premolar

2CGR6-6 - Anterior & premolar

2CGR7-8 - Premolar & molar (facial and lingual surface)

2CGR9-10 - Molar (facial and lingual surface)

2CGR15-16 - Mesial surface of all posterior teeth
- Shank has same angle with GR13-14 but useful for mesial surface of posterior

2CGR17-18 - Distal surface of all posterior teeth
Gracey Curettes - Standard

**Standard Gracey Curette Plastic Handle**

- **Autoclavable**

---

**PURPOSE**

- **3GR11-12**
  - Used for interdental area
  - Effective for cleaning interdental areas

---

**Video Clip**

- 3GR11-12
- Anterior

---

**PURPOSE**

- **3GR11-12**
  - Used for interdental area
  - Effective for cleaning interdental areas

---

**Video Clip**

- 3GR11-12
- Mesial surface of all posterior teeth

---

**PURPOSE**

- **3GR13-14**
  - Used for interdental area
  - Effective for cleaning interdental areas

---

**Video Clip**

- 3GR13-14
- Distal surface of all posterior teeth
**Periodontal**

**Gracey Curettes-Standard**

**Standard Gracey Curette, Plastic Handle**

- **3CGR3-4**  
  - Anterior & premolar

- **3CGR6-6**  
  - Anterior & premolar

- **3CGR7-8**  
  - Premolar & molar (facial and lingual surface)

- **3CGR8-10**  
  - Molar (facial and lingual surface)

- **3CGR17-18**  
  - Distal surface of all posterior teeth

*Designated to reach distal surface effectively and makes reach mesial surface of posterior when it is fix in the mouth in front of palatine.*
Periodontal

Gracey Curettes-Standard

Standard Gracey Curette_Metal Handle

- Anterior
- Mesial surface of all posterior teeth
- Distal surface of all posterior teeth

It is difficult to place connecting part of GR11-12 on mesial surface of lower posterior paraokily, the angle of GR15-16 can reach mesial surface of posterior when it is fix in the mouth in front of patience.
Periodontal

Gracey Curettes-Standard

**Standard Gracey Curette, Metal Handle**

- **CGR3-4** - Anterior & premolar

- **CGR5-6** - Anterior & premolar

- **CGR7-8** - Premolar & molar (facial and lingual surface)

- **CGR9-10** - Molar (facial and lingual surface)

- **CGR15-16** - Mesial surface of all posterior teeth
  - Shank has same angle with GR13-14 but useful for mesial surface of posterior

- **CGR17-18** - Distal surface of all posterior teeth
Periodontal

Gracey Curettes-Standard

<table>
<thead>
<tr>
<th>Standard Gracey Curette_Silicone Handle</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Autoclavable</td>
<td>OSUNG’s silicone handle gives no-stress on wrist and provides an excellent grip.</td>
</tr>
</tbody>
</table>

- **Anterior**
  - 2CLGR1-2

- **Mesial surface of all posterior teeth**
  - 2CLGR11-12

- **Distal surface of all posterior teeth**
  - 2CLGR13-14
Periodontal

Gracey Curettes-Standard

Standar Gracey Curette_Silicone Handle
Autoctavable

2CLGR3-4 - Anterior & premolar

2CLGR5-6 - Anterior & premolar

2CLGR7-8 - Premolar & molar (facial and lingual surface)

2CLGR8-10 - Molar (facial and lingual surface)

We applied colour coding for curettes by ISO 13397-2:2005.

<table>
<thead>
<tr>
<th>Type</th>
<th>Colour Coding</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>GR 5/6</td>
<td>YELLOW</td>
<td>Anterior / Canine Teeth</td>
</tr>
<tr>
<td>GR 7/8</td>
<td>GREEN</td>
<td>Molar and Premolar, Buccal and Oral</td>
</tr>
<tr>
<td>GR 11/12</td>
<td>RED</td>
<td>Molar and Premolar, Mesial, Fissures</td>
</tr>
<tr>
<td>GR 13/14</td>
<td>BLUE</td>
<td>Molar and Premolar, Distal, Fissures</td>
</tr>
</tbody>
</table>
**Periodontal**

**Rigid Gracey Curettes**

Tip is strong and thick comparing to gracey curette so can be removed much calculus without extra use of sickle scaler or hoe scaler.

**Rigid Gracey Curette: Plastic Handle**

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3CRGR1-2</td>
<td>- Anterior</td>
</tr>
<tr>
<td>3CRGR3-4</td>
<td>- Anterior &amp; premolar</td>
</tr>
<tr>
<td>3CRGR5-6</td>
<td>- Anterior &amp; premolar</td>
</tr>
<tr>
<td>3CRGR7-8</td>
<td>- Premolar &amp; molar (facial and lingual surface)</td>
</tr>
<tr>
<td>3CRGR9-12</td>
<td>- Molar (facial and lingual surface)</td>
</tr>
<tr>
<td>3CRGR13-14</td>
<td>- Distal surface of all posterior teeth</td>
</tr>
</tbody>
</table>
Periodontal

Rigid Gracey Curettes

Rigid Gracey Curette_Metal Handle

CRGR1-2  - Anterior

CRGR3-4  - Anterior & premolar

CRGR5-8  - Anterior & premolar

CRGR7-8  - Premolar & molar (facial and lingual surface)

CRGR9-10  - Molar (facial and lingual surface)

CRGR11-12  - Mesial surface of all posterior teeth

CRGR13-14  - Distal surface of all posterior teeth
**Mini Five Curettes**

Terminal shank elongated by 3mm for accessing into deep periodontal pockets and root surfaces of 5mm or more. The blade length is reduced in half from the Standard Gracey Curette, for a better adaptation in narrow pockets and furcations, blade is a little thinner than the Standard Gracey Curette to enable easy gingival insertion and reduce tissue distention.

<table>
<thead>
<tr>
<th>Model</th>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2CMGR1-2</td>
<td>Anterior</td>
<td></td>
</tr>
<tr>
<td>2CMGR3-4</td>
<td>Anterior &amp; premolar</td>
<td></td>
</tr>
<tr>
<td>2CMGR5-6</td>
<td>Anterior &amp; premolar (facial and lingual surface)</td>
<td></td>
</tr>
<tr>
<td>2CMGR7-8</td>
<td>Molar (facial and lingual surface)</td>
<td></td>
</tr>
<tr>
<td>2CMGR9-10</td>
<td>Mesial surface of all posterior teeth</td>
<td></td>
</tr>
<tr>
<td>2CMGR11-12</td>
<td>Distal surface of all posterior teeth</td>
<td></td>
</tr>
</tbody>
</table>

*O.SUNG's silicone handle gives no-stress on wrist and provides an excellent grip.*
Mini Five Curettes

**Mini Five Curette_Metal Handle**

- **CMGR1-2**  - Anterior
- **CMGR3-4**  - Anterior & premolar
- **CMGR5-6**  - Anterior & premolar
- **CMGR7-8**  - Premolar & molar (facial and lingual surface)
- **CMGR9-10** - Molar (facial and lingual surface)
- **CMGR11-12** - Mesial surface of all posterior teeth
- **CMGR13-14** - Distal surface of all posterior teeth
Universal Curettes

Periodontal

Blades are sharpened on both sides. Blade curved at 90 degree to shank with a rounded toe. Designed so that the working ends can be adapted to all tooth surfaces of all regions of the mouth with one double-ended instrument.

**Universal Curette Silicone Handle**

- 2CU2L-6R
  - Used to remove minor calculus of all teeth.
  - For both mesial and distal surfaces.

- 2CU2L-2R
  - Used for removal of minor calculus of incisors and premothers.
  - For supra- and subgingival.

- 2CUGF3
  - Used for removal of minor calculus of premolars and molars.
  - Also for concave tooth surfaces and furcation lesions.

- 2CUMC1-16S
  - Rigid shank with strong blade is suitable for removal of heavy calculus deposits.
  - For removal of supra- and subgingival calculus.

- 2CUSYN15-16
  - A combination of universal and finishing curette for the removal of supra- and subgingival calculus.
  - For both concave and convex surface.

- 2CUSYN15-16M
  - Excellent in tight, deep pocket.
Universal Curettes

Universal Curette Metal Handle

- Used to remove minor calculus of all teeth.
- For both mesial and distal surfaces.

Cu2L-2R

- Used for removal of minor calculus of incisors and premolars.
- For supra- and subgingival.

Cu4L-4R

- Used for removal of minor calculus of premolars and molars.
- For concave tooth surfaces and furcation lesions.
- Series #3 of Goldman Fox

2Ounc18S-14S

- Rigid shank with strong blade is suitable for removal of heavy calculus deposits.
- For removal of supra- and subgingival calculus.
## Periodontal

### Universal Curettes • Special Curettes

#### Universal Curette, Metal Handle

Blades are sharpened on both sides, blade curved at 90 degree to shank with a rounded toe. Designed so that the working ends can be adapted to all tooth surfaces of all regions of the mouth with one double-ended instrument.

- **CUYG7-8**
  - Younger-Good 7-8
  - Premolar & molar

- **CUSYN15-16**
  - A combination of universal and finishing curette for the removal of supra- and subgingival calculus.
  - For both concave and convex surface.

- **CUSYN15-16M**
  - SYN15-16 MINI
  - Excellent in tight, deep pocket.

#### New Combination of Gracey Curette

- **CGR11-14**
  - Combinates with gracey curettes 11 & 14
  - Use mesial & distal on posterior as one curette.

- **CGR12-13**
  - Combinates with gracey curettes 12 & 13
  - Use mesial & distal on posterior as one curette.

#### SUB-ZERO Curette

- **CUSUB-0**
  - It is ideal for anterior flap surgery with a long shank that reaches to furrow.
  - The blade of short hook type removes calculus clearly.
  - One sub-zero curette is enough for flap surgery.
**Implant Curette**

Soft titanium is used as a material for scratch-free and contamination-free on implant, but it is still more workable than plastic curettes. Also can be used for second surgery. As they have same blade shapes and angles as standard curettes, they give a more comfortable feeling when using.

- **ICGR1-2**
  - Similar to Gracey 1-2
  - For anterior

- **ICGR5-6**
  - Similar to Gracey 5-6
  - For anterior

- **ICGR7-8**
  - Similar to Gracey 7-8
  - For posterior

- **ICGR11-12**
  - Similar to Gracey 11-12
  - For posterior

- **ICGR13-14**
  - Similar to Gracey 13-14
  - For posterior

---

**Chisel Scaler**

- **CSZ**
  - Metal Handle/Single End
  - Remove calculus from lower jaw anterior
  - It is push stroke type not like hoe scaler
**Periodontal**

**Hoe Scalers**

Used to dislodge heavy supragingival calculus.

**Hoe Scaler**

- **HSA12-13**
  - Anterior Hoe Scaler
  - For anterior buccal and lingual surfaces.

- **HSL34-35**
  - Lateral Hoe Scaler
  - For the buccal and lingual surfaces of all teeth. Also can be used in furcation areas.

- **HSP56-57**
  - Posterior Hoe Scaler
  - For the mesial and distal surfaces of molar. Can be used in furcation areas.

- **HSO8-9**
  - Orban 8-9
  - It is used for buccal and lingual of posterior.
Periodontal

File Scalers

File Scaler
- Used to crush large calculus deposits so that the deposit can be more readily removed by a curette. Can also be used to smooth the margins of amalgam restorations.

FSH3-7
- Hirschfeld 3-7
- Buccal/Lingual

FSH5-11
- Hirschfeld 5-11
- Mesial/Distal

Periodontal File Scaler
- For interproximal. To crush and remove heavy deposits from subgingival and supragingival interproximal areas.

PDS1-2S
- Mesia/Distal

Has file on one side. No harm on gingival during using buccal & lingual.

PDS3-4S
- Buccal/Lingual

Use to make alveolar bone in crown area when removing catapophysis during bone surgery, implant surgery, crown dilation surgery.

PDS9-10S
- Curved File
- Buccal/Lingual
Periodontal

Sharpening Stone • Perio Scaling Kit

### Sharpening Stone
- Used for sharpening hand instruments.

**SST-C3**
- Ceramic Sharpening Stone #3C (Medium Grit)
- Brown
- 80 x 33 x 6.3H (mm)

### Perio Scaling Kit

#### Part 1
- Diagnostic & Supragingival Scaling
- Ex-Probe 1ca, Sickle Scaler 2ca

**3LQK01**
- 3XP23-WHO
  - Used for supragingival calculus in anterior
- 3LSU13-33
  - Used for supragingival calculus in posterior

#### Part 2
- Root Planning & Subgingival Curettes
- Anterior CURETTE 1CA, Molar Curette 2ca

**3LGK22**
- 3CGR1-12
  - Used on the anterior portions of posterior teeth.
- 3CGR11-14
  - Used on the distal portions of posterior teeth.
Periodontal Treatment

Non-surgical treatment to maintain a healthy periodontal condition, to restore periodontally diseased tissue to a healthy state, and to prevent from progression of periodontal disease.

Rigid curette

Rigid Gracey curette has a thicker and stronger terminal shank than the standard Gracey curette. It is built for removal of heavier levels of calculus. Light weight plastic handle design provides easy handling and reduces hand and wrist fatigue. Plastic handle with embossed dot pattern gives a more positive grip and its rolling stopper on the handle allows minimize tip damage from rolling or sliding when it is placed on the table.
**Arrangement**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01. Probe</td>
<td>BPWHO</td>
</tr>
<tr>
<td>02. Explorer</td>
<td>EXD11-12</td>
</tr>
<tr>
<td>03. Torque Wrench</td>
<td>USFTW</td>
</tr>
<tr>
<td>04. Ultrasonic Scaler Tip</td>
<td>USEA</td>
</tr>
<tr>
<td>05. Sickle Scaler</td>
<td>LSH5-33</td>
</tr>
<tr>
<td>06. Sickle Scaler</td>
<td>LSHJ31-32</td>
</tr>
<tr>
<td>07.08.09. Gracey Curette</td>
<td>CGR1-2</td>
</tr>
<tr>
<td></td>
<td>CGR11-12</td>
</tr>
<tr>
<td></td>
<td>CGR13-14</td>
</tr>
</tbody>
</table>

**Process**

1. Measuring periodontal pocket depth
2. Detecting subgingival calculus
3. Removal of supragingival calculus with ultrasonic scaler
4. Removal of supragingival calculus (posterior)
5. Root planing (anterior)
6. Root planing (mesial surface of posterior teeth)
7. Root planing (buccal surface of posterior teeth)
**Periodontal Treatment**

**01. Measuring periodontal pocket depth**

**Used**
Periodontal probes are used to measure the depth and determine the configuration of a periodontal pocket, gingival bleeding response to the periodontal probing, gingival recession and clinical attachment loss. It can also be used to determine the extent of furcation involvement on a multi-rooted tooth and measure the pathologic lesions and width of attached gingiva.

**Character**
It has a ball end of diameter 0.5mm and a first color coded band at 3.5-5.5mm. Blunt ball end makes patient comfortable when inserting the periodontal probe into the gingival sulcus. Specially designed for detecting subgingival calculus and overhanging margin.

**How to use**
1. Correctly adapt the periodontal probe using proper pen grasp.
2. While probing, the tip of probe is kept vertically parallel to the long axis of the tooth and placed gently on gingival margin until the junctional epithelium is contacted. Minimal force of around 20-30g should be used.
3. Proceed with walking stroke. The side of the probe tip should be kept in contact with the tooth surface.

![Probe with tip on tooth](image)

**Explorer - EXD11-12**

**How to use**
1. Use modified pen grasp with finger rest on a adjacent tooth surface wherever possible to provide stability and control.
2. Keep shank parallel to the long axis of tooth.
3. Insert tip to base of sulcus applying lower pressure than the hardness with the side of tip adapted to the tooth surface.
4. Exploring with walking stroke. The side of tip should be kept in contact with the tooth surface.

![Explorer with tip on tooth](image)

**Character**
Angled like Gracey 1/12 Curette for improved calculus detection. Extra long complex shank allows deeper insertion and better access into the periodontal pocket. Available for anterior or posterior application.

**02. Detecting subgingival calculus**

**Used**
Used to detect subgingival calculus, distributor amount of plaque, tooth surface irregularities, and examine condition of tooth surface after receiving treatment of scaling and root planing. Detect anatomic configuration of root and root anomalies.

**Character**
When choosing correct working end, place terminal Shank parallel to the long axis of tooth surface.

**Wrong Position**
The incorrect working end has been selected if the terminal Shank is not parallel to long axis of the tooth and it curves around the tooth surface when placing point to the lingual surface from the buccal surface.

**Wrong Position**
If the point is directed toward to the tooth surface, wrong working angle will be set.

**PRODUCTS FOR DENTISTRY**

![Products for Dentistry](image)
**Practice**

**03. 04. Removal of supragingival calculus with ultrasonic scaler**

- **Used**
  Used to tighten the ultrasonic scaler tip and handpiece.

- **Character**
  Stainless metal applied for the connecting part to ensure the durability of the product.

- **Used**
  Ultrasonic scaler tips are used to remove calculus, plaque and temporary sealing material rapidly from tooth surface during dental prophylaxis.

- **Character**
  Tips are designed for EMS scalers and allows various functions to be performed.

**05. Removal of supragingival calculus**

- **Used**
  Designed for removal of moderate to heavy accumulation of supragingival calculus on anterior teeth and subgingival calculus located just below free gingiva.

- **Character**
  Double-ended straight shank for use anyway and anywhere. Two cutting edges on a straight triangular shape blade which is machined at 70.40 degree angle.

**Products for Dentistry**

**Torque Wrench, USFTW**

- **How to use**
  1. Insert the ultrasonic scaler tip into the wrench, screw it into the handpiece by turning clockwise to tighten.
  2. For loosening, turn the torque wrench counter-clockwise direction.
  3. After use, be sure to clean and sterilize the wrench completely with the scaler tip is attached.

**Ultrasonic Scaler Tip, USEA**

- **How to use**
  1. The side of the tip should be applied 15 degree angle to the long axis of the tooth.
  2. It is recommended that the tip be adapted to stroke parallel to the tooth surface in a sweeping-like motion.
  3. After 50% of the tip is worn away, it should be discarded as the tip’s efficiency is lost.

**Sickle Scaler, LSHb-33**

- **How to use**
  1. Use modified pen grasp with finger rest on a adjacent tooth surface wherever possible to provide stability and control.
  2. Maintain 45 to 90 degrees for working stroke.
  3. Overlapping with tip 1/3 is positioned for a vertical or oblique stroke.

- **Tilt the shank slightly toward the tooth surface to establish correct angulation,**
- **Adapt the tip 1/3 of the cutting edge against the center of cervicoline, directing the point toward the mesial surfaces,**
- **Tilt the facial surface of the blade toward the tooth to achieve an approximate 70-40 angle between the tooth and blade. Apply lateral pressure against the tooth and pull the scaler firmly upward and diagonal for overlapping strokes.**
06. Removal of supragingival calculus

**Used**

Designed for removal of moderate to heavy accumulation of supragingival calculus on posterior teeth and subgingival calculus located just below free gingiva.

**Character**

When selecting scaler tips for supragingival access, terminal shank direction is a determining factor. Select if the terminal shank is positioned parallel to the long axis of tooth surface being examined when the scaler blade tip directed toward the two adjacent teeth surfaces. Two cutting edges on a paired working end with triangular cross section and curved blade which is machined at 70-80 degree angle.

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07. Root planing

**Used**

Curettes are fine instruments used for subgingival scaling, root planing and removal of soft tissue lining the pocket. It is used on anterior teeth surface.

**Character**

It can be adapted and provide good access to deep pocket, with minimal soft tissue trauma. The blade has a round toe and two cutting edges for scaling, make it an efficient design for adapting better to the root surface unlike the straight design and pointed end, which can cause tissue laceration and trauma.

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**Sickle Scaler** _LSJAC31-32_  **How to use**

1. Use modified pen grasp with finger rest on a adjacent tooth surface wherever possible to provide stability and control.
2. Adapt the tip 1/3 to the disto buccal surface line angle, for oblique stroke on the bucco-lingual surface or vertical stroke can be used on adjacent tooth surface.
3. Use a short pull stroke.

![Correct Position](Image)

The correct working end for scaling is evident when terminal shank is parallel with the long axis of tooth surface.

![Wrong Position](Image)

Adapt the tip 1/3 of the cutting edge against the distobuccal surface.

The incorrect working end has been selected if the terminal shank is not parallel to long axis of the tooth and it curves around the tooth surface when placing point to the lingual surface from the buccal surface.

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**Gracey Curette** _CGR1-2_  **How to use**

1. Use modified pen grasp with finger rest on a adjacent tooth surface wherever possible to provide stability and control.
2. Position the face of blade toward the tooth surface, and the angulation between the tooth should be as close to zero as possible. Adapt the tip 1/3 of the lower cutting edge against the tooth surface.
3. Use a short pull stroke.

![Correct Position](Image)

The blade of a curette is correctly adapted when the terminal shank is parallel to the long axis of tooth surface when the blade tip directed toward the two adjacent tooth surface.

![Positioning](Image)

Position the face of blade toward the tooth surface, and the angulation between the tooth should be as close to zero as possible. Adapt the tip 1/3 of the lower cutting edge against the tooth surface.

![Preceding](Image)

Proceded from incisal ephithelium to the gingival margin with overlapping short pull stroke.
08.09. Root planing

- **Used**
  Curettes are fine instruments used for subgingival scaling, root planing and removal of soft tissue lining the pocket. It is used on mesial surface for posterior teeth.

- **Character**
  It can be adapted and provide good access to deep pocket, with minimal soft tissue trauma. The blade has a round toe and two cutting edges for scaling, making it an efficient design for adapting better to the root surface unlike the straight design and pointed end, which can cause tissue laceration and trauma.

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Gracey Curette _CGR11-12_

**How to use**

1. Select suitable blade which can be used for mesial application.
2. Correctly adapt the tip 1/3 of the working end against the tooth surface.
3. Gently insert the tip until the junctional epithelium is contacted with the angle of 0 degree maintained to the tooth surface.
4. Apply overlapping pull stroke towards root canal side with working angulation of between 70 and 80 degrees.

- **Wrong Position**
  The incorrect working end has been selected if the terminal shank is not parallel to long axis of the tooth and it curves around the tooth surface when placing point to the lingual surface from the buccal surface.

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Gracey Curette _CGR13-14_

**How to use**

1. Select suitable blade which can be used for buccal application.
2. Correctly adapt the tip 1/3 of the working end against the tooth surface.
3. Gently insert the tip until the junctional epithelium is contacted with the angle of 0 degree maintained to the tooth surface.
4. Apply overlapping pull stroke towards root canal side with working angulation of between 70 and 80 degrees.

- **Wrong Position**
  The incorrect working end has been selected if the terminal shank is not parallel to long axis of the tooth and it curves around the tooth surface when placing point to the lingual surface from the buccal surface.