Swift Portable:
The Perfect Combination

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> Benefits
> Technical Data
> Certification & Approvals
> Accessories
About
DBI America Corp.

Dental Business International (D.B.I.) is a privately owned company with over twenty five years of Dental field experience.

DBI America is a manufacturer and distributor of small dental equipment used in the human and veterinarian fields. Today our products are distributed in over 30 countries through 200 dealers.

In 2005 we were pleased to introduce several new patented products. Our Research and Development Team is constantly working to anticipate the practitioner’s needs and update current products.

In the fall of 2008 DBI America became an ISO 13485 certified company with several CE approved products.

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When Quality Matters
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**Swift Portable**

**Piezo Ultrasonic Scaler**

The Swift Portable is an efficient, portable, self-contained Piezo Ultrasonic Scaler requiring only electrical connection. The unit includes an exterior water hook up and a 500ml self pressurized reservoir that can be filled with either water or medicament. The Swift features an array of tips with linear movement to minimize noise, reduce patient discomfort and speed calculus removal. A fine mist and an optional LED handpiece enhances visualization. Autoclavable sleeves and tips eliminate the need to autoclave the handpiece and therefore increases handpiece life.

**Part# SW93.37PL**

**Benefits**

- 28,000-30,000Hz of Power
- Optional 70,000 Lux LED Handpiece
- Large 500ml/16oz Bottle
- Fast Handpiece System to take you from one patient to the next effortlessly.
- Wide Tip Selection including Endodontics, Apical Surgery and Periodontal.
- Frontal Controls for better Accessibility
- Smooth Surface for easy Asepsis
- Set Composed of Three Tips, Three Sleeves and Three Wrenches
- Compact, Lightweight and Self Contained

**Technical Data**

<table>
<thead>
<tr>
<th></th>
<th><strong>External Dimensions</strong></th>
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<tr>
<td></td>
<td>6.3”W X 8.5”L X 6.5”H (in)</td>
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<td>16.5W X 21.6L X 16.5H (cm)</td>
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<td>12.1”W X 9.3”L X 6.5”H (in)</td>
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<td>30.8W X 23.5L X 16.5H (cm)</td>
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<tr>
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<th><strong>Power</strong></th>
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<td>28,000 Hz - 30,000 Hz</td>
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<tr>
<th></th>
<th><strong>Voltage / Hz</strong></th>
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<td>115V / 60 Hz or 230V / 50 Hz</td>
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<thead>
<tr>
<th></th>
<th><strong>Water Consumption</strong></th>
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<tr>
<td></td>
<td>10 ml / min - 50 ml / min</td>
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<tr>
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<th><strong>Water Supply Pressure</strong></th>
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<tr>
<td></td>
<td>2 - 5 bars (0.2 Mpa - 0.5 Mpa ; 30 - 72 psi)</td>
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<tr>
<th></th>
<th><strong>Limited Warranty</strong></th>
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<tr>
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<td>2 Years Warranty</td>
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The Ergo Experience

**Ergonomics** - the science of designing the job, equipment and work place to fit the user to minimize or prevent repetitive strain injuries which can develop over time.

**Ergo Basic Handpiece**

The Ergo Basic handpiece is designed with the user in mind. With its featherweight lightness and its soft silicone feel the Ergo Handpiece makes your work more efficient and pleasant without causing fatigue to the user. Autoclavable Tips and Sleeves eliminating the need to autoclave the handpiece and therefore increases handpiece life.

**ErgoGrip Basic Sleeve**

- Design with a special traction surface for better grip, superior control and less risk of slipping
- Silicone absorbs vibration for superior comfort
- Minimizes fatigue on fingers and hands
- Silicone surface is dirt resistant and easy to clean
- Autoclavable to prevent contamination and promotes excellent hygiene and safety.
Most scalers and hand instruments are not equipped with light but depend on the units’ overhead lights.

Scalers with light generally use halogen light that provides approx. 10,000 Lux only.

Ergo UltraLight Handpiece uses LED Lights which provides approx. 70,000 Lux which makes it superior to other lights in today’s current market.

Ergo Ultra Light Handpiece
The Ergo Ultra Light Handpiece is a premium handpiece with LED illumination giving more visibility and making work more efficient by removing the uncertainty that everything you want to remove is actually gone. Also equipped with autoclavable tips and sleeves increasing handpiece life. Its featherweight lightness and silicone feel makes it a pleasant Ergo Experience.

Why LED?

...and then there was Light!
Multi-Purpose Ultrasonic Tips

**A Tip for You.**

69 different tips - solutions for Periodontics, Endodontics, Apical Surgery, Restorative and Sterile treatment. All tips are made with the DuraGrade Max high wear resistance steel with a velvet polishing for less reflection.

<table>
<thead>
<tr>
<th>Periodontics/Scaling</th>
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<tbody>
<tr>
<td>PE-31</td>
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<tr>
<td>PE-30</td>
</tr>
<tr>
<td>PE-38</td>
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<td>PE-32</td>
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<td>PE-37</td>
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<table>
<thead>
<tr>
<th>Minimally-invasive excavation</th>
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</thead>
<tbody>
<tr>
<td>WK-1</td>
</tr>
<tr>
<td>WK-2</td>
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<tr>
<td>MK-3</td>
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<td>MK-4</td>
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<table>
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<tr>
<th>Endodontics</th>
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<tbody>
<tr>
<td>EB-1</td>
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<tr>
<td>EB-5</td>
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<tr>
<td>MB-10</td>
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<tr>
<td>MB-5</td>
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<th>Apical surgery/Sterile</th>
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<tbody>
<tr>
<td>AF-1</td>
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<tr>
<td>AF-2</td>
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<tr>
<td>AF-3</td>
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<td>AF-4</td>
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<tr>
<th>Special purpose</th>
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<tbody>
<tr>
<td>SP-15</td>
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<td>SP-16</td>
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<tr>
<td>SP-17</td>
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<td>SP-18</td>
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Scaling tips are available in a large variety of designs so as to remove tartar and calculus on all of a tooth’s surface. The range includes tips for both supragingival and subgingival scaling. Different models are available in both left and right angle versions to further enable access to furcations.

Endodontic tips are excellent in the removal of posts, the removal of dentin in pulp chambers, finding and widening orifices, preparing canals, removing broken instruments and cleaning prepared canals.

Special Purpose tips can be used for crown removal, amalgam condensation and application of thixotropic cementation.

Minimally-Invasive Excavation Tips are diamond-coated for small preparations, crown margins, cleaning fissures and can be used for treating children and nervous patients by the low noise levels.

Apical Surgery/Sterile Tips are diamond-coated and can be used for opening and cleaning the root when doing retrograde operations. The tips are designed with longer necks for excellent visibility and in combination with the diamond-coating the ultrasonic vibrations give a higher degree of tactility and precision.
It Proves to have Ultrasonic........

Clinical Studies

The Clinical Studies provided were performed on the Amdent Piezo Ultrasonic Scaler which is incorporated in the Swift Portable and is substantially equivalent. Many years of clinical evaluations and tests prove that Ultrasonic is superior to conventional hand scaling methods and the magnetostrictive scalers.

Root surface texture after different scaling modalities


Root surface texture after scaling with hand instruments, ultrasonic scalers (Amdent 830 and Cavi-Med 2000), and a sonic scaler (Titan-S) was assessed in vitro. The experimental material consisted of 48 extracted human teeth divided into six groups. Root surface texture was assessed with scanning electron microscopy (SEM). Hand instruments produced large grooves and removed cementsum evident at a magnification of ×70, while the root surface alterations after ultrasonic instrumentation were not detectable below a magnification of ×500. The working principle of each scaling instrument is related to its effect on the root surface was discussed.

The objective of scaling and root planing is to create a root surface which is biologically acceptable to the surrounding healing soft tissues (1–3), and which is sufficiently smooth to facilitate oral hygiene procedures and retard microbial recontamination (4–10). Available literature indicates that thorough scaling, regardless of type of instrument, removes calculus efficiently and produces an acceptable root surface for soft-tissue healing (11, 12). This appears also to be the case without the often recommended final step of root planing (11). However, the root surface appearance after scaling has been reported to show differences in texture depending on the type of instrument.

Some dentists maintain that scaling with hand instruments produces a smoother root surface than ultrasonic scalers (13–15). Others assert that there is no difference between the two methods (16), while still others find ultrasonic scaling to be superior to hand instrumentation, both in smoothness (17–20) and ability to remove subgingival calculus (14) and plaque (15, 21).

The ultrasonic scalers in all of the above studies generate tip vibrations through magnetostrictive power generation. A new generation of ultrasonic scalers utilizes the piezoelectric principle of power generation. The two different ways of generating tip vibrations may be expected to show differences in clinical performance when applied to a root surface, although detailed knowledge is lacking.

Sonic scalers are the latest addition to automated scaling instruments. They are reported to produce root surfaces comparable to surfaces after ultrasonic scaling at a medium power setting (22), while ultrasonic high power produces greater surface roughness, although some recent reports have indicated the reverse (23, 24).

As indicated above, reports disagree on the effect of different scaling instruments on root surface texture. In addition, sonic and piezoelectric scalers have only to a limited extent been compared with earlier scaling methods. Since maximal root surface smoothness is one of the recommended objectives of scaling, we considered it of interest to study root surface texture after scaling with various manual and automated scaling instruments available on the market.

Material and methods

Forty-eight human teeth, extracted for orthodontic reasons, were immersed in a 10% aqueous solution of sodium hypochlorite for 30 min and then rinsed thoroughly in running tap water. The lingual surfaces of the teeth were planed with a diamond stone to facilitate later mounting for scanning electron microscope (SEM) examination. The teeth were randomly divided into six groups. Half of the buccal root surface in all teeth was scaled with either hand instruments or different ultrasonic or sonic scalers, the other half serving as untreated control. The test and control areas were outlined by one apical and one coronal transversal groove separated by a distance varying between 6 and 10 mm.
Group 1 – The root surfaces were treated with a brand-new curette (McCall 13/14, LM-Dental, Turku, Finland). The curette was applied with the face at an angle of 80–85° to the root surface according to generally accepted principles (25). The curettes were applied with a pressure to the root surface of approximately 500 Pa. Each test surface was exposed to 10 pull strokes.

Group 2 – The root surfaces were treated with a curette similar to the one in Group 1, resharpened by the McBinn method (McBinn, St Paul, MI, USA) to improve edge smoothness, as stipulated by the manufacturer. Each test surface was exposed to 10 pull strokes.

Groups 3 and 4 – The root surfaces were treated with 10 back-and-forth strokes with an ultrasonic piezoscaler (Amendt 830, Amendt AB, Nynäs- hamn, Sweden) fitted with tip No. 33 (Group 3) or tip No. 39 (Group 4). The lateral side of the tip was applied to the root surfaces with the handle not deviating more than 10° from the long axis of the tooth. A pressure not exceeding 50 Pa was employed. The power setting was medium.

Group 5 – The test surfaces were treated with 10 back-and-forth strokes with an electromagnetic scaler (Cavi-Med 2000, Dentsply, New York, NY, USA) fitted with tip No. TFI-10 and applied to the root surface as described for Groups 3 and 4. A pressure not exceeding 50 Pa and a medium power setting were used.

Group 6 – The test surfaces were treated with 10 double-strokes with a sonic scaler (Titan-S, Star Dental, Syntax Dental Products, Valley Forge, PA, USA) fitted with a universal tip and applied to the root surface as described for Groups 3 and 4. A pressure not exceeding 50 Pa and an air pressure of 3 bar were used.

After scaling, the teeth were fixed in 10% neutral-buffered formalin. After dehydration in a graded series of ethanol with 100% acetone as the final step, the teeth were mounted on aluminum stubs, gold-coated with a sputter technique (26), and examined in a Jeol SEM operated at 5.0 kV and at tilt angles between 0° and 40°.

Amplitude measurements – The tip movements of the sonic and ultrasonic instruments were measured with a light microscope fitted with a measuring graticule (Epimicroscope IM 35, Zeiss, Oberkochen, Germany). The maximum amplitude of each tip was measured both along the long axes and at right angles to the long axes of the handle pieces holding the tips. This corresponds to a movement of the tips parallel and at right angles to the root surface, respectively.

Results

No periodontal soft-tissue remnants were observed, in either test or control areas. In most specimens, small cracks were seen, presumably artifacts from the dehydration process.

The control areas showed an even, mosaic-like

Fig. 1. Unscaled control area showing mosaic-like cementum surface. Bar = 10 μm. Fig. 2. Hand-instrumented root surface with longitudinal grooves. Control area (C), Bar = 10 μm. Fig. 3. Root surface scaled with Amendt 830 scaler fitted with tip No. 33, showing shallow longitudinal grooves (arrows). Bar = 10 μm.
appearance indicative of cementum (Fig. 1). In general, all the cementum surfaces showed a smoother and more regular appearance in the coronal half of the control areas than the apical half. Thus, the following assessments and comparisons were made in the coronal parts of the test and control areas to exclude possible influence of root surface irregularities. The root surfaces in each treatment group showed uniform alteration patterns with three clearly distinguishable surface appearances, depending on treatment. The different root surface appearances will be described according to treatment group.

Groups 1 and 2 – The hand-instrumented cementum surfaces displayed similar surface textures irrespective of the quality of the cutting edge of the two instruments. Grooves and excavations running parallel to the long axis of roots were clearly visible at a magnification of ×70 (Fig. 2). The grooves sometimes crossed over each other, indicating some overlapping strokes.

Groups 3, 4, and 5 – Only minor surface alterations were visible on a smooth cementum surface. Excavations were seen running parallel to the long axis of the roots. Even at a magnification of ×500, the excavations were less pronounced than those seen in Groups 1 and 2 (Fig. 3). Occasionally, larger and apparently deeper excavations were found in the scaled areas (Fig. 4).

Group 6 – Large areas devoid of cementum were seen at magnifications of ×70 (Fig. 5A). These were seen in all teeth and on almost all test surfaces. Denuded dentinal tubuli were only occasionally seen in the treated areas. In some areas, the cementum seemed to have split off or been torn from the root surface. A clear demarcation zone with an irregular contour bordering the control areas was evident (Fig. 5B).

Amplitude measurements – The numeric values of the amplitude measurements are summarized in Table 1. Amplitude tips showed only longitudinal movements. The other instruments had both longitudinal and transversal patterns of movement, which were most pronounced for the Titan-S tip.

Discussion

The experimental procedure in this in vitro study was designed to mimic scaling in a clinical setting as much as possible. For comparison between instruments, the number of strokes was standardized. The objective was to cover the selected test surface without unnecessary overlapping. Consequently, the whole surface showed the effect of one or, at the most, two strokes. Since loss of tooth substance was not included in the study, the different stroke design (10 pull strokes for curettes and 10 back-
Table 1

Amplitude of tip movements for automated scaling devices. Power settings were the same as during application in vitro experiments.

<table>
<thead>
<tr>
<th>Scaling device</th>
<th>Working</th>
<th>Amplitude (µm)</th>
<th>Longitudinal</th>
<th>Transversal</th>
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<tbody>
<tr>
<td>Amdent 830</td>
<td>33</td>
<td>75</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Amdent 830</td>
<td>39</td>
<td>112</td>
<td>6</td>
<td>0</td>
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<tr>
<td>Caviton</td>
<td>TF 10</td>
<td>119</td>
<td>37</td>
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<tr>
<td>Titan-S</td>
<td>Universal</td>
<td>175-228</td>
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<td></td>
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</table>

The tip movement of the three automated scalers is generated by different principles, resulting in varying amplitudes and patterns of movement (Table 1). These differences may explain the observed variations in root surface texture. Theoretically, a longitudinal movement parallel to the root surface might result in a less pronounced abrading effect on the root surface than a transversal motion perpendicular to the root surface. In a clinical setting, the latter involves a hammering movement on the root surface.

The tip of the Titan-S scaler is activated by an eccentric bar operated by an air turbine. This elicits tip movements in a three-dimensional pattern (27, 28). The transversal component of the pattern of movements appears to be at least as large as the longitudinal component (Table 1). Consequently, Titan-S tips show a rather unpredictable movement pattern, resulting in uneven root surfaces (23, 24), and loss of tooth substance was about 10 times greater than during ultrasonic scaling (19). With an amplitude of about 200 µm, irregular loss of cementum substance appears to be unavoidable, as observed in the present study. The observation of complete removal of the cementum layer in large areas and marked roughness in others raises the question of whether the surface resulting from scaling with the Titan-S is clinically acceptable. The ability to remove calculus is undeniable, but it may be argued that a rough surface retains plaque. Complete loss of cementum has also been found to be less conducive to the regaining of lost clinical attachment than an intact layer of cementum (29), and repeated scaling at regular intervals results in macroscopic loss of tooth substance.

The scaling tip of the Amdent 830 piezoelectric scalers is anchored in the piezoelectric transducer by a thread socket, forming a rigid unit. This produces a strictly longitudinal movement pattern without any transversal component (Table 1). Thus, the tip moves only parallel to the root surface. The Caviton tip is operated by an electromagnetically activated stack in the handpiece, from which the vibrations are transmitted to the tip. Stack and tip form a unit fixed to the handle by a rubber ring, resulting in a flexible connection between tip and handle. Tip motion is normally not linear but shows a pattern of elliptic or circular movement (Table 1). Although a transversal movement was recorded for the Caviton tip while no such vector was seen for the Amdent tips, the scaled surfaces were similar in texture. It thus appears that the transversal component of the Caviton tip (37 µm) with medium power setting is insufficient to produce any detectable effects on root surface texture. Earliier reports of rough surfaces after Caviton scaling (30-34) probably reflect the result of operating the equipment with a high power setting, and such reports may explain the earlier recommendations to perform root planing with hand instruments after ultrasonic scaling.

Although differences in surface texture were found among the different modes of scaling, it remains to be determined whether these differences are of clinical significance. It appears from the literature that subgingival root surface texture is not important for periodontal healing. However, it can be argued that a rough root surface upregulatingly retains plaque better (5, 6) than a smooth, and thus requires a higher standard of oral hygiene of the patient. Thus, instruments which produce an excessive root surface roughness should be avoided.

Acknowledgments – This study was supported by a grant from the Swedish Medical Council (No. 6631).

References


SUBJECT: ULTRASONIC & SONIC SCALERS

There are many ultrasonic & sonic scaling instruments available today. Pertinent clinical questions are: (1) What are ultrasonic & sonic automated scalers? (2) What are advantages & disadvantages of automated scalers? (3) Do various designs differ clinically? & (4) What are common operator errors? Report below addresses these questions.

1. WHAT ARE ULTRASONIC & SONIC AUTOMATED SCALERS?

Clinically, most obvious differences between ultrasonic & sonic scalers are: (a) Scaling power. Ultrasonics can remove tenacious deposits, while sonics are best suited for routine recall patients. & (b) Delivery systems. Ultrasonics require separate unit & controls or can be built into unit delivery system, while sonics attach to existing air/water hose & are controlled by handpiece foot pedal.

A. ULTRASONIC SCALERS—2 types exist: (1) Magnetostrictive (i.e. Cavition by Bertizy) & (2) Piezoelectric (i.e. E400 by Amfis AB, Sweden). In magnetostrictive systems, electrical energy is applied to coil in handpiece & magnetically changes dimension of metal stack creating elliptical or linear movement of tip at frequency of about 25,000-30,000 cycles per second (cps). Significant heat is generated & requires water for cooling. In piezoelectric systems, electrical energy is applied to crystal which emits vibrations in linear pattern at frequency of about 25,000-40,000 cps. Almost no heat is created so water is for lavage only. Both types of scalers can remove tenacious deposits well. Clinical differences are attributable to access provided by handpiece & scaler tip design rather than energy source.

B. SONIC SCALERS—All sonic scalers use compressed air & water delivered through hose designed for high & low speed handpieces. Air moves rotor system within scaler that vibrates working tip in elliptical pattern at frequency of about 2,500-4,000 cps. Although energy is not high enough to remove tenacious deposits, it is well suited for less tenacious deposits typical of patients treated frequently.

2. WHAT ARE ADVANTAGES & DISADVANTAGES FOR USE OF AUTOMATED SCALERS?

A. ADVANTAGES:
(1) Rapid removal of gross calculus.
(2) Improved patient comfort.
(3) Improved operator comfort.
(4) Simultaneous water lavage & scaling (Some have ability to deliver medication along during scaling).

B. DISADVANTAGES:
(1) Less or no tactile sense.
(2) Reduced control in difficult access areas.
(3) Amount of coolant water necessary for magnetostrictive systems can be difficult to suction.
(4) Cost of instruments.
(5) Infection control limitations. (Most ultrasonic scalers cannot be heat sterilized).
(6) Space required for ultrasonic scaler control unit is critical area of operator.
(7) Noise can be irritating to some personnel.
(8) Ultrasoics may interfere with pacemakers.

3. DO VARIOUS DESIGNS DIFFER CLINICALLY? (Chart on pages 23 summarizes 22 instruments.)

YES. CRA studies showed clinical superiority could not be determined by characteristics measurable in lab such as tip frequency, amplitude, & path of motion; type of energy source; & cavitation. Instead, clinical differences were power of ultrasonics vs. sonic instruments, access achieved by handpiece & tip designs, & convenience features.

4. WHAT ARE COMMON OPERATOR ERRORS?

A. Tip not parallel to long axis of tooth & point of tip used to scale tooth.
B. Excessive pressure placed onto tip during scaling.
C. Failure to use lowest effective power setting.
D. Failure to use adequate H2O flow to cool tip.
E. Failure to flush H2O lines before & after each use.
F. Failure to replace tips at regular intervals, about every 8-12 months, depending on frequency of use.
G. Failure to keep tip in constant motion.
H. Failure to read & adhere to instruction manual.
I. Modification of tip size &/or shape by clinician.

5. CRA CONCLUSIONS:

Ultrasonic & sonic scalers can differ clinically. Scaling efficiency was not related to mechanical characteristics, but to handpiece & tip designs, available energy, & convenience features.

- ULTRASONIC ENERGY was needed to remove tenacious deposits. AMIDENT 830 removed gross calculus fastest, but CAVITRON 3000, PIEZON MASTER, & AUTOSCALER removed calculus rapidly & had better tip designs. LE CLEAN MACHINE & 2530 TURBO are best values with high ratings for calculus removal & tip designs, at cost of $395 & $475, respectively, not including tip cost of $50 each.

- SONIC SCALERS performed adequately for deposits removed at frequent & regular intervals. DENSISONIC & MM 3300 had fastest removal of moderate to light calculus, but DENSISONIC had better tip designs. SCALE RITE, VIPER SONIC, & MM 3300 are best values at $269, $429, & $495, respectively, including cost of tips. 360° light around scaler tip on SONIC FLEX LUX was rated excellent & considered desirable feature.

"CLINICAL SUCCESS IS THE FINAL TEST."
INTERNATIONAL CLINICAL RESEARCH —
(Summaries of research deemed particularly interesting to clinicians.)

1. DUAL-CURE RESIN CEMENTS ACHIEVE MAJOR PORTION OF CURE THROUGH EXPOSURE TO CURING LIGHT


Degree of monomer conversion using infrared spectra was performed on 4 dual-cure resin cements (Heliodent by Vivadent, Mirage FLC by Chameleon, Porcelain by Kerr, Ultra-Bond by Dan-Met) using: (a) no light exposure; (b) 60-second light exposure through Mylar only; & (c) 20-second or 60-second cure through overlying cured wafer of composite resin 1.5 mm thick. Results showed: (a) auto cure alone was always lower than when specimens were exposed to light; (b) cure 10 minutes postmix was almost always equal to 24-hour cure, indicating insignificant contribution of auto cure following initial set; & (c) claims of cure continuing over time are not warranted.

2. CARBAMIDE PEROXIDE BLEACHING TECHNIQUE FOR SINGLE TOOTH DEMONSTRATED


Bleaching vital teeth outside dental office using carbamide peroxide is well-known & widely accepted, especially for removal of brown, orange, or yellow hues. However, most practitioners have not considered use for only one or a few discolored teeth. Author describes successful bleaching of one central incisor by making conventional “nightguard” splint for entire arch, but placing bleach gel only in nightguard space where darkened tooth was located. Opalescence (Ultradent Products) was used for 4 weeks, 8 hours per night.

IS THERE ROOM IN DENTAL PRODUCT MARKETPLACE FOR SHOPPING SERVICES?

Publication of advantages & disadvantages of national shopping service has resulted in unprecedented praise & criticism (Feb. ’89 CRA Newsletter report on Profiltinder). Evaluation of shopping services was initiated in spring ’92 in response to requests from clinicians. Goals of evaluation were to confirm claims, ascertain if membership fees were justified, & determine clinical usefulness of national shopping for dental products. Results showed national shopping very informative in gaining national perspective on product costs. Profiltinder was most highly rated of shopping services evaluated because it: (1) allowed any dealer to participate; (2) dissociated Profiltinder from transaction between dentist & dealer by making money paid to Profiltinder clearly evident in annual membership fee rather than part of product cost; & (3) reduced annual cost of dental products for users by about 24%.

Profiltinder does not sell products, it simply lists various costs charged for a product by dealers across U.S. Profiltinder members are informed of costs via quarterly listings in booklet or computer disk, or via contact by fax or toll free telephone number. Clinicians select their own purchase source which can be their local dealer, a dealer anywhere in U.S., or one of four major supply houses who have agreed to sell to Profiltinder members for lowest cost found nationally by Profiltinder.

Some dental retailers complain Profiltinder, & other national shopping services, threaten their business because services they provide to dentists force them to charge more. These services include: (1) Sponsorship of local, state, & national dental meetings; (2) Equipment maintenance; (3) Sales force that calls on offices; (4) Providing exchanges &/or refunds on products returned by clinicians; (5) Loaner equipment; (6) Maintenance of local inventories; (7) Personnel listings; (8) Scholarships & loans for students; (9) Office planning; (10) Business counseling, etc. Mention of these points by dealers is valid. Also valid is fact that clinicians realize it is they, & ultimately their patients, who pay for these services. Services provide dealers with goodwill & recognition they hope will attract more customers, & services provide clinicians with convenience & support.

Questions about shopping service concept are:

(1) Is there a place for everyone in dental market—dealers, catalog suppliers, & national shopping services?
(2) If a dealer is serving & determining pricing fairly, what is there to fear?
(3) Is it restraint of trade & price fixing when a dealer pressures a manufacturer to withdraw right to sell products from dealers who choose to sell at lower prices?
(4) Is not freedom to set prices essential to free enterprise system?

In spite of objections, national & international shopping services are trend of future for at least some purchasers. Several groups are now working on ingenious ways to combine computer networking &/or faxes &/or private labeling to offer new, fast, economical marketing. CRA did not conceive these ideas, CRA only evaluates efficacy & clinical usefulness. Therefore, why should CRA report be disputed? Is there something amiss in pricing of dental products? Why isn't there a place for many types of retailers in today's marketplace?

* * * * *
Certifications:

ISO 13485 Certification:

CERTIFICATE
No. Q1N 08 07 67012 002

Holder of Certificate: D.B.I. AMERICA CORPORATION
254 Crystal Grove Blvd
Lutz FL 33548
USA

Certification Mark:

Scope of Certificate: Design and Development,
Production, Service and Distribution
of Dental Piezo Ultra Sonic Scaler;
Combination Dental Piezo Ultra
Sonic Scaler with Dental Electric Motor

The Certification Body of TÜV SÜD Product Service GmbH certifies that the company mentioned
above has established and is maintaining a quality system which meets the requirements of the
listed standard(s). See also notes overleaf.

Report No.: DM804523-102
Valid until: 2011-09-30

Date, 2008-10-23
Page 1 of 2

TÜV SÜD Product Service GmbH
Zertifizierstelle
Ridlerstr. 65 · 80339 München
Germany

Akkreditiert durch
Zentralstelle der Länder
für Gesundheitsschutz
bei Arzneimitteln
und Medizinprodukten
ZLG-ZQ-999.98.12-46
Certifications:

CE Certification:

EC-CERTIFICATE
Full Quality Assurance System
No. G1 08 07 67012 001

Manufacturer: D.B.I. AMERICA CORPORATION
254 Crystal Grove Blvd
Lutz FL 33548
USA

EC-Representative: Maecolux S.A.
32 Demier sol Residence Dali
G.D. Luxembourg
25436 Luxembourg
LUXEMBOURG

Product Category(ies):
Dental Piezo Ultra Sonic Scaler;
Combination Dental Piezo Ultra
Sonic Scaler with Dental Electric Motor

The Certification Body of TÜV SÜD Product Service GmbH declares that the aforementioned manufacturer has implemented a quality assurance system for design, manufacture and final inspection of the respective products / product categories according to Annex II section 3 of the Directive 93/42/EEC on Medical Devices. This quality assurance system conforms to the provisions of this Directive and is subject to periodical surveillance. For marketing of class III products an additional Annex II.4 certificate is mandatory. See also notes overleaf.

Report No.: DM804523-102
Valid until: 2013-10-22

Date, 2008-10-23

Hans-Heiner Junker


Page 1 of 2
Certifications:

510K Certification

DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service

SEP - 2 2005

Mr. Ubiraci R. Fernandes
Vice President
D.B.I. America Corporate
2909 Busch Lake Boulevard
Tampa, Florida 33614

Re: K051910
Trade/Device Name: Ultrasonic Scaler
Regulation Number: 21 CFR 872.4650
Regulation Name: Ultrasonic Scaler
Regulatory Class: II
Product Code: ELC
Dated: June 24, 2005
Received: July 14, 2005

Dear Mr. Fernandes:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.
Please be advised that FDA’s issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act’s requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, ”Misbranding by reference to premarket notification” (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

[Signature]

Chiu Lin, Ph.D.
Director
Division of Anesthesiology, General Hospital,
Infection Control and Dental Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure
Indication for Use

510(k) number (if known)  K051910
Device Name: Ultrasound Sclera (21 CFR 882.6430)
Indication for use: The Ultrasound Sclera is intended to be used by a dentist and/or dental hygienist for use during dental cleaning to remove calculus deposits from the teeth.
Evaluations and Tests Performed

CLASSIFICATION REPORT
INTERTEK TESTING SERVICES NA INC.

27611 La Paz Road, Suite C
Job No. 3071152-108

Laguna Niguel, CA 92677

Issued: April 6, 2005
Page 1 of 43

REPORT NO. 3071152-002

INSPECTION, TESTS AND EVALUATION
OF
ULTRASONIC TEETH CLEANERS
RENDERED TO

DBI AMERICA CORPORATION
TAMPA, FL

GENERAL: This Report gives the results of the inspection, tests and evaluation of ultra sonic scaler and ultra sonic scaler/polisher for compliance with applicable requirements of the Standard(s) for Safety for Medical Electrical Equipment, Part 1: General Requirements for Safety (UL 60601-1, 1st edition, dated April 25, 2003) (CSA C22.2 No. 601.1-M90 include C22.2 No. 601.1S1-94 (IEC 601-1, Amendment 1: 1991) Supplement No. 1-94 to CAN/CSA C22.2 No.601.1-M90), without the requirements of Electromagnetic Compatibility. The investigation was begun on 1/24/05 and completed on 4/22/05. A prototype sample in good condition was provided by the client on 1/24/05 and tested at Intertek's Laguna Niguel, CA facility.

Safety for Medical Electrical Equipment, Part 1: General Requirements for Safety
(UL 60601-1, 1st edition, dated April 25, 2003) (CSA C22.2 No. 601.1-M90 include C22.2 No. 601.1S1-94 (IEC 601-1,

Applicant: DBI America Corporation
2909 Busch Lake Blvd.
Tampa, FL 33614 USA
Contact: Mr. Ubiraci Fernandes
Phone: (813) 931-3590
Fax: (813) 931-7457

Manufacturer: DBI America Corporation
2909 Busch Lake Blvd.
Tampa, FL 33614 USA
Contact: Mr. Ubiraci Fernandes
Phone: (813) 931-3590
Fax: (813) 931-7457

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PRODUCT DESCRIPTION

PRODUCT COVERED

Ultra Sonic Scaler, model Swift (SW03.3), Swift Portable (SW03.37P, SW03.38P)
Ultra Sonic Scaler/Polisher, model Maxi Sonic III (MS03), SP 100, SP 100 AK, SP 200, SP 200 AK

PRODUCT DESCRIPTION

The equipment listed in this report is ultra sonic scaler and ultra sonic scaler/polisher.

MODEL SIMILARITY

Both the Swift and the Maxi Sonic models use same power supply and similar components.

Both the Scaler and the Scaler/Polisher models have an external power supply configuration and an internal power supply configuration.

ELECTRICAL RATINGS

<table>
<thead>
<tr>
<th>Product</th>
<th>Voltage</th>
<th>Current/Power</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>W/ External Power Supply</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Swift</td>
<td>120 Vac</td>
<td>60 VA</td>
<td>60 Hz</td>
</tr>
<tr>
<td>- Maxi Sonic III</td>
<td>24 Vac</td>
<td>1.0 A</td>
<td>60 Hz</td>
</tr>
<tr>
<td>W/ Internal Power Supply</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Swift Portable</td>
<td>115V</td>
<td>1A</td>
<td>60 Hz</td>
</tr>
<tr>
<td>- SP 100, SP 100 AK, SP 200, SP 200 AK</td>
<td>115V</td>
<td>1A</td>
<td>60 Hz</td>
</tr>
</tbody>
</table>
TEST PERFORMANCE NO. 1

A representative sample of the product was tested in accordance with the Standard(s) for Safety for Medical Electrical Equipment, Part 1: General Requirements for Safety (UL 60601-1, 1st edition, dated April 25, 2003) (CSA C22.2 No. 601.1-M90 include C22.2 No. 601.1S1-94 (IEC 601-1, Amendment 1: 1991) Supplement No. 1-94 to CAN/CSA C22.2 No. 601.1-M90), without the requirements of Electromagnetic Compatibility.

The following tests were performed:

<table>
<thead>
<tr>
<th>Test Description</th>
<th>UL 60601-1 &amp; CSA C22.2 No. 601.1 Clause</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humidity Preconditioning Treatment</td>
<td>4.10 &amp; 44.5</td>
</tr>
<tr>
<td>Marking Durability</td>
<td>6.1</td>
</tr>
<tr>
<td>Power Input</td>
<td>7</td>
</tr>
<tr>
<td>Limitation of Voltage</td>
<td>15</td>
</tr>
<tr>
<td>Protective Earthing</td>
<td>18</td>
</tr>
<tr>
<td>Leakage Current Before and After Humidity Treatment</td>
<td>19</td>
</tr>
<tr>
<td>(Earth &amp; Enclosure)</td>
<td></td>
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<tr>
<td>Dielectric Strength Before and After Humidity Treatment</td>
<td>20</td>
</tr>
<tr>
<td>Mechanical Strength</td>
<td>21</td>
</tr>
<tr>
<td>Stability</td>
<td>24</td>
</tr>
<tr>
<td>Temperature</td>
<td>42</td>
</tr>
<tr>
<td>Overflow, Spillage, Leakage, Humidity, Ingress of Liquids, Cleaning and Disinfection</td>
<td>44</td>
</tr>
<tr>
<td>Abnormal Operation</td>
<td>52</td>
</tr>
</tbody>
</table>

Results of the tests indicate the specimens conform to applicable test criteria.
CONCLUSION

A representative sample of the product covered by this report has been evaluated to the applicable requirements of the Standard(s) for Safety for Medical Electrical Equipment, Part 1: General Requirements for Safety (UL 60601-1, 1st edition, dated April 25, 2003) (CSA C22.2 No. 601.1-M90 include C22.2 No. 601.1S1-94 (IEC 601-1, Amendment 1: 1991) Supplement No. 1-94 to CAN/CSA C22.2 No.601.1-M90), without the requirements of Electromagnetic Compatibility.

Report prepared by: Original Signatures On File

Jun Cheng
Engineering Team Leader

Report approved by: Original Signatures On File

John Liaoog
Engineering Team Leader
Available Models:

**Swift Portable with Ergo Ultra Light Handpiece**
Includes: (1) Attached Ergo LED Handpiece, (1) 500ml/16oz Bottle with Lid, (1) Tip# PE39, (1) Tip# PE38, (1) Tip# PE37 *(unless specified)*, (3) ErgoGrip Ultra Light Sleeves, (3) Metal Tip Wrenches, Power Cord, Water Hose with Quick Disconnect, Replacement 1A Fuse and Tip Measuring Card.

Part# SW03.37PL (115V)
Part# SW03.37P220L (230V)

**Swift Portable with Ergo Basic Handpiece**
Includes: (1) Attached Basic Ergo Handpiece, (1) 500ml/16oz Bottle with Lid, (1) Tip# PE39, (1) Tip# PE38, (1) Tip# PE37 *(unless specified)*, (3) ErgoGrip Basic Sleeves, (3) Metal Tip Wrenches, Power Cord, Water Hose with Quick Disconnect, Replacement 1A Fuse and Tip Measuring Card.

Part# SW03.37P (115V)
Part# SW03.37P220 (230V)
Accessories

Scaler Tip# PE39
Is used for lingual and buccal supragingival scaling. It is one of our most popular tips and is used for the removal of heavy calculus. Recommended power setting: 10-100%

Part# 5608301
Type: Universal / Heavy Calculus Removal

Scaler Tip# PE38
It is primarily used for subgingival scaling but can also be used for light supragingival scaling. It is longer than Tip# 33 and has the same ergonomic design as Tip# 37. Both for lingual and buccal use. Available in Left or Right Angle. Recommended power setting: 10-70%

Part# 5608371
Type: Periodontics

Scaler Tip# PE37
Has a wide range of uses and can be used for both supragingival and subgingival treatments. The slim tip reaches easily into deep pockets and can also be used for furcations. Available in Left or Right Angle. Recommended power setting: 10-70%

Part# 5608341
Type: Universal

Scaler Tip# PE32
Is used for lingual and buccal supragingival scaling. Recommended for the removal of gross calculus. Recommended power setting: 10-100%

Part# 5608291
Type: Hoe / Heavy Calculus Removal

More tips and accessory information available upon request.
Accessories

Scaler Tip# PE33
Is designed for subgingival scaling and can also be used for furcations. Available in Left or Right Angle. Recommended power setting: 10-70%

Part# 5608311
Type: Periodontics

ErgoGrip Basic Protective Sleeve
Silicone sleeve for minimal torque on fingers and hands. Eliminates uncomfortable vibrations and designed with a special traction surface for better grip. To be used together with The Ergo Basic Handpiece.

Part# 4516331
Type: Sleeve

ErgoGrip UltraLight Protective Sleeve
With the same features of the ErgoGrip Basic Sleeve plus a built in lens for optimal light focus it will be a pleasure to hold the handpiece and there’s no risk of it sliding out of your hands even when your gloves are wet. Dirt resistant and easy to clean silicone surface.

Part# 5606451
Type: Sleeve

Metal Tip Wrench
A universal wrench for installing scaler tips on the handpiece. Can be used with new DuraGrade Max Tips and the hexagon style tips.

Part# 4514651
Type: Tip Wrench
Limited Warranty

Warranty

All products are warranted to be free from defective material and workmanship under normal use and service, for a period of two (2) years (except ultrasonic scaling tips, Cassettes and Sleeves which are only warranted for a period of three (3) months) from the date of delivery to the buyer (proof of invoice required). DBI’s sole obligation under this warranty is to repair or at its option replace the defective part of the product, provided the part or product is returned to its facility with prepaid postage, delivery, or freight charges. In the event warranty service must be performed to correct any defect, only DBI shall provide this service upon mutually agreeable arrangements made in advance. DBI and its distributors will not accept the return of goods unless authorized in writing prior to the return of any shipment. The Shipment must be made in accordance with the distributor’s instructions. Except as otherwise provided herein, there is NO WARRANTY, representation or condition of ANY KIND, express or implied (including NO WARRANTY OF MERCHANTABILITY OR FITNESS) and none shall be implied by law. THE EXPRESS WARRANTY AND REMEDIES CONTAINED HEREFIN (1) ARE MADE SOLELY TO THE FIRST PURCHASER FOR BENEFICIAL USE (THE BUYER), (2) ARE THE SOLE WARRANTIES AND REMEDIES, (3) ARE IN LIEU OF ALL OTHER WARRANTIES, GUARANTEES, AGREEMENTS OR OTHER LIABILITIES, WHETHER EXPRESS OR IMPLIED, AND ALL OTHER REMEDIES FOR BREACH OF WARRANTY OR ANY OTHER LIABILITY OF THE MANUFACTURER, IN NO EVENT SHALL D.B.I. AMERICA BE LIABLE FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES.

No person, agent distributor or dealer is authorized to change, modify or extend the terms of the warranty in any manner, whatsoever.

This Warranty is void when failure of defect is caused by conditions beyond DBI’s control, such as damage resulting from mishandling, neglect, misuse, improper maintenance, accident or alteration or repair by anyone other than an authorized dealer.

Do not send your product for repair directly to the factory or any address in the user manual. Always contact your local dealer.

Return Merchandise

Before we can consider your request for returns please
1. Provide the copy of the DBI invoices for each product
2. Be sure products have not been used. Merchandise must be returned in the original packaging and in original (new) condition with all the components.
3. Be aware that returns must be made within 6 months of original purchase date (DBI to Dealer Purchase)
4. Authorized returns will be subject to 20% restocking fee.
5. No return will be accepted without prior authorization. Authorization for re-
Complete DBI Brochure

Helping Create Beautiful Smiles!
Swift Portable
Ultrasonic Piezo Scaler

The Swift is a portable, self-contained Piezo ultrasonic scaler requiring only electrical connection. The unit includes an exterior water hookup and a 350 ml self-pressurized reservoir that can be filled with either water or medicament. The Swift features tips with linear movement to minimize noise, reduce patient discomfort, and speed calculus removal. A fine mist during the procedures enhances visualization. Autoclavable sleeve and tip eliminates the need to autoclave the handpiece, and therefore increase handpiece life. The scaler offers a wide tip selection including endodontic, apical surgery, and periodontal. The Swift Portable is also available with an optional luminous handpiece.

<table>
<thead>
<tr>
<th>Item</th>
<th>Swift Portable</th>
<th>Swift RSC II</th>
</tr>
</thead>
<tbody>
<tr>
<td>External Dimensions (in)</td>
<td>6.7W x 16.5L x 12.9H</td>
<td>13.8W x 5.5L x 11.8H</td>
</tr>
<tr>
<td>Weight (oz)</td>
<td>1.5 lbs</td>
<td>1.3 lbs</td>
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<tr>
<td>Packaged Dimensions (in)</td>
<td>16.0W x 18.5L x 14.3H</td>
<td>11.3W x 2.9L x 3.4H</td>
</tr>
<tr>
<td>Weight (lb)</td>
<td>1.5 lbs</td>
<td>1.3 lbs</td>
</tr>
<tr>
<td>Unit Weight (oz)</td>
<td>6.0 oz</td>
<td>2.7 oz</td>
</tr>
<tr>
<td>Power</td>
<td>120-240V/60Hz</td>
<td>120-240V/60Hz</td>
</tr>
<tr>
<td>Voltage (Hz)</td>
<td>1,050-4,000Hz</td>
<td>1,050-4,000Hz</td>
</tr>
<tr>
<td>Weight (lb)</td>
<td>2.0 lbs</td>
<td>1.7 lbs</td>
</tr>
</tbody>
</table>

Biojato
Bicarbonate Powder Jet

Finally, a prophylaxis unit that goes where you go. Take this system from room to room, connect to any high speed tubing and you’re ready to work. The Biojato utilizes the delivery unit’s air, water and foot control.

- Water and powder come together at the tip.
- Air filter removes all dust from the air to prevent blockage.
- Removable polishing handpiece for easy sterilization.
- Gently removes stains and plaque from all surfaces.
- Portable, weighs less than 2lbs.
- 1 year warranty.

<table>
<thead>
<tr>
<th>Item</th>
<th>Biojato</th>
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<tr>
<td>External Dimensions (in)</td>
<td>8 W x 4.5 L x 3.25 H</td>
</tr>
<tr>
<td>Weight (oz)</td>
<td>3 oz</td>
</tr>
<tr>
<td>Unit Weight (oz)</td>
<td>1.0 oz</td>
</tr>
</tbody>
</table>

Helping Create Beautiful Smiles!
SP200 Portable

Combo Piezo Ultra Sonic Scaler and Electric Motor

The SP200 is a self contained Scaler/Polisher workstation. The unit requiring only electrical connection includes a 500 ml self presurized reservoir that can be filled with water or medicament. The ideal unit for clinics requiring extra mobility or for offices without plumbing. Scale tips offer linear movement to speed calculus removal and minimize noise and heat. Wide tip selection including endodontic, apical surgery, and periodontal. The SP200 is also available with an optional lighted scaler handpiece. Standard E-Type motor accepts most E-type attachments. Optional "lab" or upgrade E-type electric motor available.

Optional E-type electric motor kit

Optional 70,000 lux LED handpiece.

Flash Portable

Polisher & Drill

Great things come in small packages. The Flash Portable is a compact and light weight cordless combination polisher and drill. The Flash Portable features a high-quality rechargeable Ni-Mh battery and a convenient carrying case for mobility and storage. High torque brush motor with speed up to 20,000 rpm.

- Compact and Light Weight, Cordless
- Battery Operated; Rechargeable - 140 minutes of operation when using battery
- Also operates directly connected to AC Power
- Easy operation with Power and Variable Speed Control Switch
- Forward/Reverse Rotation
- Activated by either foot control or hand control
- Accepts disposable Contra Angles
- Optional E-Type Motor with Contra Angle & Straight Attachments
- Carrying Case and Holster Included
- 1 year warranty

Optional E-type electric motor kit

Flash DP

Table Top Micromotor

The Flash DP is an efficient and reliable Electric Micro Motor. High torque brush motor reaching speeds of up to 35,000 rpm. Compact and light weight for effortless mobility and storage.

- Compact and ergonomic design
- Built-in motor control and stand
- One touch motor rotation direction changer
- Automatic circuit protection system (reset function)
- Variable speed foot pedal or hand controlled speed
- Accepts disposable Contra Angles
- Optional E-type motor
- 1 year warranty

To Order Call: 1-800-884-3507
**Mega Light WH**

LED Whitening Light

The Mega Light WH is a powerful but gentle bleaching light. A low heat emitting 3 Watt blue LED light with a 50,000 hour life expectancy. Auto memory and multiple time settings of 5, 10, 15, 20 and 25 minutes enabling efficient patient treatment. The movable arm allows for easy adjustment. The Mega Light WHs compact and light weight design makes it an ideal space saver.

**Mega Light CL**

LED Cordless Curing Light

No strings attached with the new Mega Light Cordless. The latest LED technology with 1600mw/cm² of power. Two connection options, battery or direct. The digital display makes operation your new curing light simple and fast. The Mega Light CL comes equipped with three programs: Fast, Ramp and Pulse. Preset curing times of 5, 10, 20, 30, 40 and 50 seconds.

**Mega Light Turbo**

LED Curing Light

The Mega Light Turbo is a LED Curing light with 800mw/cm² of power. The light offers three programs: Fast, Ramp and Pulse. Preset curing times of 5, 10, 20, 30 and 40 seconds with a beep after every 10 seconds. The 11mm light guide offers 360° rotation.

**Mega Light S**

LED Cordless Curing Light

The Mega Light S is a compact cordless LED light with 1000mw/cm² of power. Two power options, battery or direct. Preset curing times of 10, 20 and 30 seconds Ideal light for students.

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254 Crystal Grove Blvd. - Lutz – Florida – USA - Zip code: 33548
Phone (813) 909-9095 - Fax (813) 909-9225 - Toll Free (USA & Canada) 1 866.884.3507
Email: sales@dbidental.com or dbiexport@verizon.net - Website: www.dbidental.com