Closing the Gaps: Treating Diastemas, Black Triangles, and Peg Laterals

David Clark DDS

featuring

BIOCLEAR


Disclosures:
Dr. Clark has financial interest in Bioclear


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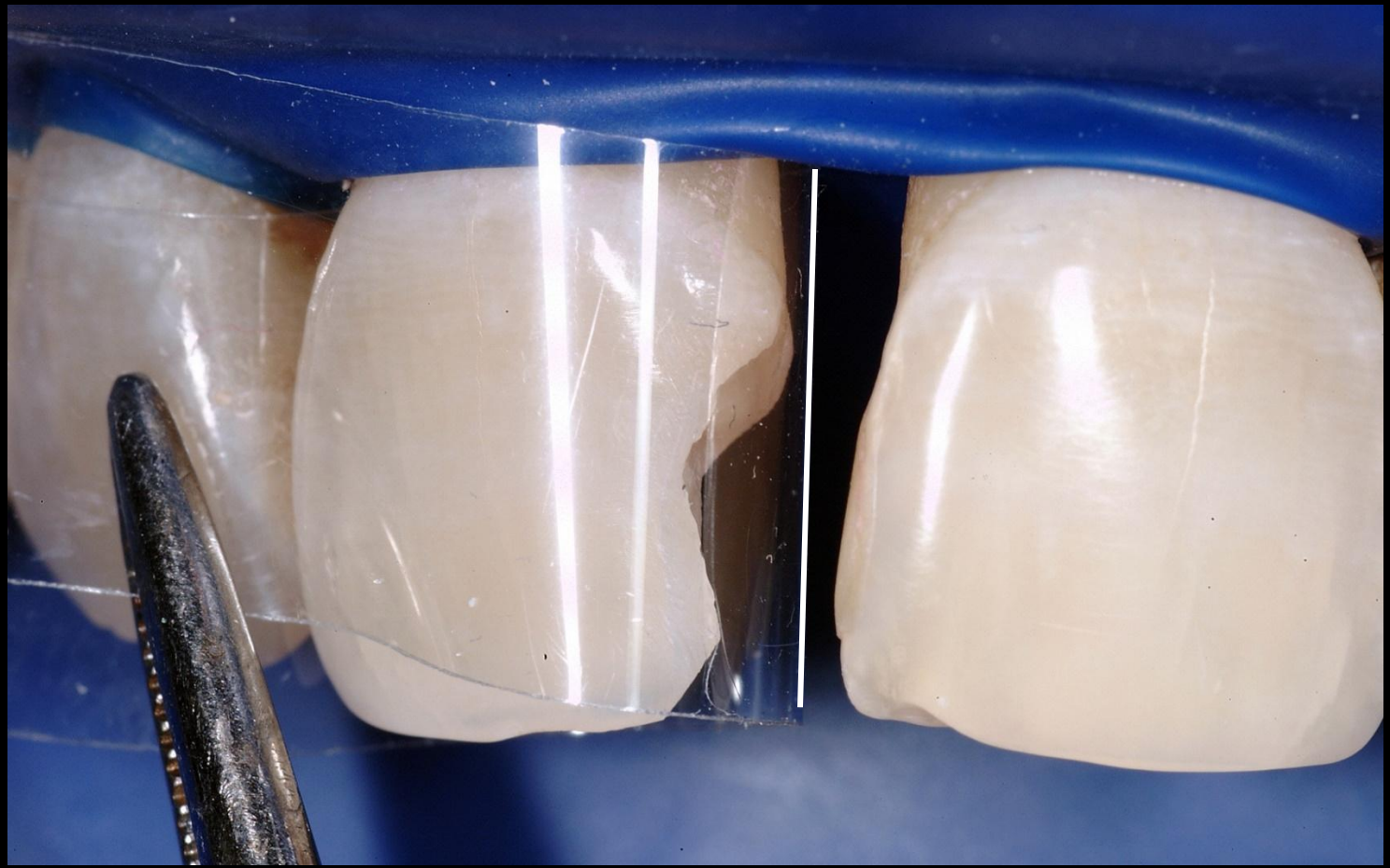
Traditional composite technique



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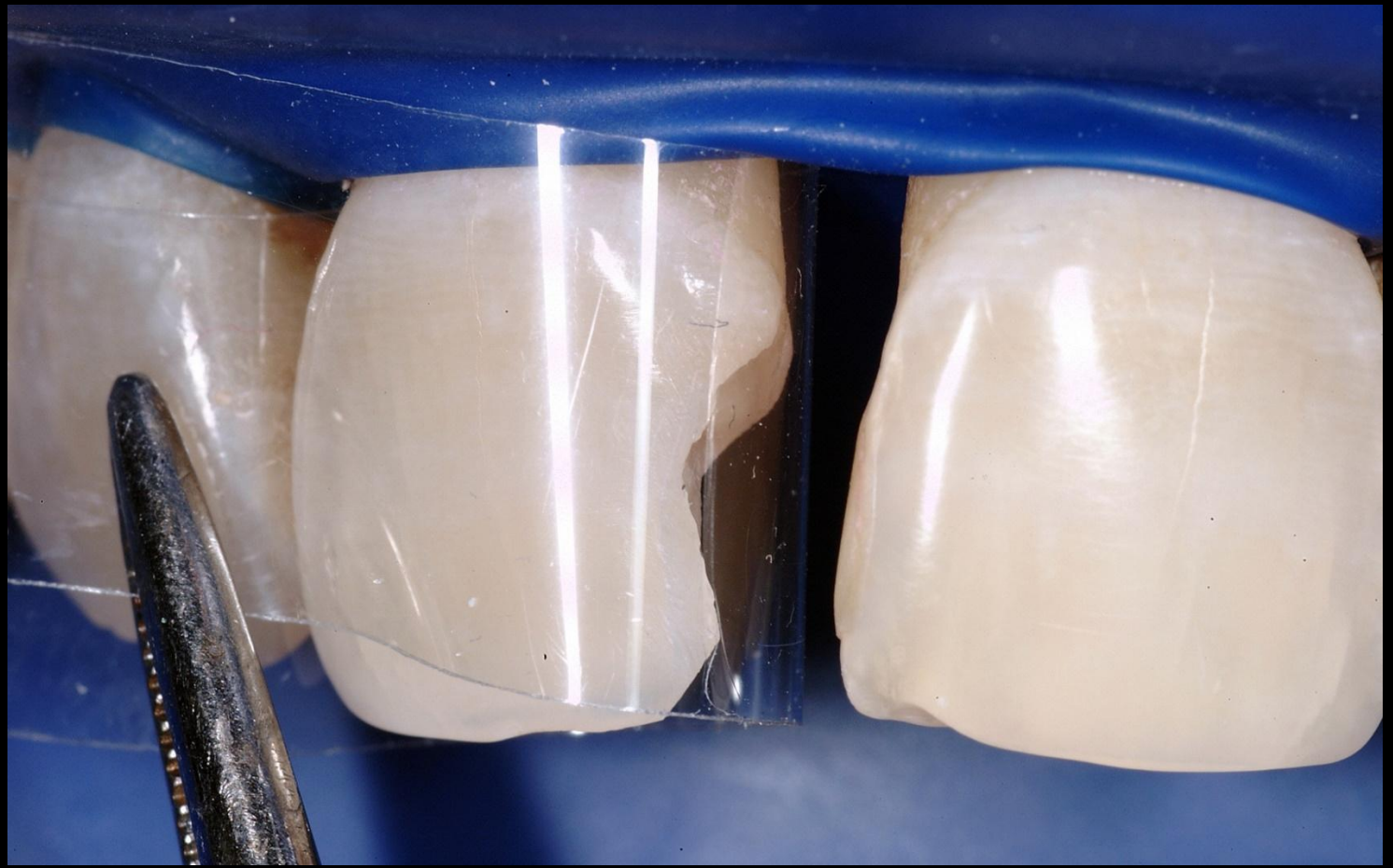

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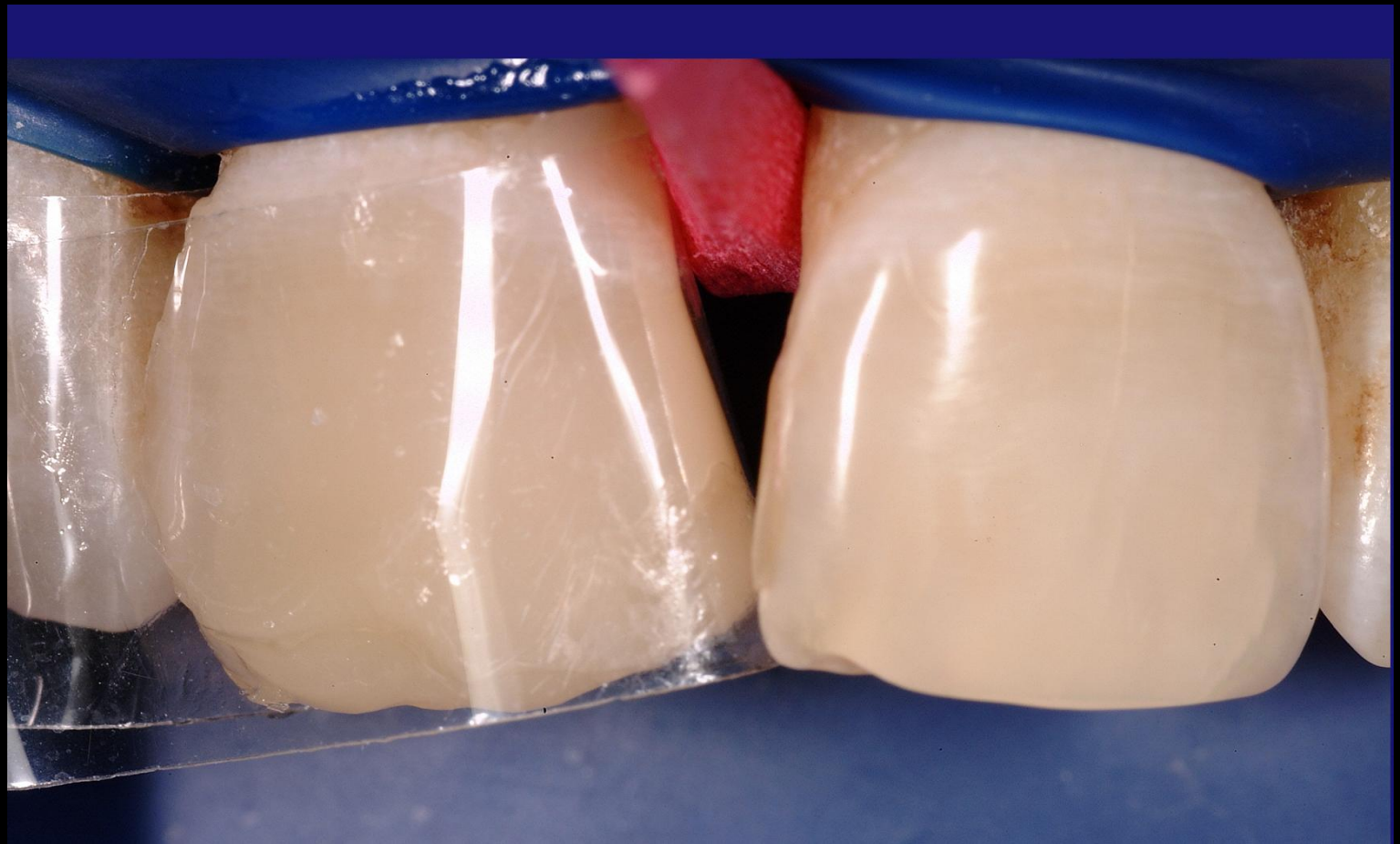
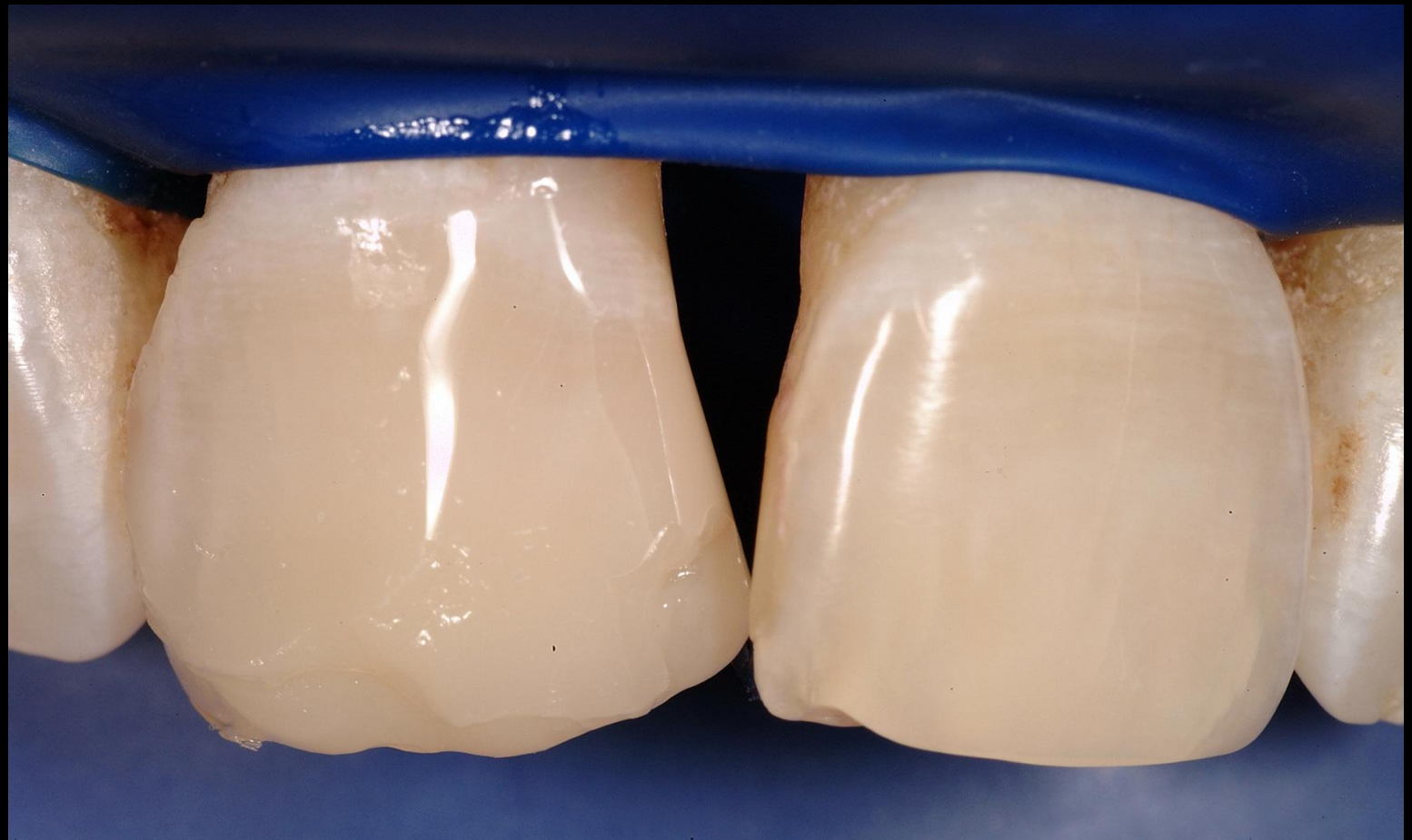


Traditional composite technique



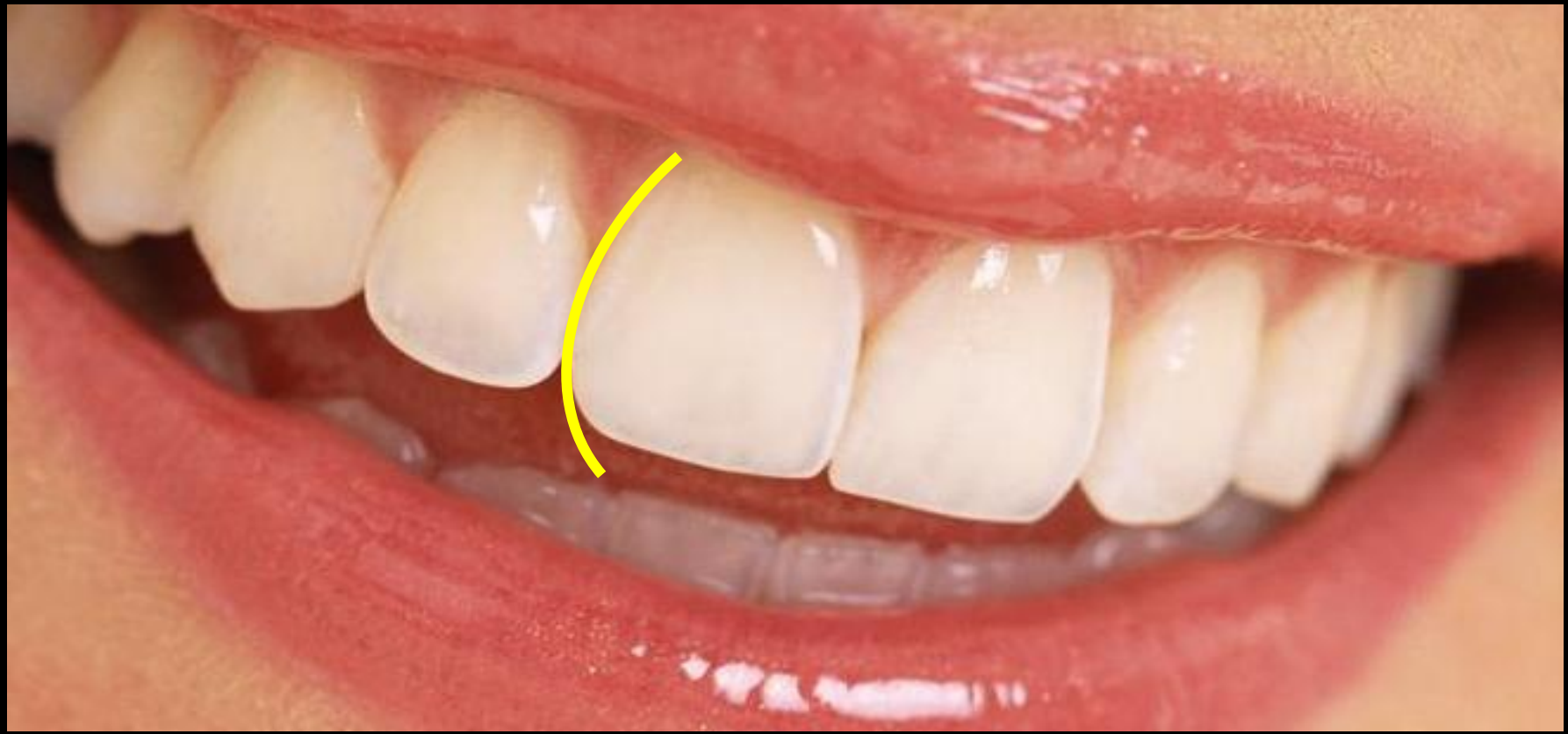
Traditional composite technique

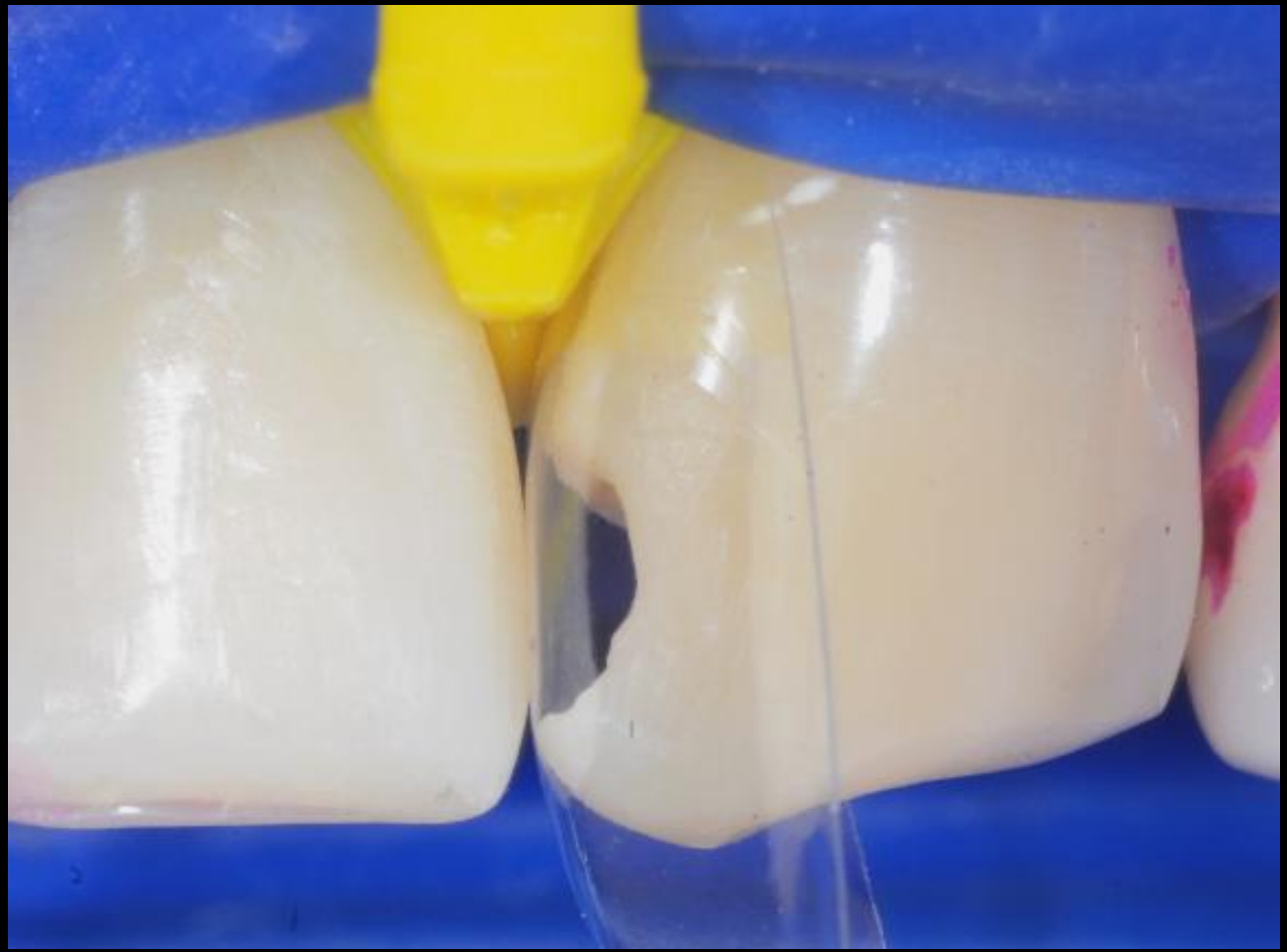
flat matrix + flat wedge = flat tooth

It’s 2026. Why are we still using ***flat Mylar*** and ***flat wedges***?

Teeth are not flat

Teeth are not flat!





Anatomic
Bioclear Anterior
Matrix plus
Bioclear
Diamond Wedge
(yellow-large)

“On” versus “Around”

Traditional Bonding (on)

Modern Method (around)

The Matrix and the Method Matter

Modern Method for Composite Restorations

Clear Anatomic Matrices, Powerful Separation

- Anterior & Posterior Matrices
- Designed to mimic nature

Preparation Design

- Designed for composite
- Minimizes stress concentration
- Maximizes enamel involvement

Injection Molded Composite

- Injection mold warmed Restorative materials: **Which brand is color stable?**
- Monolithic strength and Infinity Efge stain proof margins
- **"SUPER FLOWABLES"**

Biofilm Removal

- Remove biofilm before bonding
- Allows bonding to uncut enamel
- Allows infinity edge margins

Systematic restorative protocol for esthetic long-term clinical outcomes

Final Polish

- "Rock **Star" polish with Bioclear Magic Mix & RS Polisher**

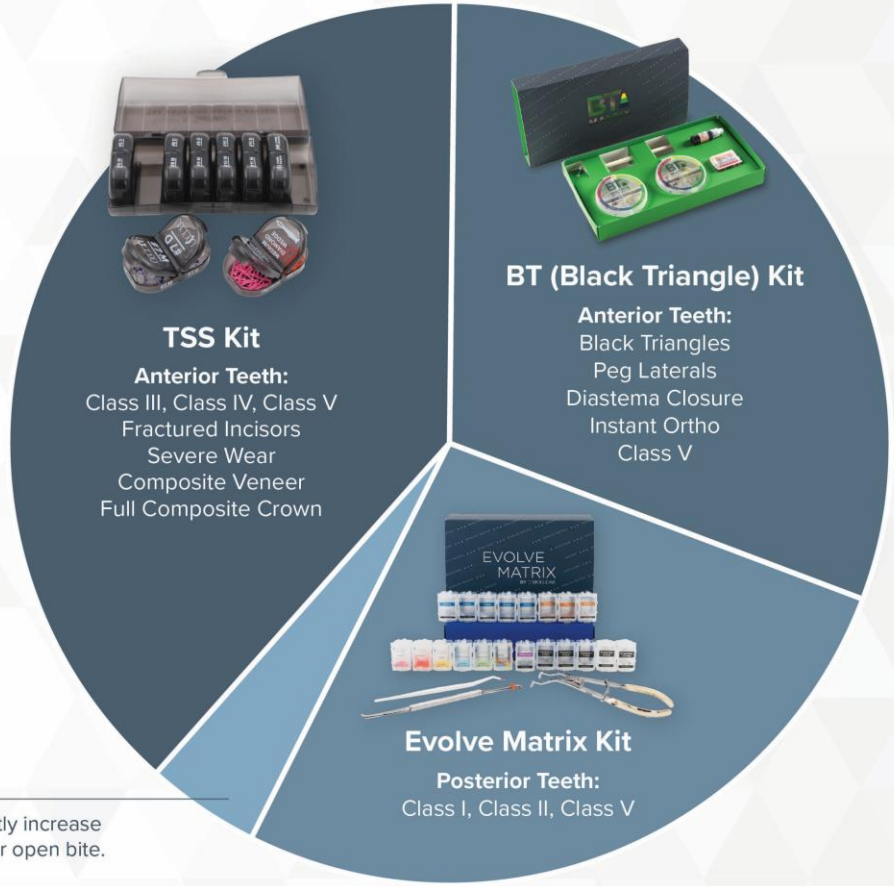
BIOCLEAR

Recommended Bioclear Matrices by Indication

For more information contact us

Bioclear Matrix Systems

1-855-712-5327



360 Veneer

Class V and to significantly increase overjet or correct anterior open bite.

6-year postop

What is a *super-flowable?*

Meet Erica: 35-year-old female finishing her 2nd round of orthodontics

Erica just finished her ortho and she's ***not*** happy

What are Erica’s chief complaints?

What were the options given when she complained to her orthodontist?

What was the TX Plan when she got back to her General Dentist?

What were the TX Plans when she consulted with the periodontist?

- Bioclear can fix almost everything if you follow the method

- Take photos from a lateral view. The patient doesn't see this (but everyone else in the room does)






- Gauge the triangle space ***before*** the rubber dam






- “Aquarium” matrices and “Shield” matrices

Pre-Operative

1-Year Post-Operative

Pre-Operative

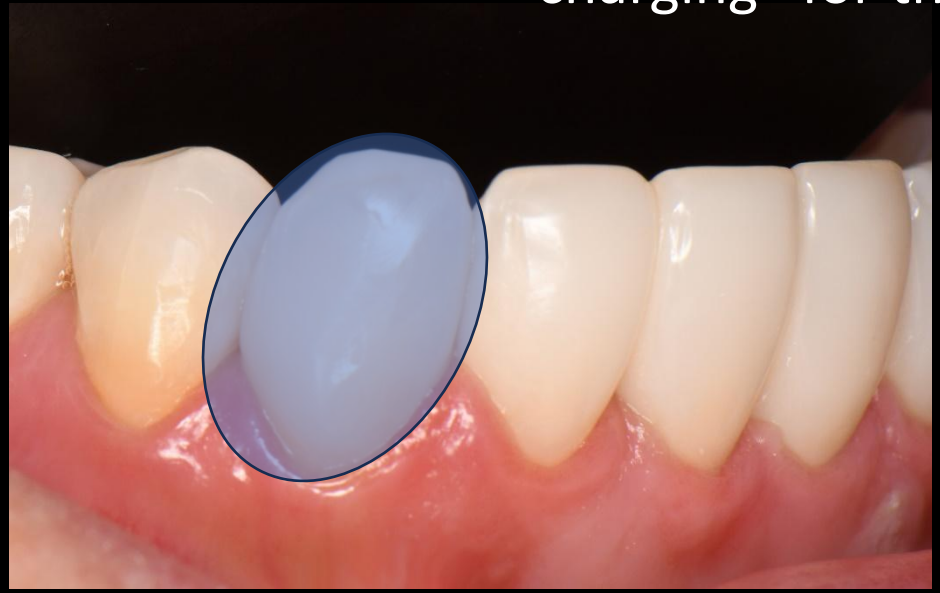
1-Year Post-Operative

Pre-Operative

1-Year Post-Operative

If you are doing more than one BT, consider overmolding the entire tooth, even when we are not “charging” for that triangle area

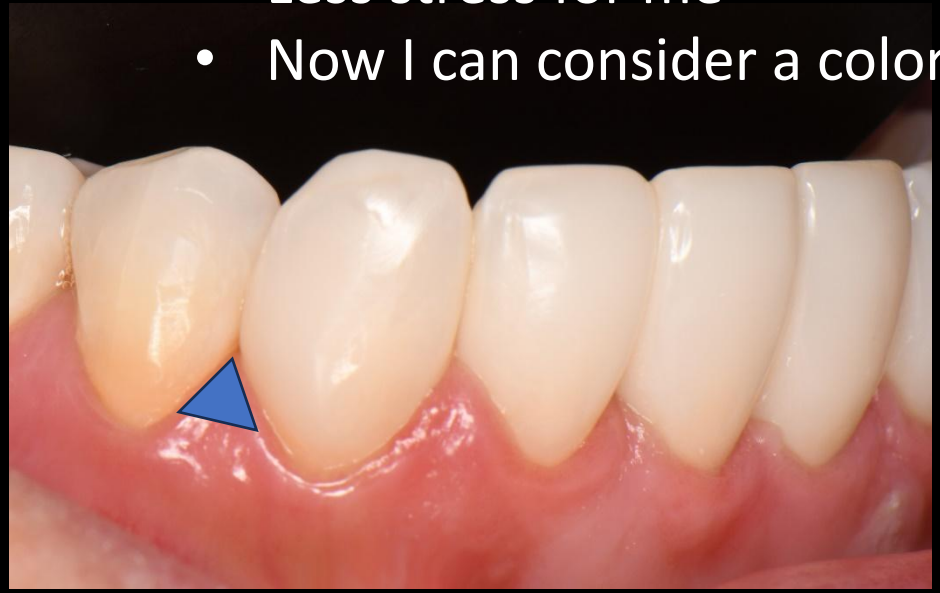
If you are doing more than one BT, consider overmolding the entire tooth, even when we are not “charging” for that triangle area



If you are doing more than one BT, consider overmolding the entire tooth, even when we are not “charging” for that triangle area

Why cover the WST (Whole Stinking Tooth)

- Easier than marginating
- Less stress for me
- Now I can consider a color upgrade



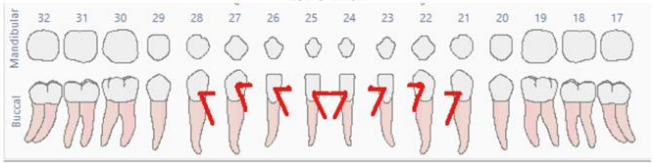
CLINIC

3402 South 38th Street, Tacoma, WA 98409
O: 253-474-7635 E: Patient@BioclearClinic.com

Date: 03-08-2021

Patient Name: Erica [redacted]
Consultation Date: 03-08-2021
Treating Doctor: David Clark

Lower Arch



Appointment time required to complete treatment One Day: 7am to 4pm with 10 day follow appointment.

- **Lunch and Breaks:** We provide a protein liquid drink for lunch. Be sure to eat breakfast prior to appointment. You will receive breaks to rest your jaw and use restroom.
- **Night Guard:** To protect your Bioclear restorations. Requirement for 5 yr. warranty of restoration. REFERRED: Night guard to be fabricated by your local dental provider.
- **Whitening Tray Options**: 1 Kit: (Kit include: custom upper and lower trays and bleach) Following Bioclear restoration placement for take home maintenance. Cost: **$250**

Tooth #	Description	Fee
Comprehensive Evaluation: complete oral evaluation, color, size determination, photos.		
•	**Bioclear Comprehensive Evaluation**	**$289**

Bioclear Black Triangle:  To close negative space between teeth and rejuvenate tooth to youthful appearance.
Tooth # 21/22, 22/23, 23/24, 24/25, 25/26, 26/27 Bioclear Black Triangle Closure Multiple $1,200 per Bioclear Black Triangle Closure.

Erica, you have the option to complete 5 or 7 Black Triangle Closures.

5 Black Triangles $6,000
7 Black Triangles $8,400

- **Lunch and Breaks:** We provide a protein liquid drink for lunch. Be sure to eat breakfast prior to appointment. You will receive breaks to rest your jaw and use restroom.
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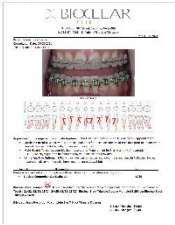


5 Black Triangles $6,000
7 Black Triangles $8,400

Key Takeaways from Erica's case:

- Use a shield matrix or shield matrices when possible
- What's a shield matrix?
- What are aquarium matrices?
- Doing the whole tooth is easier than half a tooth
- The "flowable clamp" for anterior rubber dams
- Use very small hole punch on your rubber dam

Pre-Operative

1-Year Post-Operative

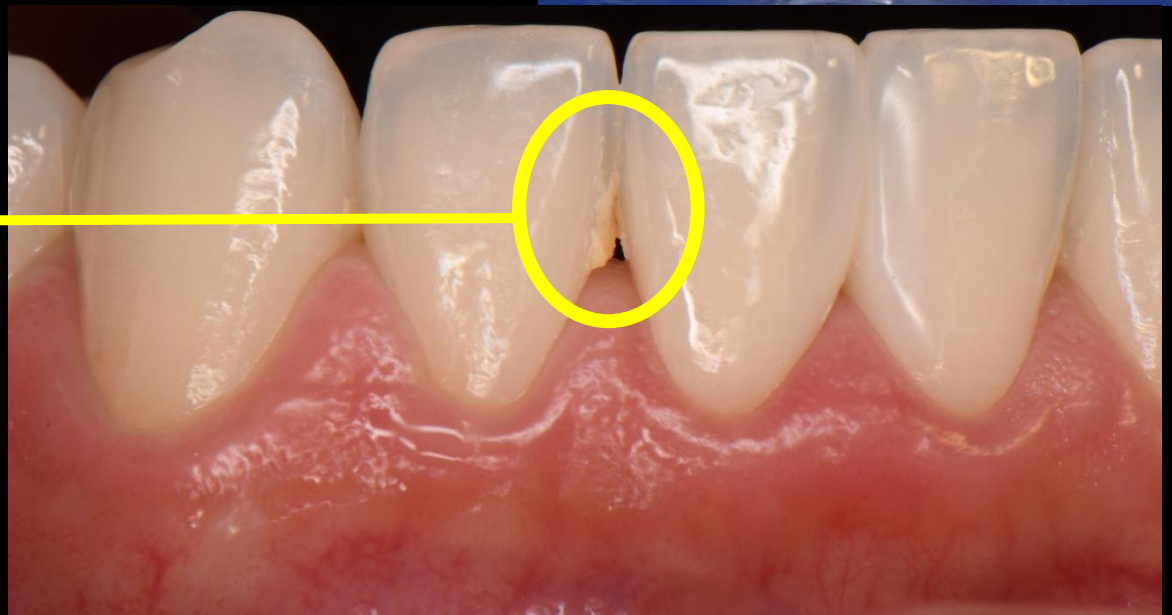
Treating a Single Black Triangle

2-year follow up


2-year follow up


2-year follow up

- The new Bioclear BT matrices have a specific shape i.e. shoulder blades that deflect bacterial accumulation

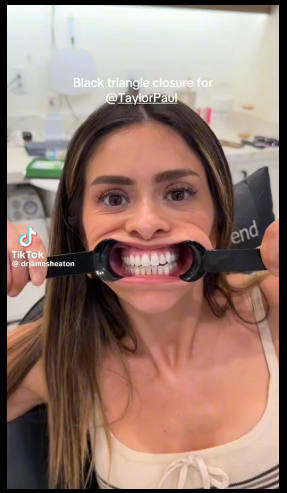


- The new Bioclear BT matrices have a specific shape i.e. shoulder blades that deflect bacterial accumulation

Injection over - molded


The
BACHELORETTE

The Bachelorette is a hugely popular American reality dating show where one woman dates about 25 men, eliminating them each week until she chooses a final partner—often ending in a proposal. It’s a cultural staple in the U.S., famous for its romance, drama, and devoted fanbase.

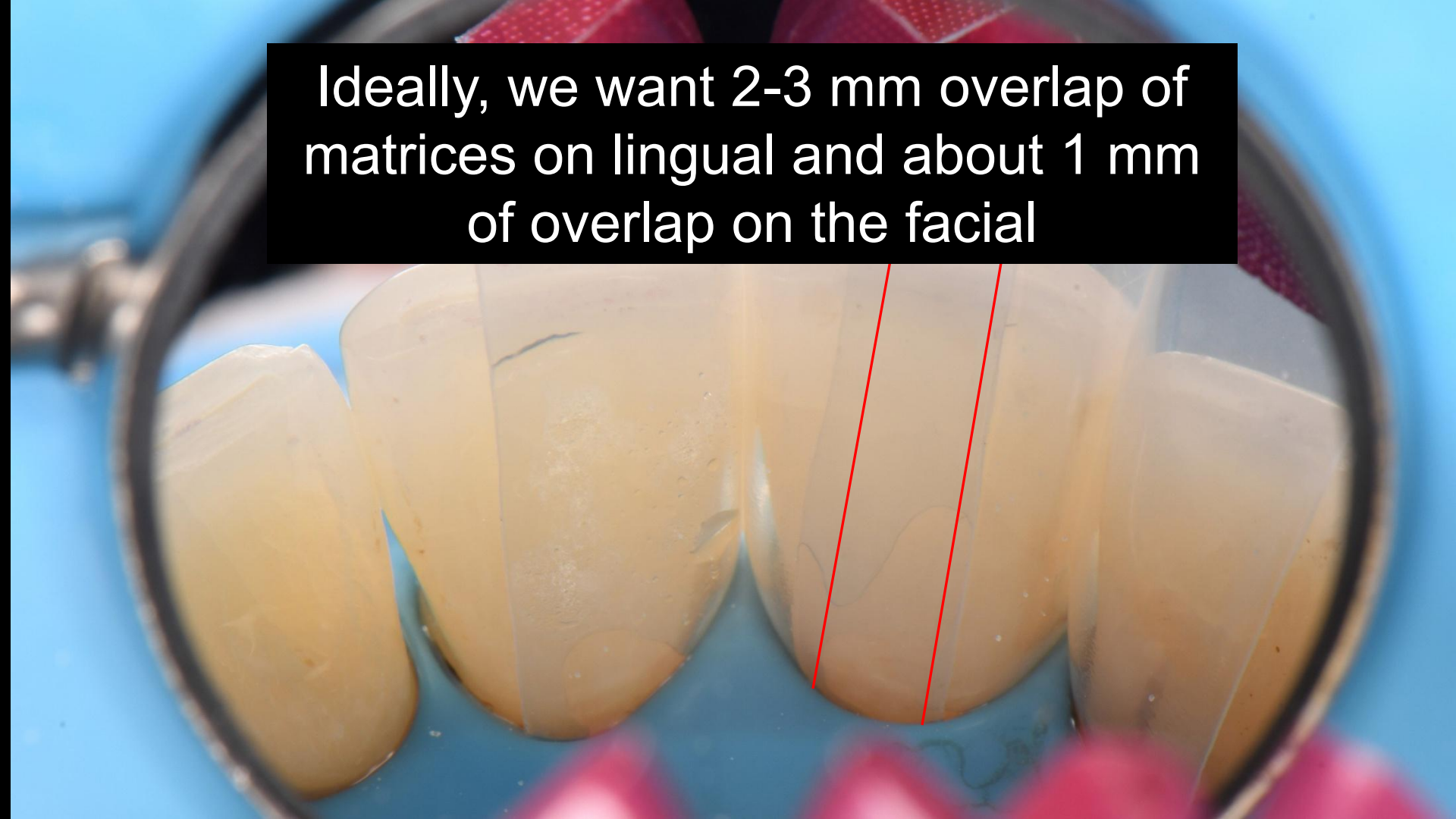


Season 21 averaged 2.39 million viewers per episode.

The dentist will make several mistakes. Let's see if you can identify them. The case turned out ok though.

A recent Black Triangle patient that flew from Boston to Seattle for treatment

She wants more fullness and wants a color upgrade


Ideally, we want 2-3 mm overlap of matrices on lingual and about 1 mm of overlap on the facial

If you are committing to a color upgrade, i.e. from A-3 to B-1 or W, you will need at least 1 mm thickness when using the “body” shades.

Pre-op

Post-op

So which composites turn yellow over time, and which composites maintain their color better?

If you use A-1, B-1, W, or XW it matters… a lot

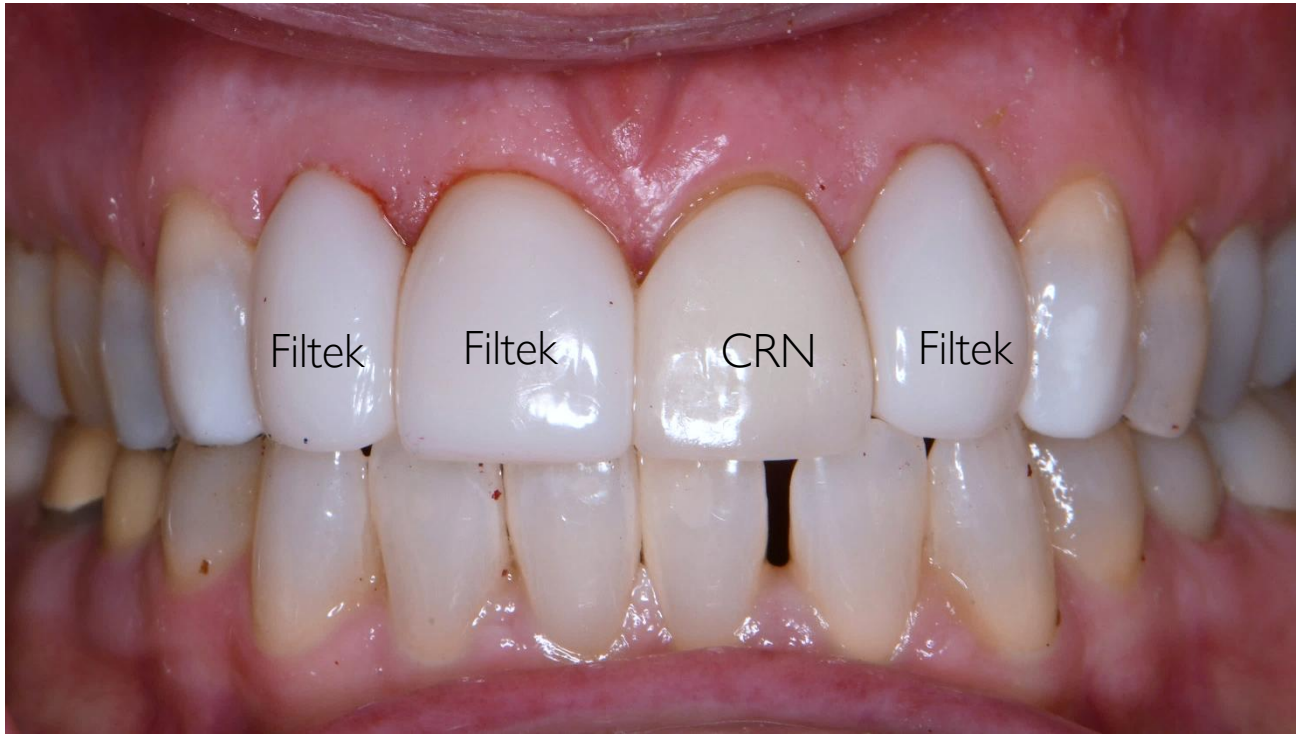
If you are using A-2 or darker, you don’t see the change

Filtek™ EW Body 2020

Filtek™ EW Body 2024

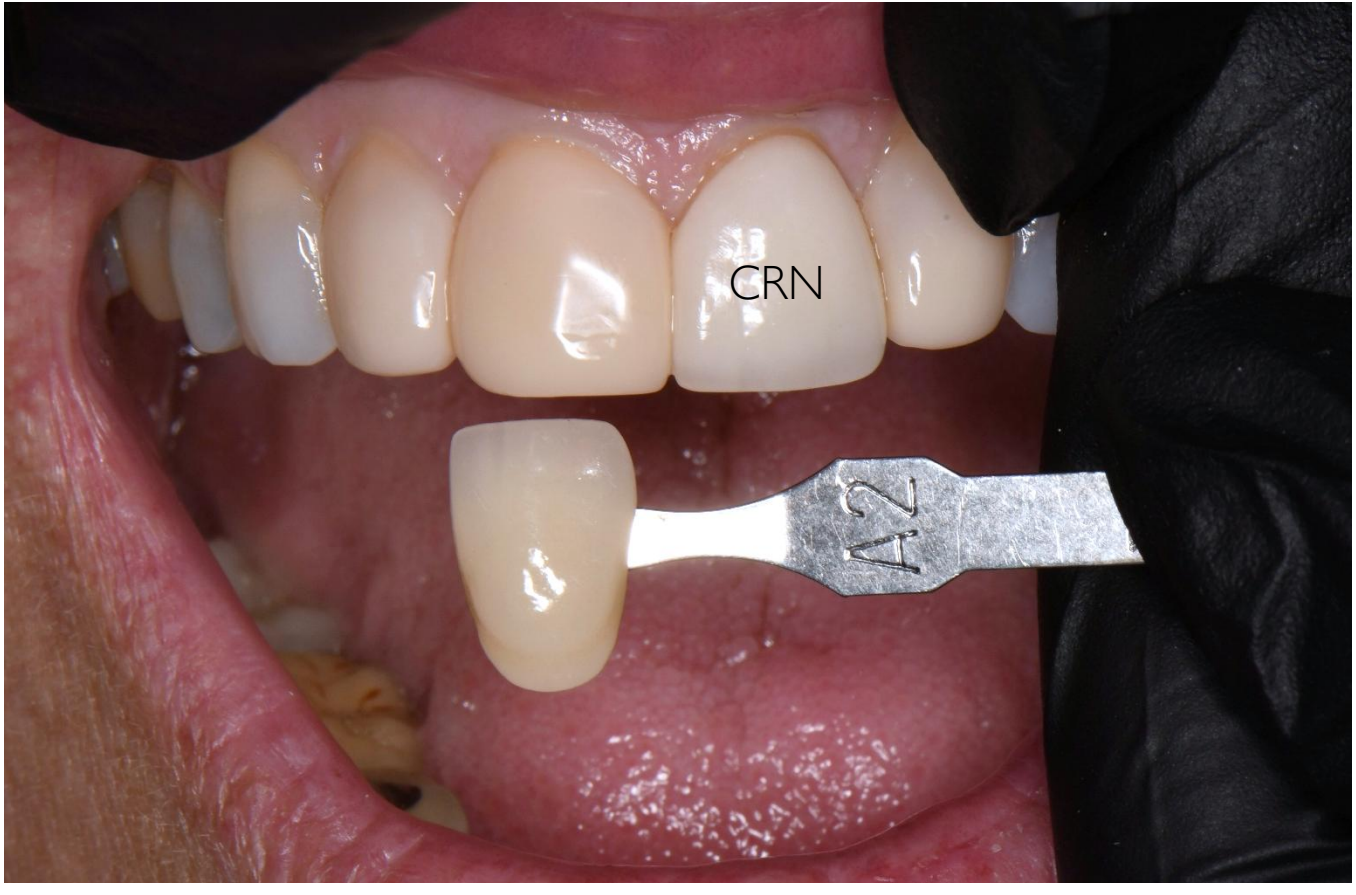
Immediate post-op with Filtek B-1

Pre-polish



2-year post-op, there is noticeable yellowing

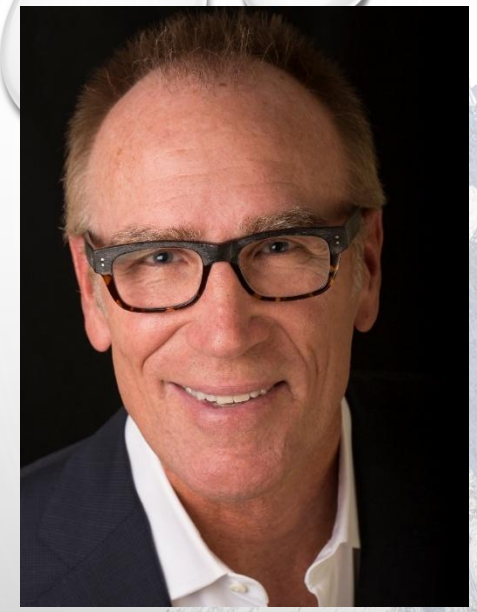
Filtek 9-year post-op, there is catastrophic yellowing



Filtek™ B1
Body 2016

Filtek™ B-1
Body 2018

Filtek™ B-1
Body 2025



Dr. Richard Young

Bioclear Cases 4 Year Post-ops

Untouched-NO refresh on either case

Majesty ES Classic and Flow

@dr.young.esthetics


@dr.young.esthetics


@dr.young.esthetics


@dr.young.esthetics


@dr.young.esthetics


@dr.young.esthetics


@dr.young.esthetics


@dr.young.esthetic

4 Years Post-Op

Kuraray Majesty ES Classic (Paste) and Flow

CLEARFIL™

Injection Molded Composites

DENTAL BONDING AGENTS

CLEARFIL™ Universal Bond Quick 2

DENTAL LIGHT-CURED RESTORATIVE COMPOSITE

CLEARFIL MAJESTY™ ES Flow

DENTAL LIGHT-CURED RESTORATIVE COMPOSITE

CLEARFIL MAJESTY™ ES-2

Classic

(Body Shades)

RESEARCH ARTICLE

Color stability and surface roughness of novel single-shade universal composite resins exposed to staining solutions: an in vitro study

Malin Janson[1] · Anja Liebermann[1] · Christoph Matthias Schoppmeier[2]

Received: 26 March 2025 / Accepted: 29 June 2025 / Published online: 15 July 2025

Abstract

This study investigated the color stability and surface roughness of three novel single-shade universal composites after exposure to common staining solutions. A total of 120 specimens (n = 40 per composite) were fabricated from Transcend Universal Composite (TRA), Ecosite One (ECO), and Clearfil Majesty ES-2 Universal (CLA). Specimens were stored at 37 °C in four different staining solutions (artificial saliva, coffee, red wine, matcha tea). Color changes (ΔE_{00}) were assessed at five time points using the eLAB system, and surface roughness (Sa, Sz) was analyzed via 3D laser scanning microscopy. Statistical analysis was performed using a linear mixed model and post-hoc test (Tukey) ($p < 0.05$). Composite type, staining solution, and exposure duration significantly affected discoloration ($p < 0.001$). Red wine induced the most pronounced color change (ECO: $\Delta E_{00} = 38.9 \pm 1.56$), while coffee and matcha tea caused similar discoloration ($p = 0.164$). TRA showed the greatest surface roughness increase; no correlation with color change was observed. The color stability of single-shade composites is influenced by resin matrix composition and staining agent exposure. Tri-modal or nanohybrid composites showed greater color stability than the micro hybrid composite. Surface roughness did not impact discoloration susceptibility.

Keywords Single-shade universal composites · Color stability · eLAB system · Staining solutions · Surface roughness

1 Introduction

The long-term color stability of restorative materials is a critical factor in esthetic reconstructive dentistry, as it significantly impacts both the durability and visual longevity of restorations (Paravina et al. 2015). Among the various restorative materials, resin-based composites must withstand continuous exposure to chromogenic substances found in foods, beverages, and saliva, which can compromise their optical and mechanical integrity over time (Checchi et al. 2024; Catelan et al. 2011; Kochman et al. 2020). Multi-shade composites traditionally achieve esthetic outcomes through stratified layering and customized pigmentation techniques (Chen et al. 2024; Ersöz et al. 2022). While effective, these procedures are time-consuming, technique-sensitive, and require a wide inventory of materials. Single-shade universal composites have been developed to overcome these limitations, offering simplified color selection while maintaining essential aesthetic and functional properties such as strength, durability, and adaptability (Leal et al. 2024). The primary advantage of these materials lies in their dynamic color adjustment. The chameleon effect enables a harmonious integration into the tooth structure by scattering and

Clinical significance The susceptibility of single-shade universal composites to discoloration varies with material composition and staining exposure, emphasizing the need for careful selection in esthetic restorations. Clinicians should consider material-dependent color stability, particularly in patients who frequently consume highly pigmented beverages.

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Restorative Dentistry & Endodontics RDE

Effects of different curing methods on the color stability of composite resins

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Department of Medicine, Surgery and Dentistry 'Scuola Medica Salernitana', University of Salerno, Baronissi, Italy

ABSTRACT

Objectives: The aim of this study was to compare the effects of different polymerization strategies and the effectiveness of finishing and polishing procedures of composite resins on color stability.

Materials and Methods: The samples were divided into 4 main groups according to the polymerization strategy, and all groups except the control group received surface treatment. Each group was subsequently divided into 3 subgroups respectively: Kuraray Clearfil Majesty ES-2 Classic, Premium and Universal. Approximately 24 hours after preparation of the samples, they were immersed for 7 days in a coffee solution. A first color measurement was performed after the preparation of the samples, the second measurement was performed after 7 days in the coffee solution. All measurements were carried out using a dental spectrophotometer to assess the CIE L^* a^* b^* color parameters.

Results: There was a statistically significant difference between ΔE values for different procedures ($p = 0.003$); in particular, the differences were found only between the groups that received surface treatment and the control group. In addition, a statistically significant difference was observed between the values of ΔE for different composites in the different procedure groups.

Conclusions: Spectrophotometric analysis showed that the additional photopolymerization and oxygen inhibition procedures did not yield better results in relation to color stability. In addition, finishing and polishing provided better color stability compared to not performing these procedures.

Keywords: Coffee; Color stability;

Original article

Discoloration of flowable and universal resin composites immersed in black tea for 30 days

Ayaka Hori-Ishikawa, Yuka Ogawa, Ayako Okada, Nana Sakaeda, Daichi Aizawa, Masao Hanabusa, Kaoru Ohnori, Takatsugu Yamamoto

Department of Operative Dentistry, Tsurumi University School of Dental Medicine, Yokohama, Japan

Abstract

Purpose: This study evaluated the discoloration of current flowable and universal resin composites by immersing in black tea over 30 days.

Materials and Methods: Three flowable resin composites and three universal resin composites were evaluated. The composites were inserted into a disk-shaped stainless steel mold and properly cured. The surfaces of the composite disks were wet-ground and ultrasonically cleaned. Colors – L^*, a^*, and b^* were measured at the center of disks on a gray background using a spectrophotometer. The disks were immersed in black tea at 37°C for 30 days, and the colors were repeatedly measured at 1, 3, 5, and 30 days of immersion. Color differences ΔE*ab were calculated from the L^*, a^*, and b^* values. Water sorption and solubility of the composites were also measured as per ISO 4049. The results were statistically analyzed, and regression analyses were done between ΔE*ab and ΔL^*, Δa^*, Δb^*, or sorption/solubility.

Results: All the composites showed observable increases of ΔE*ab within the first 5 days of immersion. Values of ΔE*ab ranged from 0.64 to 4.97, and three composites exhibited values above the clinically acceptable value, 3.3. ΔL^* and Δb^* revealed strong correlations with ΔE*ab. Both water sorption and solubility had positive correlations with ΔE*ab at 30 days.

Conclusion: Tea immersion induced discoloration of the current resin composites. This discoloration was affected mostly by the change in brightness and difference in its blue-yellow chromaticity, and the level of discoloration was material-dependent.

(Asian Pac J Dent 2020; 20: 9-15.)

Key Words: discoloration, flowable composite, solubility, tea, universal composite, water sorption

Introduction

Adhesive restoration is a conventional technique for the reconstruction of tooth structure lost to dental caries/fracture. Among the adhesive restorative materials, resin composites have wide ranges of clinical applications including direct restorations, core build-ups, and luting of indirect restoratives. Light-cured resin composites, in particular, are essential for direct restorations for of their adhesiveness, mechanical and esthetic properties [1]. Resin composites first began to be supplied in the form of pastes (hereinafter referred to as universal resin composite). Subsequent compositional alterations have produced less viscous resin composites, known as flowable resin composites since 1996 [2]. Flowable composites are dispensed by a syringe through a needle tip, achieving easy handling for filling relatively small cavities or cavities with large undercuts [3,4].

Initially, flowable composites contained hybrid-type fillers that were considerably larger than the current fillers [2]. The filler content was low with approximately 25 wt% to attain sufficient flowability of the composites, making their mechanical properties inferior to those of universal resin composites. Hence, flowable composites were mainly used for small cavities or as cavity liners [2,5]. Subsequent developments in filler technology; i.e., surface treatments and the dispersion techniques produced much smaller fillers [6], which improved the mechanical properties of composites. In addition, viscosity of composites became controllable due to filler/monomer technology. The flowable composites became applicable in occlusal load bearing areas and allowed for contouring the anatomical forms under the direct syringe application. With such improvements, clinical usage of flowable composites have increased in present day [7].

As described earlier, low viscosity is an advantage of the flowable composites. Flowability is controlled by the compound[illegible] resins. The major monomer is bisphenol A-glycidyl methacrylate (Bis-GMA) for current composites[illegible]iscous to use alone in composite in terms of manipulation[illegible]alkoxy dimethacrylate (TEGDMA), and certain

AOP PROSTHODONTISTS

The Effects of Fresh Detox Juices on Color Stability and Roughness of Resin-Based Composites

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Keywords
Color stability; fresh detox juices; resin-based composites; surface roughness.

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The authors declare no conflict of interest related to this study.

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Abstract

Purpose: To evaluate the effects of three fresh detox juices, including an orange, green, and red beverage, on the color stability and surface roughness of three anterior esthetic resin-based composites (RBCs).

Materials and Methods: Disk-shaped specimens were prepared with three different esthetic RBCs (Amaris, G-aenial Anterior, Clearfil Majesty ES-2) according to the manufacturers' instructions. Forty specimens were prepared for each RBC, and all specimens were stored in artificial saliva at 37°C for 24 hours. The initial color values and surface roughness measurements of the specimens were taken using a spectrophotometer and a profilometer. The specimens were then divided into 4 subgroups (n = 10). All specimens except the control specimens were immersed in their designated fresh detox juices (green, red, or orange) for 10 minutes twice a day. Color and surface roughness measurements were taken on day 15 and day 30, and the results were analyzed by one-way ANOVA and Tukey HSD test. The association between color change and surface roughness was evaluated by Spearman's Rank Correlation analysis.

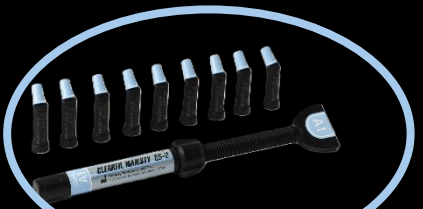
Results: Color changes and surface roughness increased upon exposure to fresh detox juices for 15 and 30 days for all of the RBCs. All of the G-aenial and Amaris groups displayed color changes above the threshold of acceptability, whereas Clearfil Majesty ES-2 displayed a color change above the threshold of acceptability only after exposure to the red beverage for 30 days ($\Delta E > 3.7$). With regard to surface roughness, Clearfil Majesty ES-2 outperformed the other RBCs ($p < 0.001$). According to Spearman's Rank Correlation analysis, there was no correlation between color change and surface roughness ($p > 0.001$).

Conclusions: Exposure to the fresh detox juices used in this study led to similar color changes in the RBCs used in this study.

Resin-based composites (RBC) are highly popular in restorative dentistry, but, as for the use of any restorative material, clinical failures are unavoidable. It has been reported that the reasons for replacing composite restorations include secondary/recurrent caries, marginal discoloration, bulk discoloration, marginal/bulk fracture of the restoration, fracture of tooth, and pain or sensitivity.[1] Unacceptable color change is the primary reason for replacing RBC restorations in anterior teeth.[2,3] Color change certainly occurs in restorative materials, but it is the degree of the color change that is important. Because small color changes in restorative materials are largely undetectable by the human eye, restoration replacement is not required for materials that display small color changes, but, for anterior teeth, when the color harmony between the restoration and the dental tissues deteriorates, replacement of the restoration is inevitable.

Different factors affect discoloration of RBCs by three basic mechanisms: intrinsic discoloration, surface/subsurface degradation, and extrinsic discoloration. Intrinsic discoloration is defined as the discoloration of materials independent of external factors. The chemical structure of the material, including the type of monomer, the filler size, and the distribution, as well as the degree of conversion and the physicochemical reactions of the material in the body affect intrinsic discoloration.[1,4] Surface/subsurface degradation occurs when staining agents react with superficial composite layers. A rough restoration surface, bad oral hygiene, and surface staining by consuming colored foods and beverage may cause extrinsic discoloration.[5-12]

4 CLEARFIL MAJESTY ES Composites Tested in 4 Papers



Color Stability Results for **Flowables:**

Original article

Discoloration of flowable and universal resin composites immersed in black tea for 30 days

Ayaka Hori-Ishikawa, Yuka Ogawa, Ayako Okada, Nana Sakaeda, Daichi Aizawa, Masao Hanabusa, Kaoru Ohmori, Takatsugu Yamamoto

Department of Operative Dentistry, Tsurumi University School of Dental Medicine, Yokohama, Japan

Abstract

Purpose: This study evaluated the discoloration of current flowable and universal resin composites by immersing in black tea over 30 days.

Materials and Methods: Three flowable resin composites and three universal resin composites were evaluated. The composites were inserted into a disk-shaped stainless steel mold and properly cured. The surfaces of the composite disks were wet-ground and ultrasonically cleaned. Colors – L*, a*, and b* were measured at the center of disks on a gray background using a spectrophotometer. The disks were immersed in black tea at 37°C for 30 days, and the colors were repeatedly measured at 1, 3, 5, and 30 days of immersion. Color differences ΔE*ab were calculated from the L*, a*, and b* values. Water sorption and solubility of the composites were also measured as per ISO 4049. The results were statistically analyzed, and regression analyses were done between ΔE*ab and ΔL*, Δa*, Δb* or sorption/solubility.

Results: All the composites showed observable increases of ΔE*ab within the first 5 days of immersion. Values of ΔE*ab ranged from 0.64 to 4.97, and three composites exhibited values above the clinically acceptable value, 3.3. ΔL* and Δb* revealed strong correlations with ΔE*ab. Both water sorption and solubility had positive correlations with ΔE*ab at 30 days.

Conclusion: Tea immersion induced discoloration of the current resin composites. This discoloration was affected most by the change in brightness and difference in its blue-yellow chromaticity, and the level of discoloration was material dependent.

(Asian Pac J Dent 2020; 20: 9-15.)

Key Words: discoloration, flowable composite, solubility, tea, universal composite, water sorption

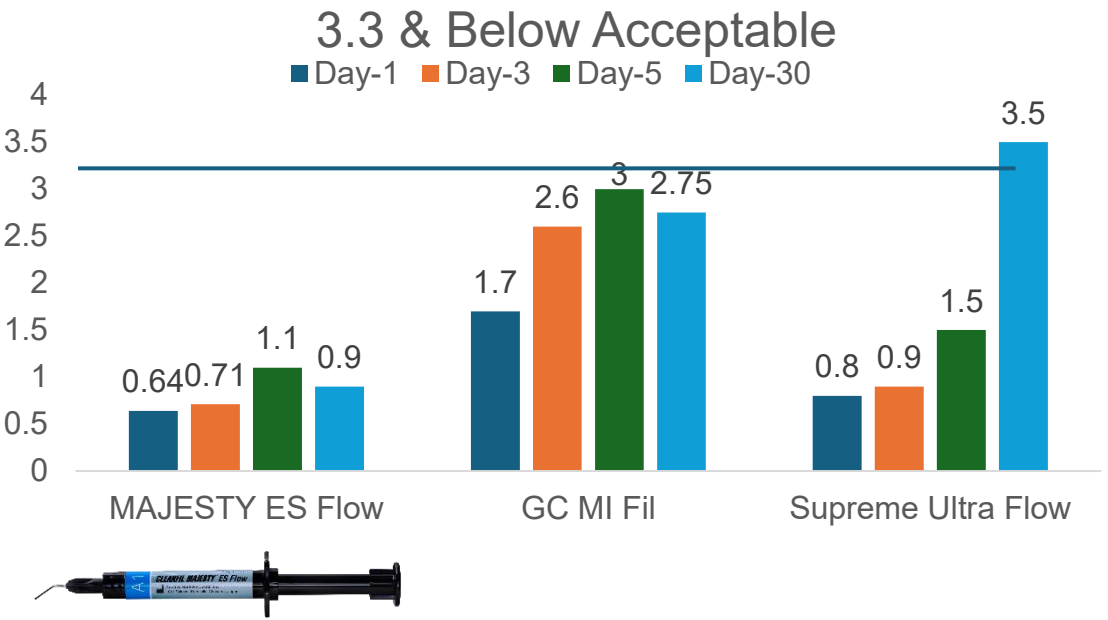
Introduction

Adhesive restoration is a conventional technique for the reconstruction of tooth structure lost to dental caries/fracture. Among the adhesive restorative materials, resin composites have wide ranges of clinical applications including direct restorations, core build-ups, and luting of indirect restoratives. Light-cured resin composites, in particular, are essential for direct restorations for of their adhesiveness, mechanical and esthetic properties [1]. Resin composites first began to be supplied in the form of pastes (hereinafter referred to as universal resin composite). Subsequent compositional alterations have produced less viscous resin composites, known as flowable resin composites since 1996 [2]. Flowable composites are dispensed by a syringe through a needle tip, achieving easy handling for filling relatively small cavities or cavities with large undercuts [3,4].

Initially, flowable composites contained hybrid-type fillers that were considerably larger than the current fillers [2]. The filler content was low with approximately 25 wt% to attain sufficient flowability of the composites, making their mechanical properties inferior to those of universal resin composites. Hence, flowable composites were mainly used for small cavities or as cavity liners [2,5]. Subsequent developments in filler technology, i.e., surface treatments and the dispersion techniques produced much smaller fillers [6], which improved the mechanical properties of composites. In addition, viscosity of composites became controllable due to filler/monomer technology. The flowable composites became applicable in occlusal load bearing areas and allowed for contouring the anatomical forms under the direct syringe application. With such improvements, clinical usage of flowable composites have increased in present day [7].

As described earlier, low viscosity is an advantage of the flowable composites. Flowability is controlled by the compounding base resins. The major monomer is bisphenol A-glycidyl methacrylate (Bis-GMA) for current composites due to its mechanical strengths. However, as Bis-GMA is too viscous to use alone in composite in terms of manipulation, other monomers such as urethane dimethacrylate (UDMA) and triethylene glycol dimethacrylate (TEGDMA), and certain diluents are compounded to adjust the viscosity [6,8]. Different base resins are frequently utilized in flowable and [illegible] Several studies have investigated discoloration of resin composites [7,9-[illegible] composites [10-13].

ΔE ab (Value & Chroma Changes)



Re: Discoloration: **"CLEARFIL MAJESTY ES Flow showed the lowest means at every interval of measurement"**

Color Stability Results for **Packable Universal Shades**:

Original article

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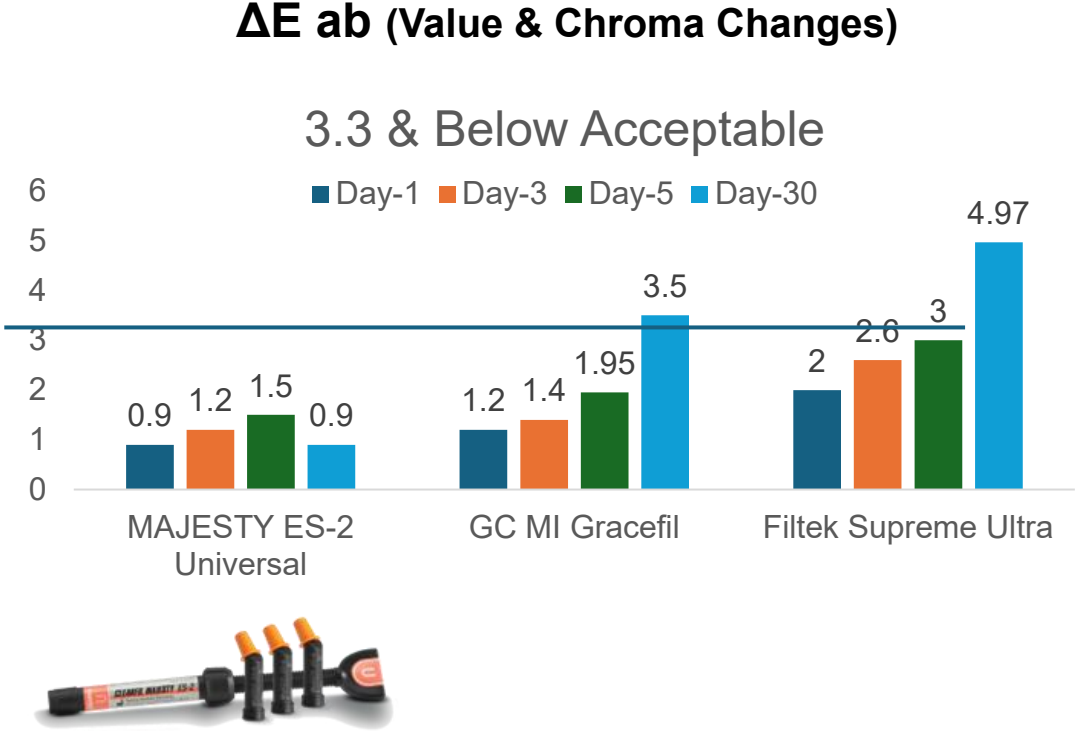
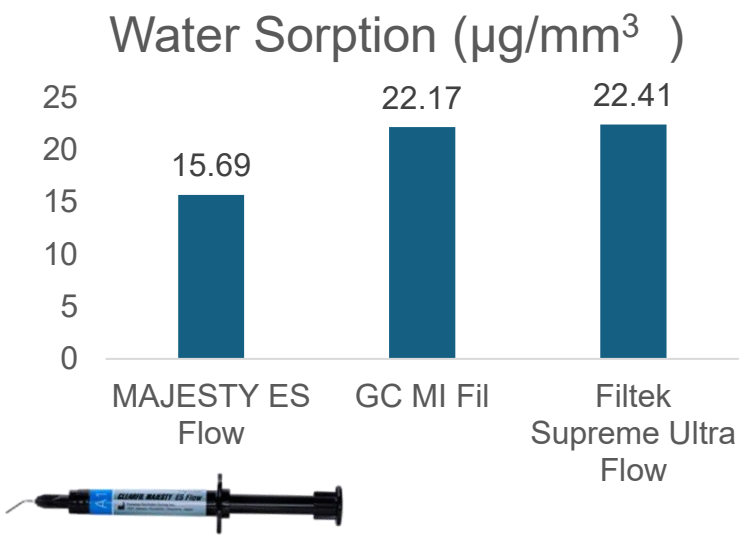
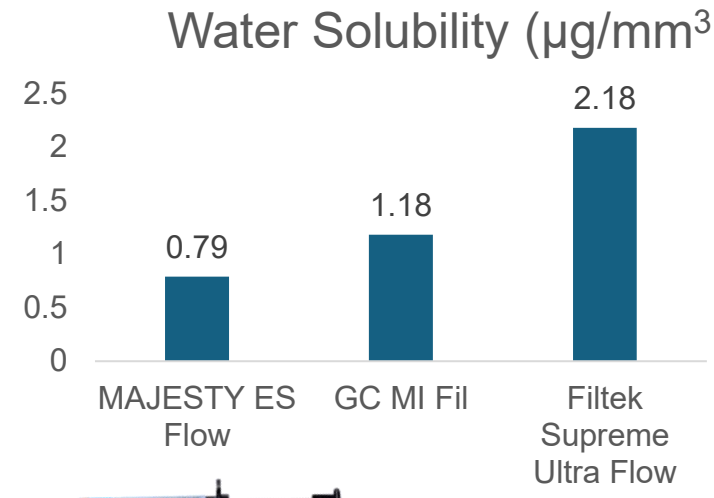


Water Sorption & Solubility:

Water Sorption W_{sp} (Flowables)



Water Solubility W_{sl} (Flowables)



As I see it: The race is on!

We will see porcelain performance from composite (color and polish retention)

As I see it: The race is on!

We are moving away from hand manipulated paste composite and toward injectable "Super flowables" (Kuraray) or "Injectables" (GC).


Transform
the way you work
Start injecting with our strongest
direct restorative ever*
G-ænial™ Universal
Injectable
A2
G-ænial
Universal Injectable

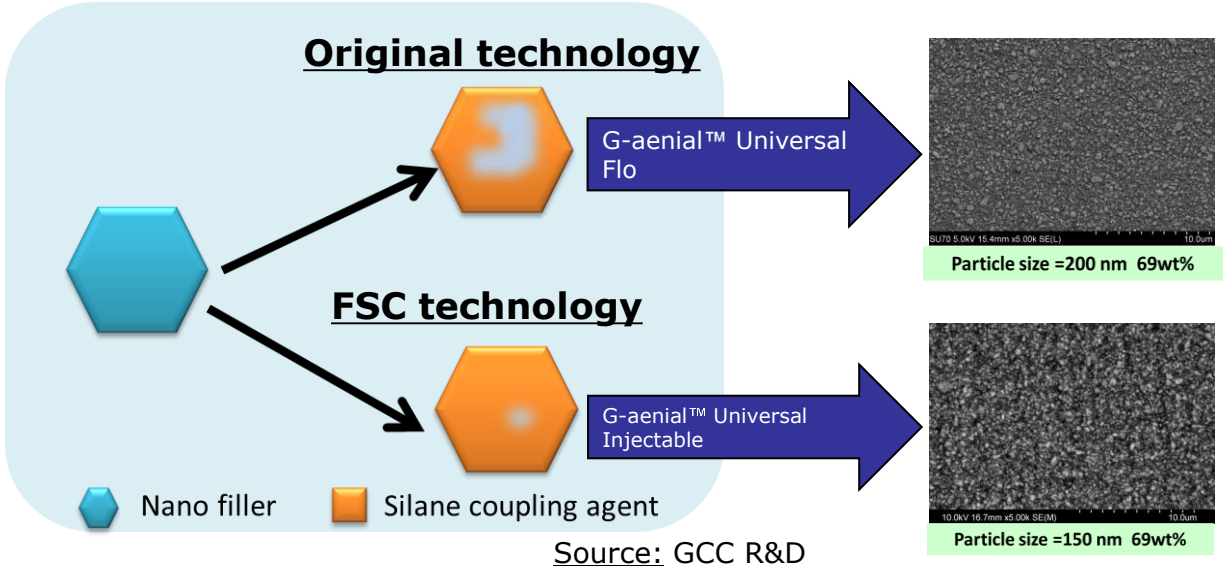
What is G-aenial™ Universal Injectable?

"***G-aenial™ Universal Injectable ("GUI")*** is an injectable high-strength ultra-fine particle composite with ideal viscosity, handling, and adaptation characteristics that may be used for long lasting esthetic restorations."

New Technology – Full Coverage Silane Coating

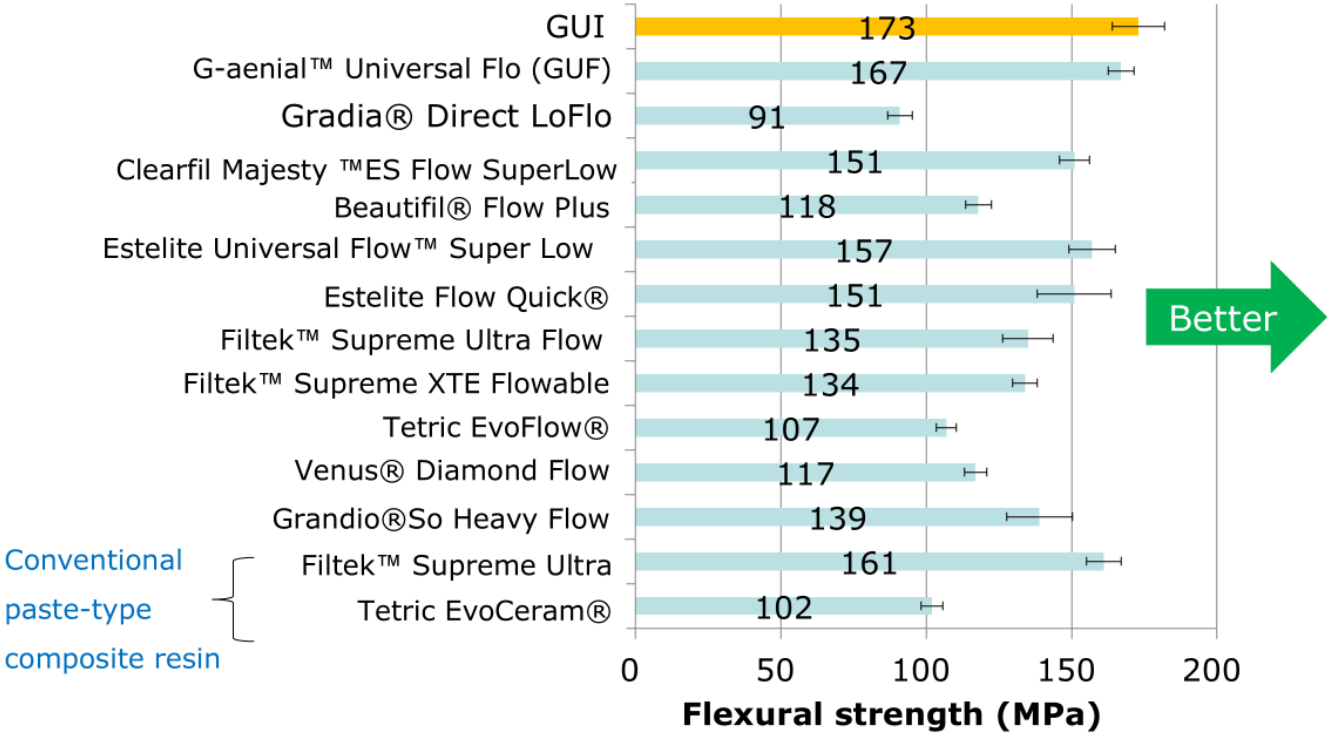
High Density Resin with **Full Coverage Silane Coating** (HDR with FSC Technology)

- Full silane coating of ultra-fine particles allows particles to disperse homogeneously and in higher density within resin matrix
- This, along with finer ultra-fine filler, delivers **high physical strength, wear resistance** and **improved handling**



Source: GCC R&D

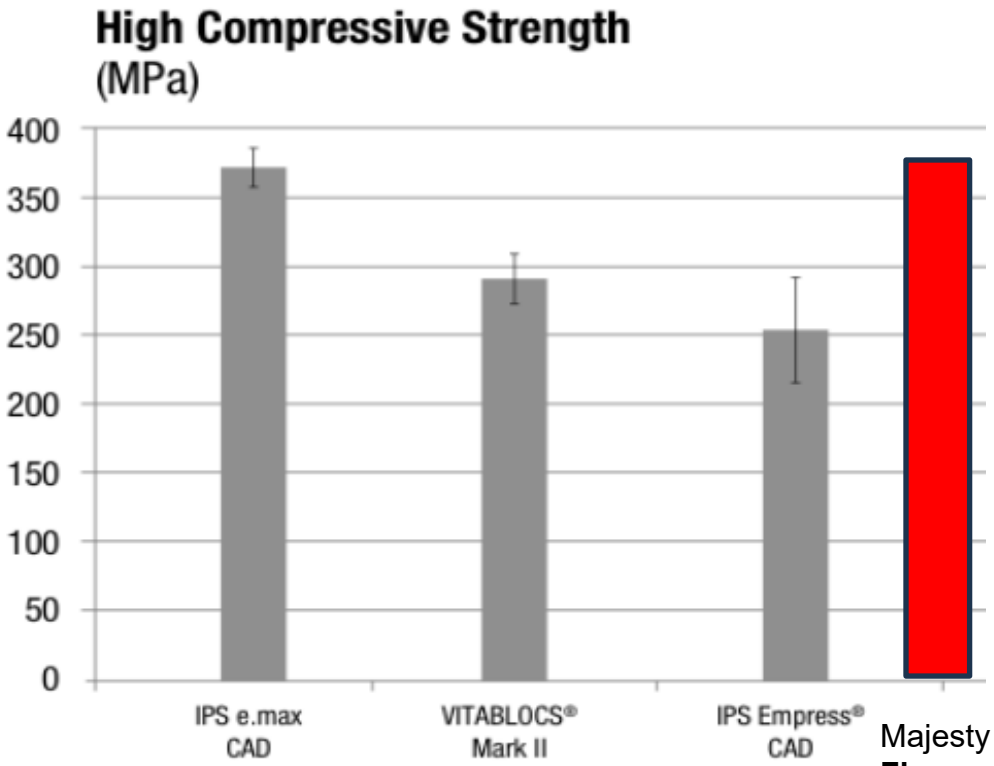
High Flexural Strength



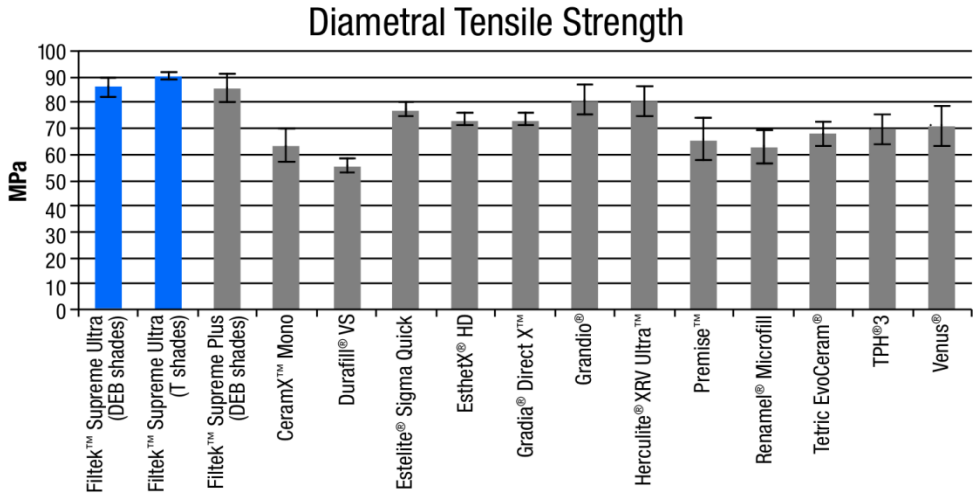
GUI has the highest flexural strength among all the competitive products in the market. → **Low risk of chipping or fracture.**

Source: GCC R&D

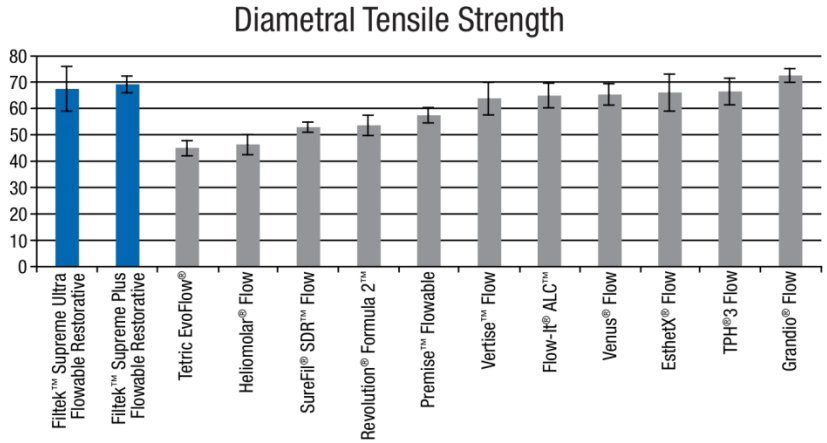

IPS e.max Press
Multi
A2


High Compressive Strength
(MPa)
400
350
300
250
200
150
100
50
0
IPS e.max CAD
VITABLOCS® Mark II
IPS Empress® CAD
Majesty ES **Flow** (373mp)

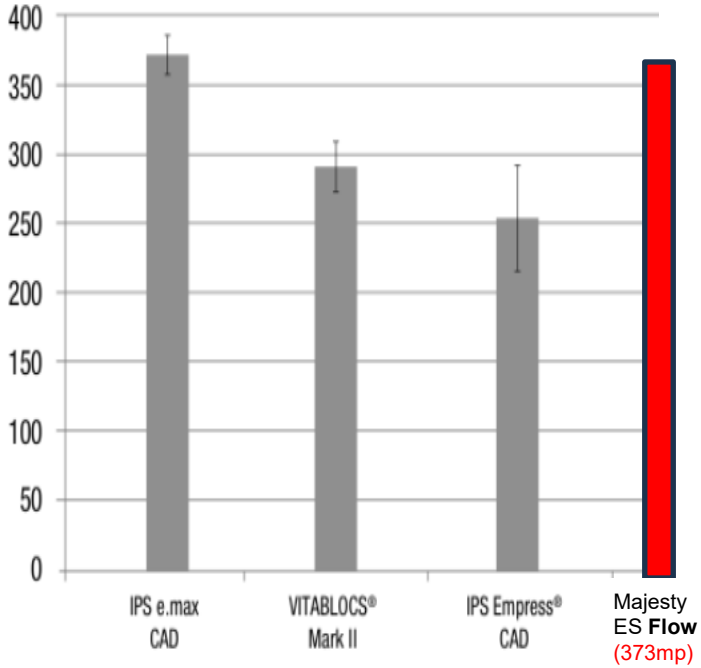
Composites

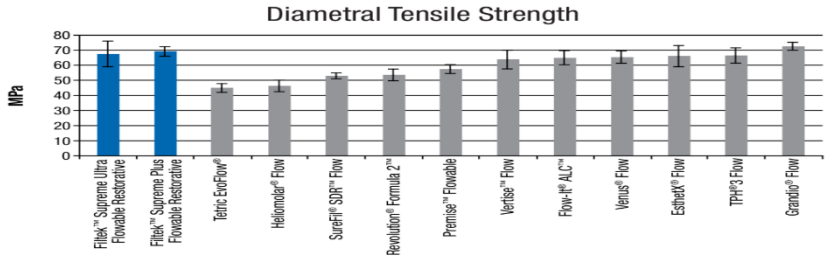


Flowables

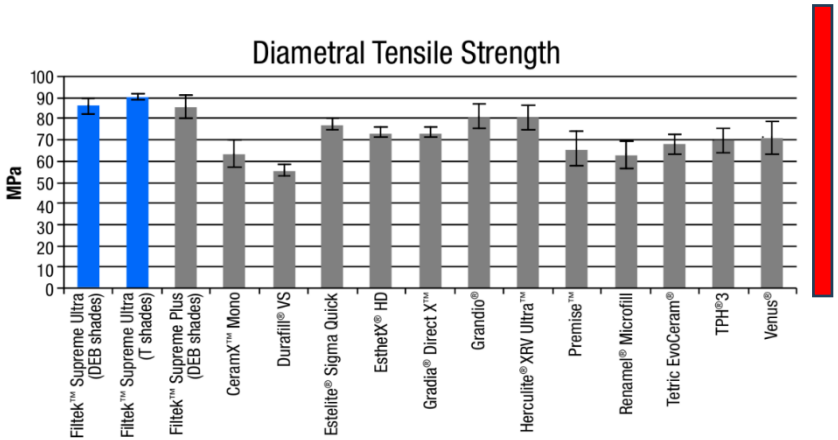


In general composites are 3 to 4 times stronger in compression than in tension



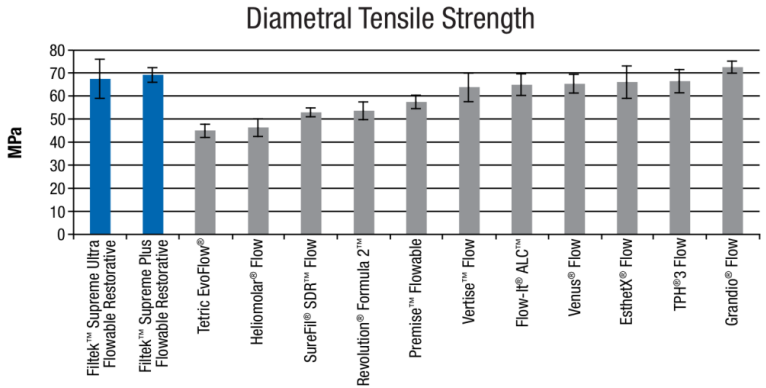


Composites



Majesty
ES Flow
(148mp)

Flowables



Dr. John Yun
Toronto, ON

Dr. David Carroll,
Prosthodontist,
Aventura FL

Dr. Scott Kollen
Vancouver, BC

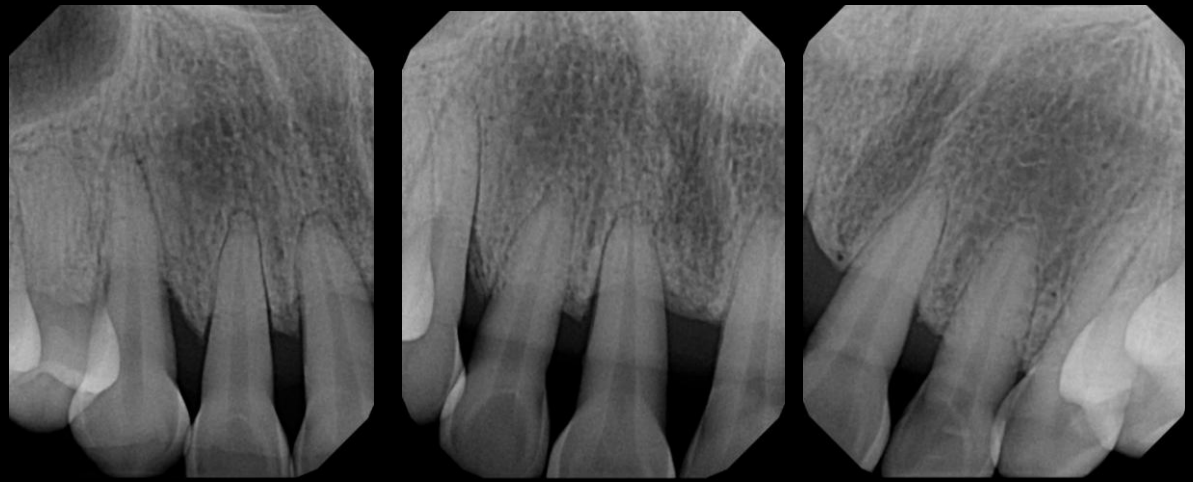
Dr. Antonio Mendoza, Barcelona Spain

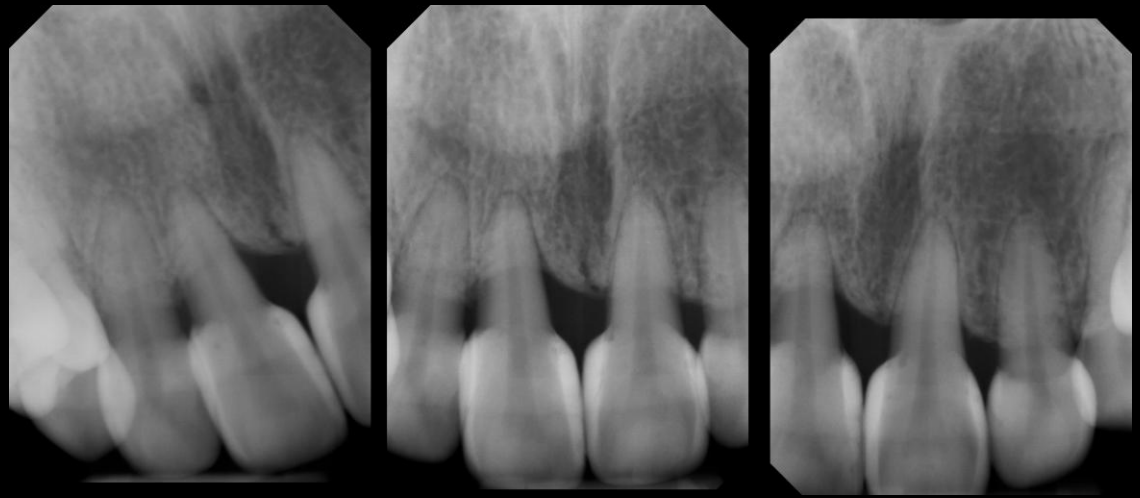
Bioclear Matrix System

8 HOURS AGO


Courtesy Dr. Charles Regalado

Courtesy Dr. Charles Regalado






Courtesy Dr. Charles Regalado

Injection Overmolding: Possibilities and Long-Term Outcomes

Finishing Ortho Cases

A young orthodontist with beautiful teeth…

She HATED Her Black Triangles


Immediate post-operative

6 months post-operative

6 years post-operative

Pre-op

Post-Op

6 Years Post-Op

Pre-op

6 Years Post-Op

Journal of the California Dental Association

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Minimally Invasive Cosmetic Restoration of Teeth Associated with Open Gingival Embrasures. Descriptive Case Series

Álvaro Ferrando Cascales, Rubén Agustín Panadero, José Amengual Lorenzo, Salvatore Sauro, Antonio Mendoza Rodríguez, Raúl Ferrando Cascales, Ronaldo Hirata & David Clark

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ABSTRACT

The aim of this study is to evaluate the performance of the restorations and soft tissues at 2 years using direct composite resin with injection molding technique to solve open gingival embrasures, also known as black triangles.

Materials and Method: An observational study of a case series was conducted for the treatment of black triangles. The criteria evaluated in each of the restorations were: color stability, polishing, maintenance of surface gloss, staining in the tooth/restoration margins, secondary caries, radiographic appearance of the restored emergence profile, probing depth and bleeding on probing (of the restored proximal surface), presence of plaque (of the restored proximal surface), detachment, delamination, and fracture of the restoration. The following patient satisfaction criteria were evaluated using the visual analog scale (VAS): aesthetic, functional and overall satisfaction.

Results: A total of 36 restorations were performed in the anterior aesthetic area between canines (24 upper and 12 lower). The mechanical and biological survival rate of restorations were both 100% (95%CI: 90.3–100%). Regarding mechanical complications, there were no restorations showing secondary caries, alteration of color, staining in the tooth/restoration interface, detachment, delimitation or fracture during the entire follow-up (0%; 95%CI: 0–9.7%). Regarding biological complications, there were no restorations measuring probing depth higher than 3 mm or showing an unusual radiographic appearance during the entire follow up (0%; 95%CI: 0–9.7%).

Conclusions: The composite injection technique using anatomical matrices is a cost-effective, minimally traumatic, predictable, and reproducible approach to achieve anterior black triangles closure and creation of pseudopapillas.

ARTICLE HISTORY

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KEYWORDS

Composite resin; dental marginal adaptation; cosmetic dentistry; gingival recession; matrix band; dental papilla

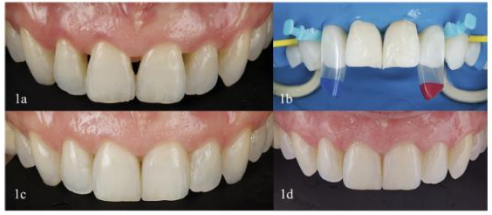


Figure 1. Clinical case I. (a) Initial intraoral front view. (b) Detail of the isolated teeth. Anterior HD diastema closure upper mesial-distal. Bioclear matrix systems. Bioclear was used to treat the central black triangle. The specific matrices for black triangles installed on the sides (black triangle kit. Bioclear matrix systems. Bioclear) can be seen, they are color coded and the red one has a lower profile than the blue one, which allows us to close a larger area of the anterosuperior sector in which the black triangles can be seen. (c) Two weeks review. (d) Two years review, highlighting the periodontal health and restorations integrity.

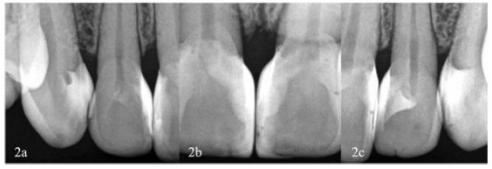


Figure 2. Clinical case I. Two weeks radiographic control composition to check the adaptation and the absence of retentive areas, the radiopacity of the composite allows us to observe the new artificial amelocementary junctions proximally. (a) Adaptation of composite in the papilla area from right mesial upper canine to distal upper right central incisor. (b) Good composite adaptation between centrals incisors drawing the new natural emergence profiles. (c) Adaptation of composite in the papilla area from left distal upper central incisor to mesial upper left canine.

Figure 3. Clinical case II. (a) Initial intraoral front view. (b) It was performed a back triangles closure from canine to canine. Anterior HD an DC diastema closure upper mesial-distal. Bioclear matrix systems. Bioclear was used. (c) Two weeks review. (d) Two years review, highlighting gingivitis due to plaque accumulation and loss of polish because the patient never returned to maintenance.

tion) and the status of the restoration (color stability, polishing, maintenance of surface gloss, detachment, delamination and/or fracture of the restoration if present by visual inspection).

McNemar´s test was used to assess changes in the presence of complications between 1-year and 2-years. Chi-squared independence and Fisher´s exact test was used to assess the relationship between the different complications

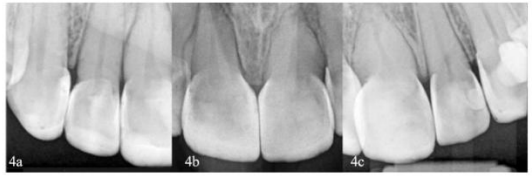


Figure 4. Clinical case II. Two weeks radiographic control composition to check the subgingival marginal composite integrity and the absence of gaps and retentive areas, the radiopacity of the composite allows us to notice the pores absence and the continuity of the restoration without undercuts. (a) Adaptation of composite in the papilla area from right mesial upper canine to distal upper right central incisor. (b) Excellent adaptation of the composite between the central incisors drawing the new natural and progressive emergence profiles. (c) Adaptation of composite in the papilla area from left distal upper central incisor to mesial upper left canine.

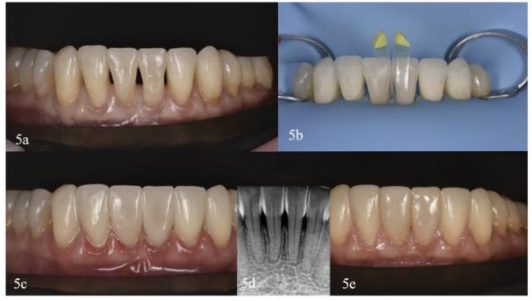


Figure 5. Clinical case III. (a) Initial lower intraoral front view. (b) Detail of the isolated teeth. The small yellow specific matrices for black triangles installed on the central black triangle (black triangle kit. Bioclear matrix systems. Bioclear) can be seen. (c) Immediate result just after removed the rubber dam. (d) Two weeks radiographic control (e) Two years review, highlighting the periodontal health and good polish of the restorations.

Figure 6. Clinical case IV. (a) Initial intraoral lateral view. (b) Detail of the isolated teeth. The largest yellow and green specific matrices for black triangles were selected (black triangle kit. Bioclear matrix systems. Bioclear). (c) Two weeks clinical control (d) Radiographic control at two weeks. (e) Two years review, highlighting the restoration integrity.

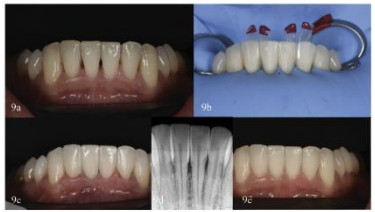


Figure 9. Clinical case VII. (a) Initial lower intraoral front view. (b) Detail of the isolated teeth, the small red specific matrices for black triangles installed can be seen, to do the injection molding procedure at the same time (black triangle kit. Bioclear matrix systems. Bioclear). (c) Two weeks clinical review. (d) Two weeks radiograph control. (e) Two years review, highlighting the stability of periodontal health and good polish.

Table 1. Restoration survival and outcomes (restorative parameters).

Location	N	Color stability	Polishing	Maintenance surface gloss	Secondary caries	Staining tooth/restoration interface	Detachment, delimitation, fracture
Maxilla (case 1) 1 year	6	Yes	Not necessary	Yes	No	No	No
Maxilla (case 1) 2 years	6	Yes	Not necessary	Yes	No	No	No
Maxilla (case 2) 1 year	6	Yes	At one year	No (small insignificant loss)	No	No	No
Maxilla (case 2) 2 years	6	Yes	At two years	No (loss of surface gloss)	No	No	No
Maxilla (case 3) 1 year	6	Yes	Not necessary	Yes	No	No	No
Maxilla (case 3) 2 years	6	Yes	Not necessary	Yes	No	No	No
Maxilla (case 4) 1 year	5	Yes	At one year	No (small insignificant loss)	No	No	No
Maxilla (case 4) 2 years	5	Yes	At one year	No (small insignificant loss)	No	Yes (one tooth of 5)	No
Maxilla (case 5) 1 year	1	Yes	Not necessary	Yes	No	No	No
Maxilla (case 5) 2 years	1	Yes	At two years	No (small insignificant loss)	No	No	No
Mandible (case 6) 1 year	6	Yes	At one year	No (small insignificant loss)	No	No	No
Mandible (case 6) 2 years	6	Yes	At two years	No (small insignificant loss)	No	No	No
Mandible (case 7) 1 year	6	Yes	Not necessary	Yes	No	No	No
Mandible (case 7) 2 years	6	Yes	Not necessary	Yes	No	No	No

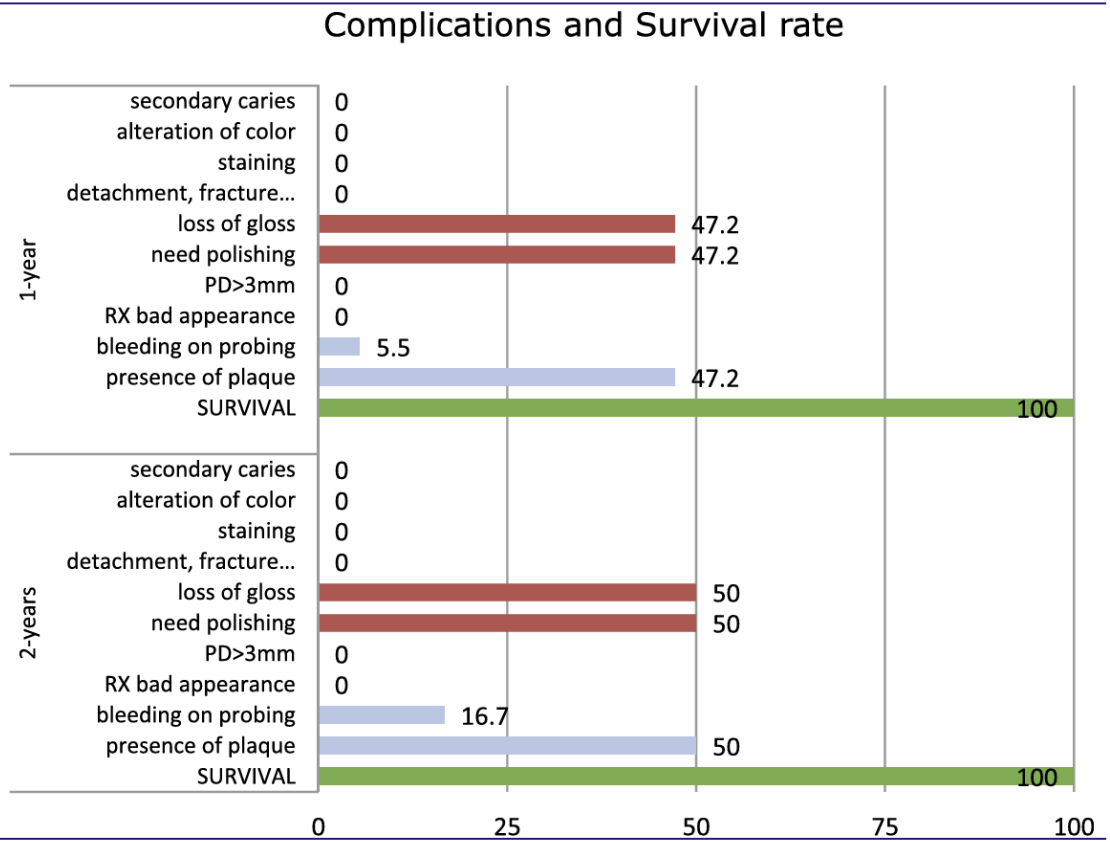
Table 2. Restoration survival and outcomes (periodontal and radiographic parameters).

Location	N	Probing depth	Bleeding on probing	Presence of plaque	Radiographic appearance
Maxilla (case 1) 1 year	6	1-3 mm	No	No	Correct emergence profile
Maxilla (case 1) 2 years	6	1-3 mm	No	No	Correct emergence profile
Maxilla (case 2) 1 year	6	1-3 mm	No	Little on proximal surfaces	Correct emergence profile
Maxilla (case 2) 2 years	6	1-3 mm	Yes (2 tooth of 6)	Little on proximal surfaces	Correct emergence profile
Maxilla (case 3) 1 year	6	1-3 mm	No	No	Correct emergence profile
Maxilla (case 3) 2 years	6	1-3 mm	No	No	Correct emergence profile
Maxilla (case 4) 1 year	5	1-3 mm	No	Little on proximal surfaces	Correct emergence profile
Maxilla (case 4) 2 years	5	1-3 mm	Yes (1 tooth of 5)	Little on proximal surfaces	Correct emergence profile
Maxilla (case 5) 1 year	1	1-3 mm	No	No	Correct emergence profile
Maxilla (case 5) 2 years	1	1-3 mm	Yes (1 tooth of 1)	Little on proximal surfaces	Correct emergence profile
Mandible (case 6) 1 year	6	1-3 mm	Yes (2 tooth of 6)	Little on proximal surfaces	Correct emergence profile
Mandible (case 6) 2 years	6	1-3 mm	Yes (2 tooth of 6)	Little on proximal surfaces	Correct emergence profile
Mandible (case 7) 1 year	6	1-3 mm	No	No	Correct emergence profile
Mandible (case 7) 2 years	6	1-3 mm	No	No	Correct emergence profile

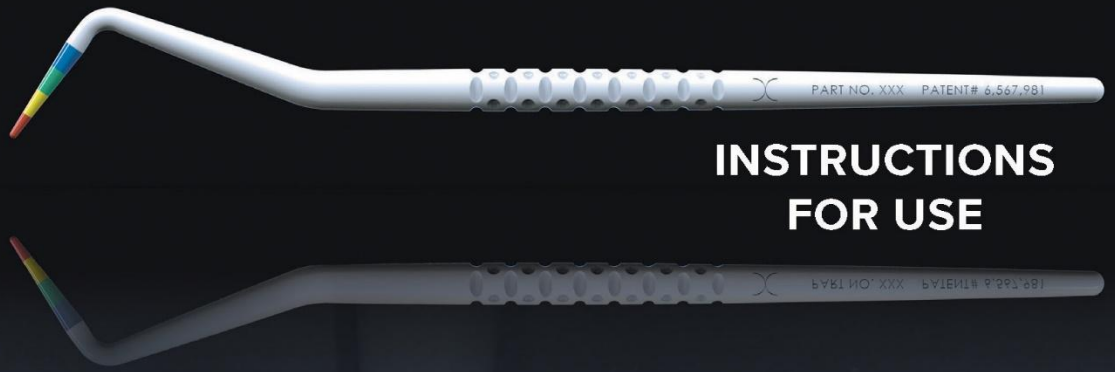
(47.2%%; 95%CI: 30.9–63.5%) showed plaque at 1 year, increasing to 18 (50%; 95%CI: 33.7–66.3%) at 2 years. All complication rates did not change statistically from 1 year to 2 years. The most relevant increase was bleeding ($p = .125$) (Table 2).

At 1 year, no association was found between bleeding and other complications: loss of gloss ($p = .216$), need for polishing ($p = .216$) or presence of plaque ($p = .216$). Loss of gloss and polishing were always observed in the presence of plaque ($p < .001$). At 2 years, loss of gloss and polishing were significantly more frequent when bleeding ($p = .019$) or plaque ($p < .001$) were present. In addition, bleeding rate was 50% in teeth with plaque and absent in teeth without plaque ($p = .019$) (Table 3).

Table 3. Incidence of complications (mechanical and biological) and survival after one and two years of clinical behavior.



BTA MATRIX

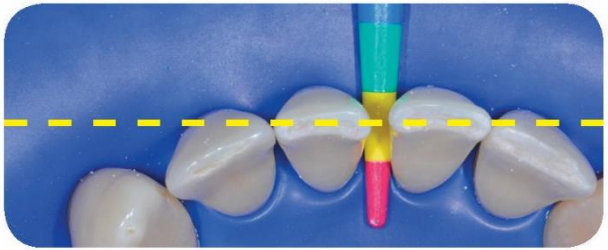


INSTRUCTIONS FOR USE

BIOCLEAR

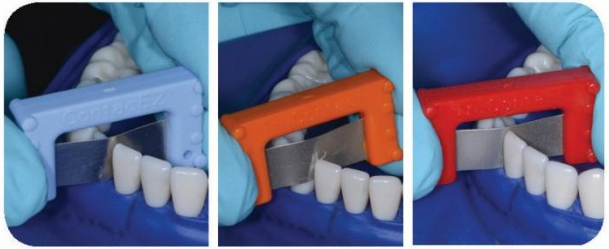
BLACK TRIANGLE SYSTEM INSTRUCTIONS FOR USE

1
GAP
SIZING



2
DISCLOSE
AND CLEAN

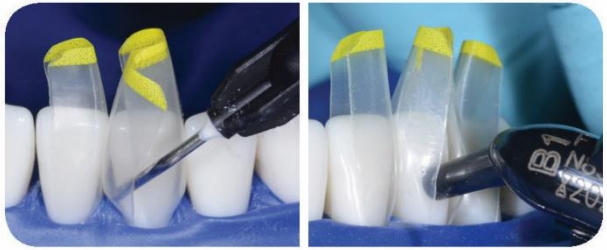
3
CONTACT
OPTIMIZATION



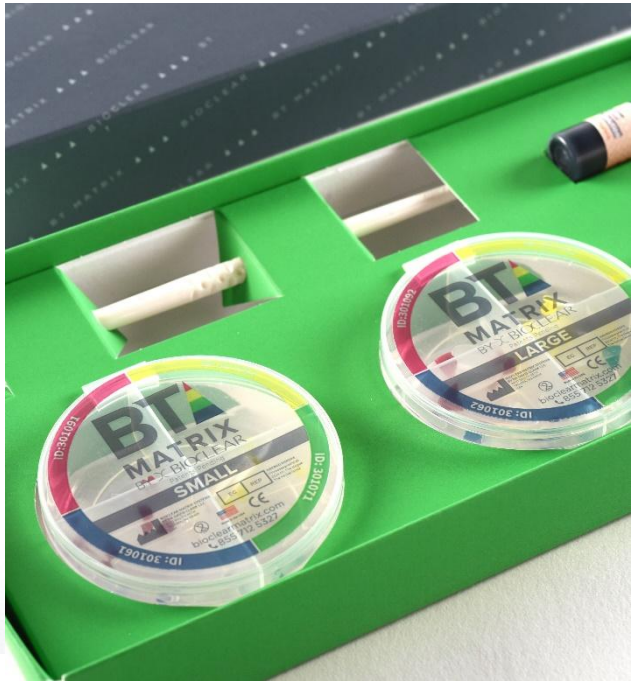
4
MATRIX
INSERTION

5
ETCH
AND RINSE

6
ADHESION,
INJECTION MOLD,
LIGHT CURE,
RELEASE MATRIX,
FINISH



BT MATRIX BY BIOCLEAR



BT MATRIX BY BIOCLEAR

Rock Star Polish

1

2

The Art and Science of Perfect Contacts: How do we best temporarily displace the teeth so that when the matrix comes out, the teeth “bounce” back together?

1. If the contact is intact, we gently sand the contact until it is friendly, then the matrix itself plus gentle prying of the teeth will displace the teeth
2. Use a wedge
3. Use a powerful separator
4. Spot Weld/Push Pull Technique

The Art and Science of Perfect Contacts: How do we best temporarily displace the teeth so that when the matrix comes out, the teeth “bounce” back together?

5 The Direct Contact Strut

BIOCLEAR

The Bioclear Direct Contact Strut

Creating Contacts for Diastemas, Peg Laterals, and Bioclear 360° Veneers

- Abbreviated Version -

Dr Jose Moura 5/2025 Taubate Brazil


BT
MATRIX
LARGE
BT
MATRIX
SMALL

the Root Overlay
for a predictable non-surgical gum lift

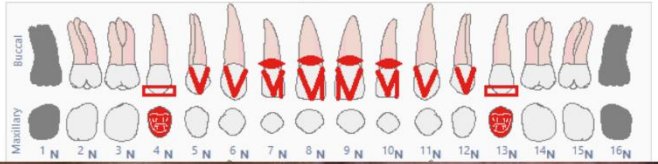
BIOCLEAR
CLINIC

3402 South 38th Street, Tacoma, WA 98409
O: 253-474-7635 E: Patient@BioclearClinic.com

Date: May 5, 2021

Patient Name: **Francesca Heard**
Consultation Date:5-5-2021
Treating Doctor: David Clark

Upper Arch



Tooth #	Description	Fee

Comprehensive evaluation: complete oral evaluation, color, size determination, photos.

- **Bioclear Comprehensive Evaluation** **$289**

Full mouth series of radiographs: If you have within 5 years a Full mouth series of radiographs taken have them emailed to Joan@bioclearclinic.com

- **Bioclear Full Mouth Series of Radiographs** **$252**

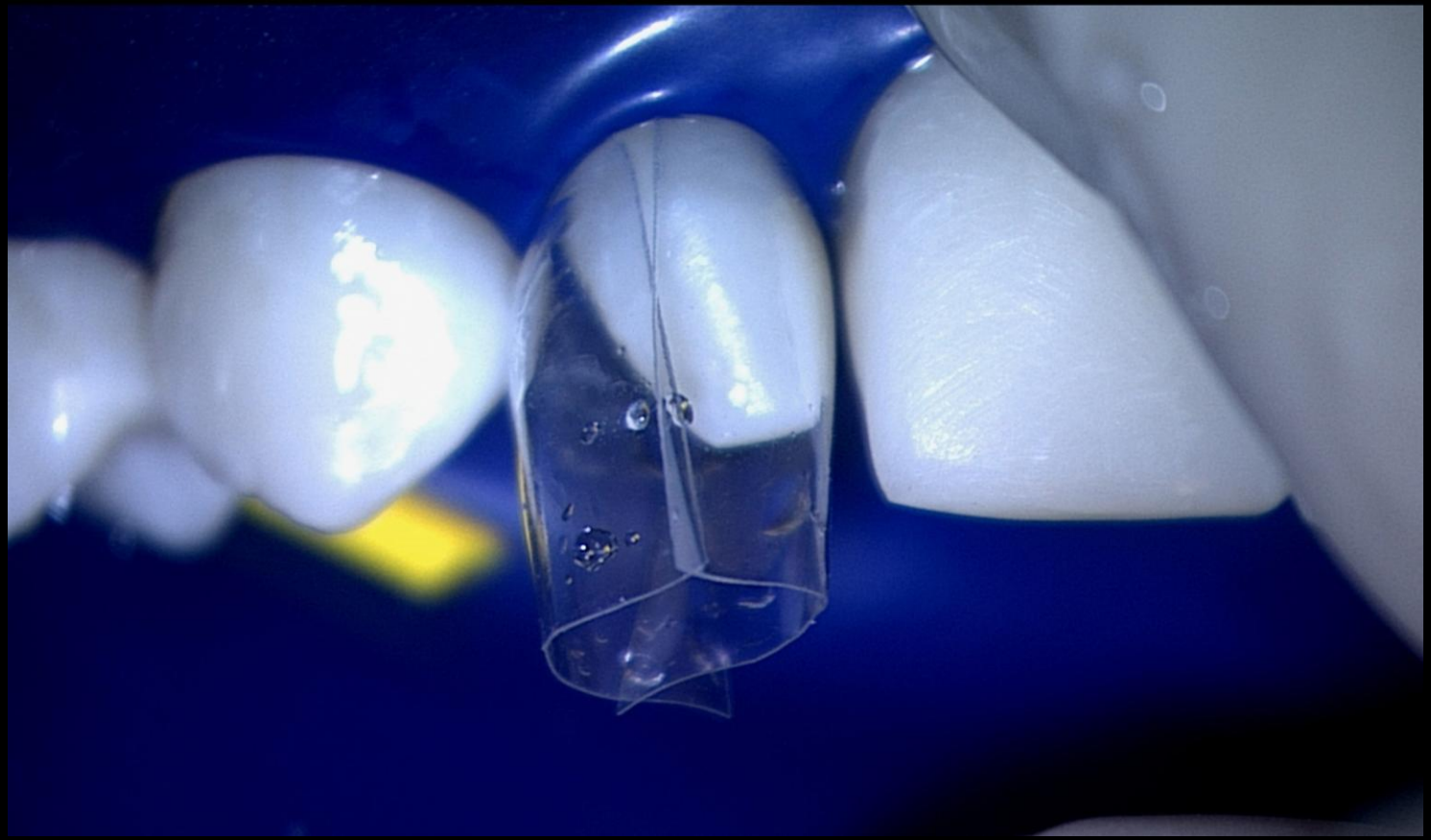
Bioclear 360 Veneer: To rejuvenate tooth to youthful appearance, worn edges, correct negative space, mask color, wraps 360 degrees ensconcing the entire tooth.

Bioclear 360 Veneer Overlay $1,200 per tooth

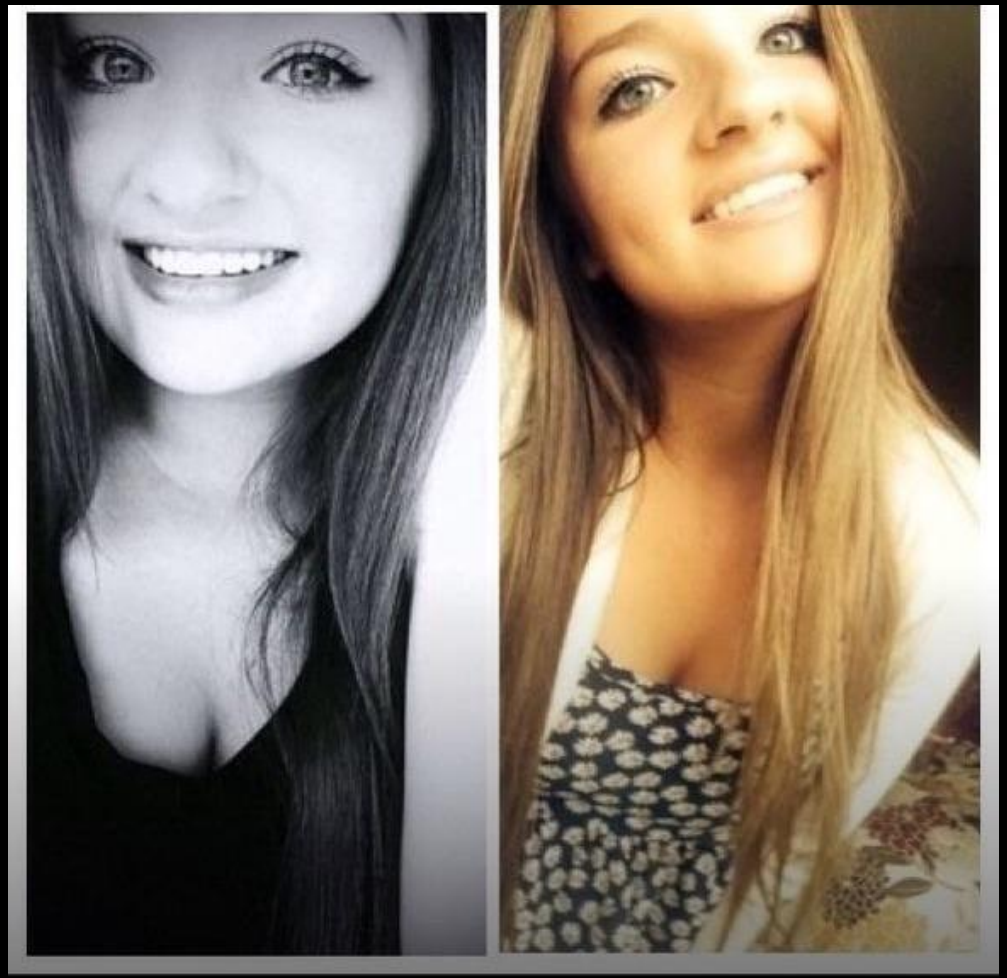
- **Tooth # 5, 6, 7, 8, 9, 10, 11, 12** **$9,600**

Bioclear Diastema Closure: Placed when the open contacts and/or open spaces on either side of the tooth is too large to allow the Bioclear black triangle, or Bioclear 360 veneer restoration alone to close the space.
Bioclear Diastema Closure Per side $279, per space $558

- **Tooth # 7 Mesial, 8 Mesial, 9 Mesial, 10 Distal** **$1,116**



3 year follow up

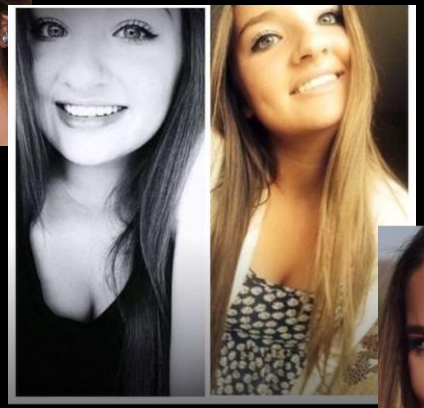


7 year follow up

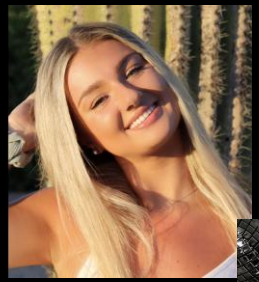
11 year follow up

Pre-
op

Immediate
post-op



Three-year
post-op



Seven-
year post-
op

Eleven-year
post-op

Pre-
op

Immediate
post-op

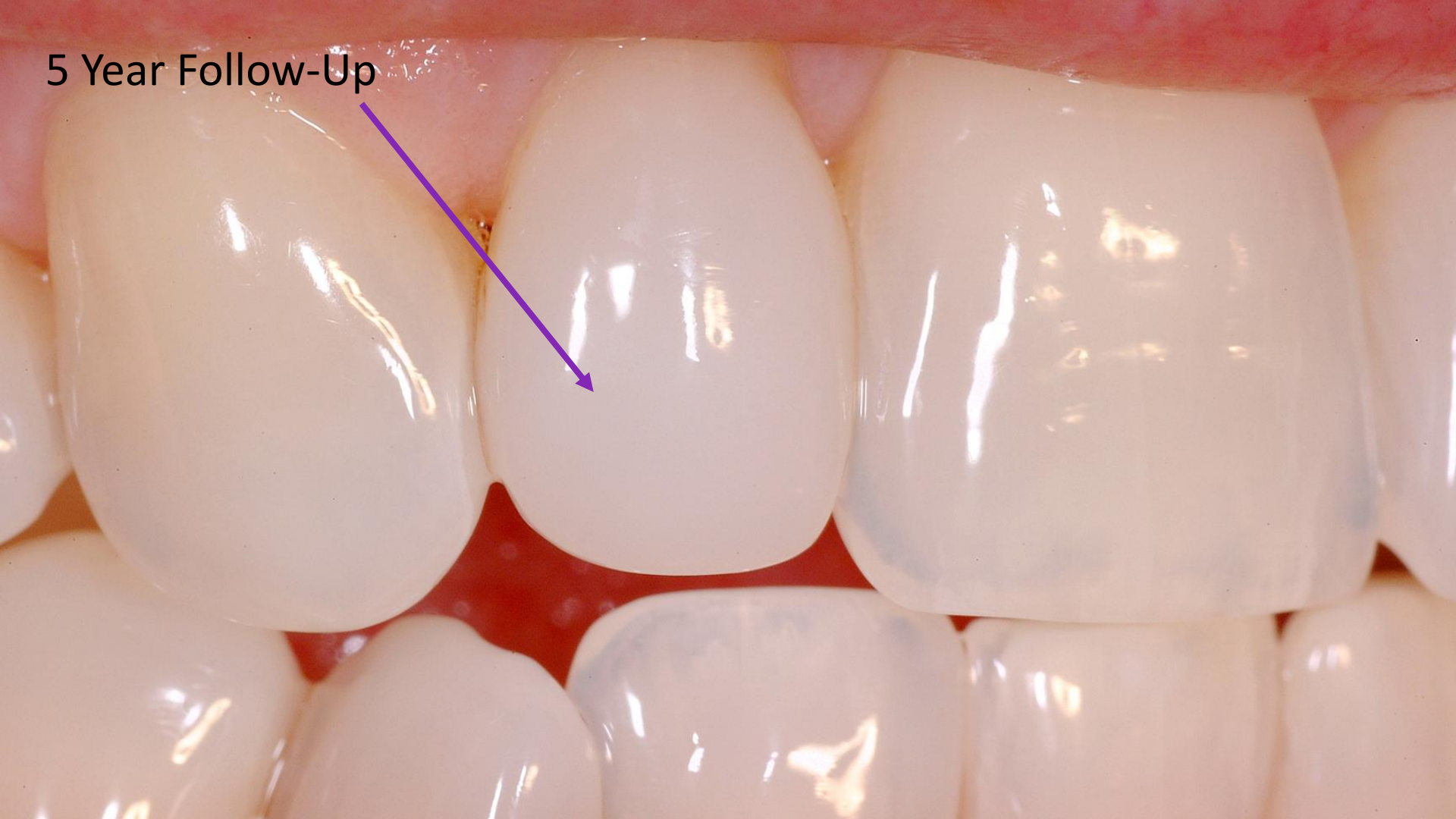
Eleven-year
post-op

Peg Lateral

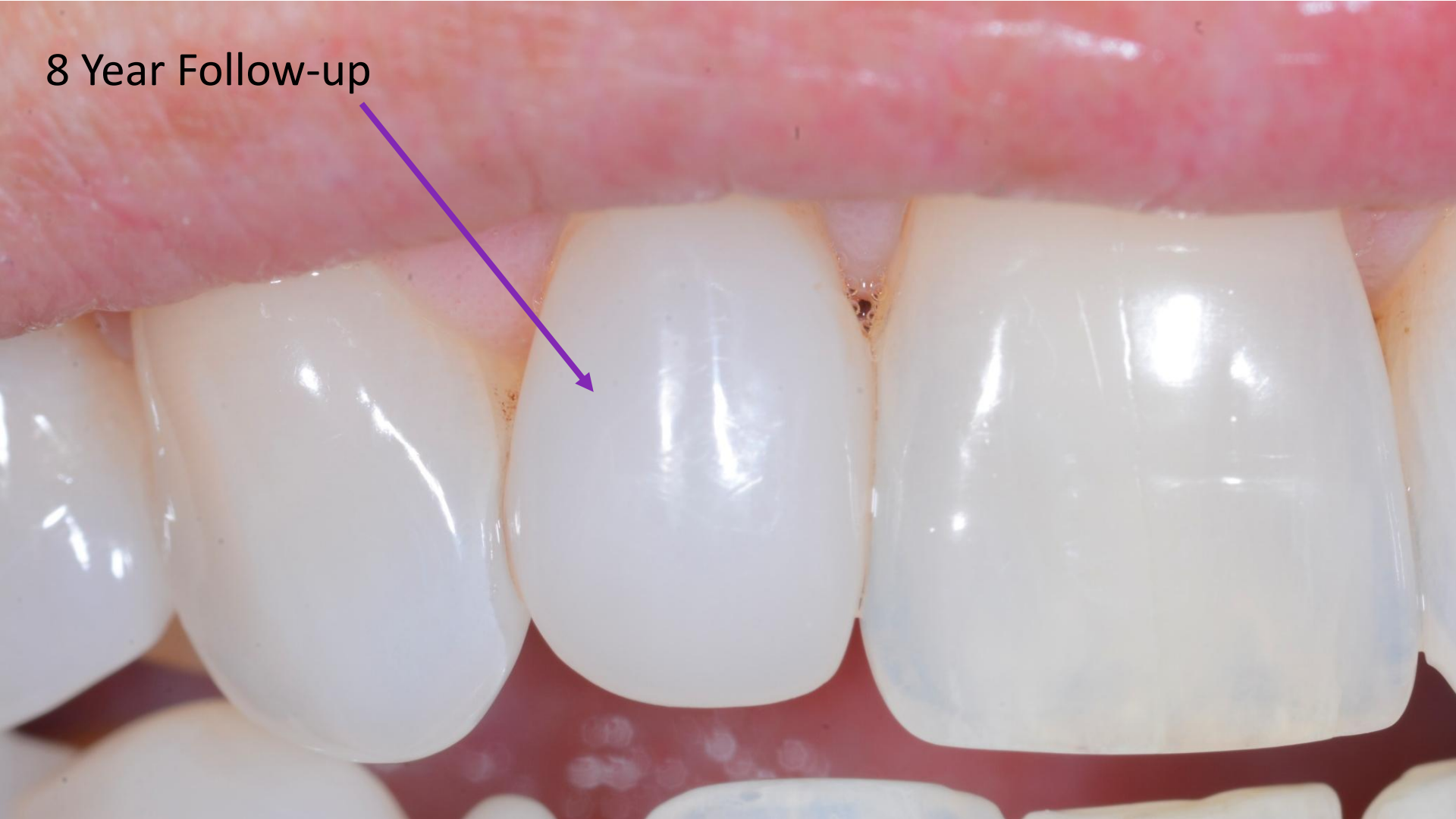
Pre-operative

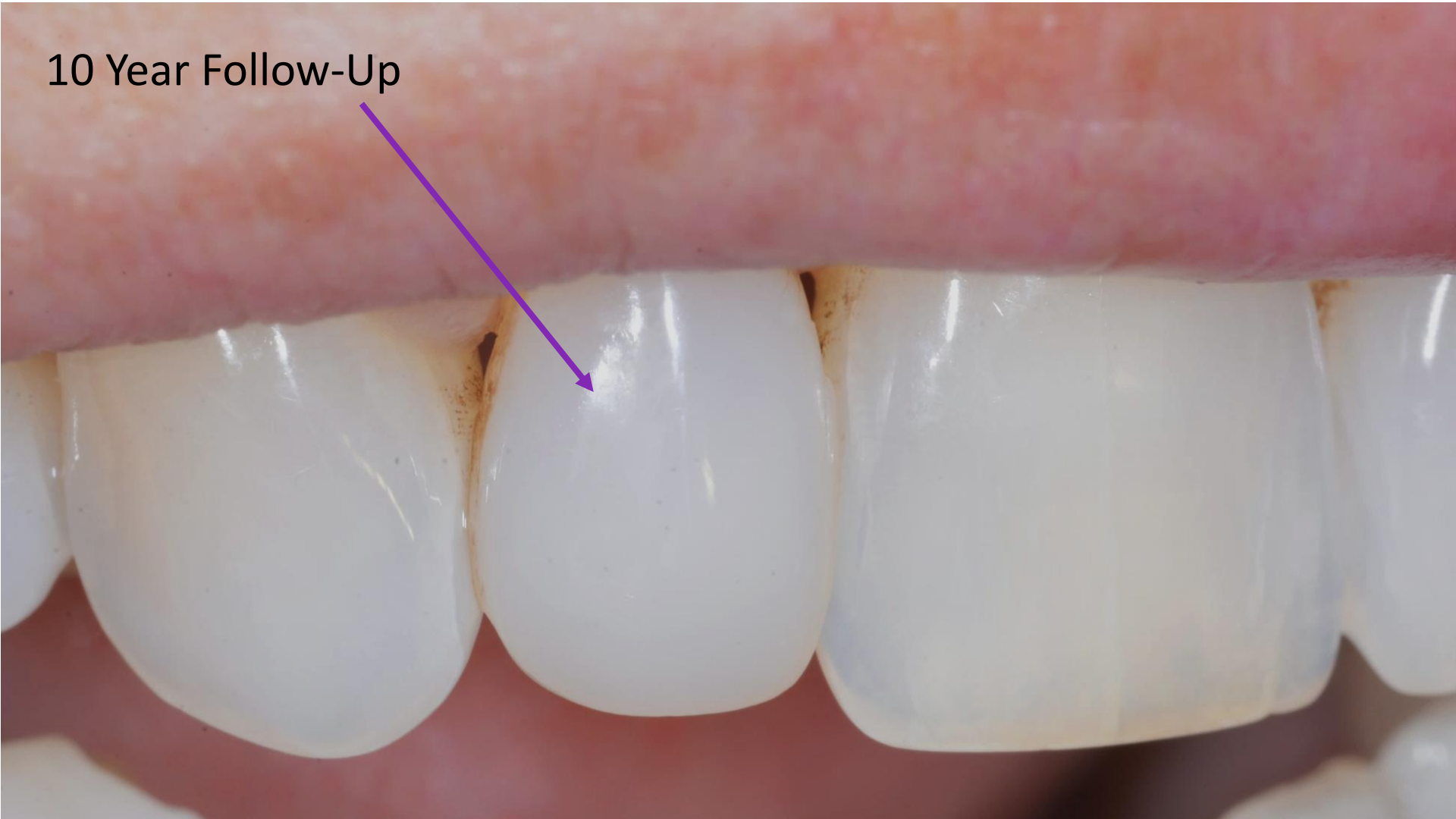
Immediate Post Operative

3 Year Follow-up


5 Year Follow-Up


7 Year Follow-Up


8 Year Follow-up


10 Year Follow-Up


11 Year Follow-Up


14 Year Follow-Up

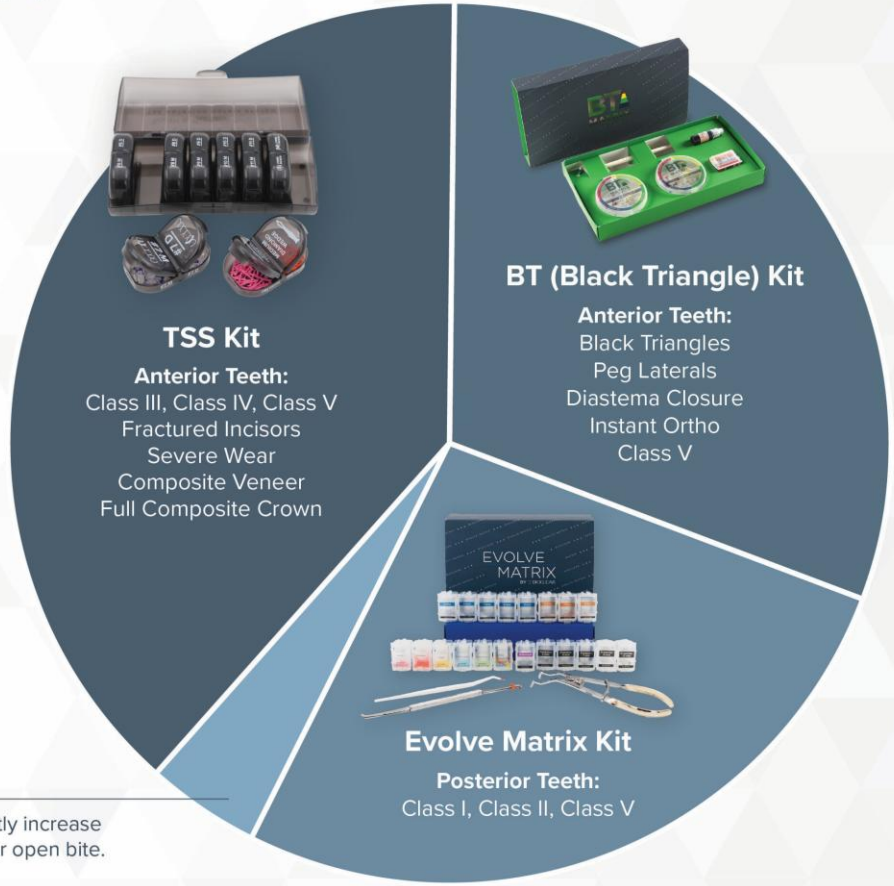
BIOCLEAR

Recommended Bioclear Matrices by Indication

For more information contact us

Bioclear Matrix Systems

1-855-712-5327



360 Veneer

Class V and to significantly increase overjet or correct anterior open bite.

TSS

TOOTH & SURFACE SPECIFIC
MATRIX SYSTEM
BY BIOCLEAR

140 Anterior Matrices
#6 through #11 in Mesial & Distal
Small & Medium Lower Incisor

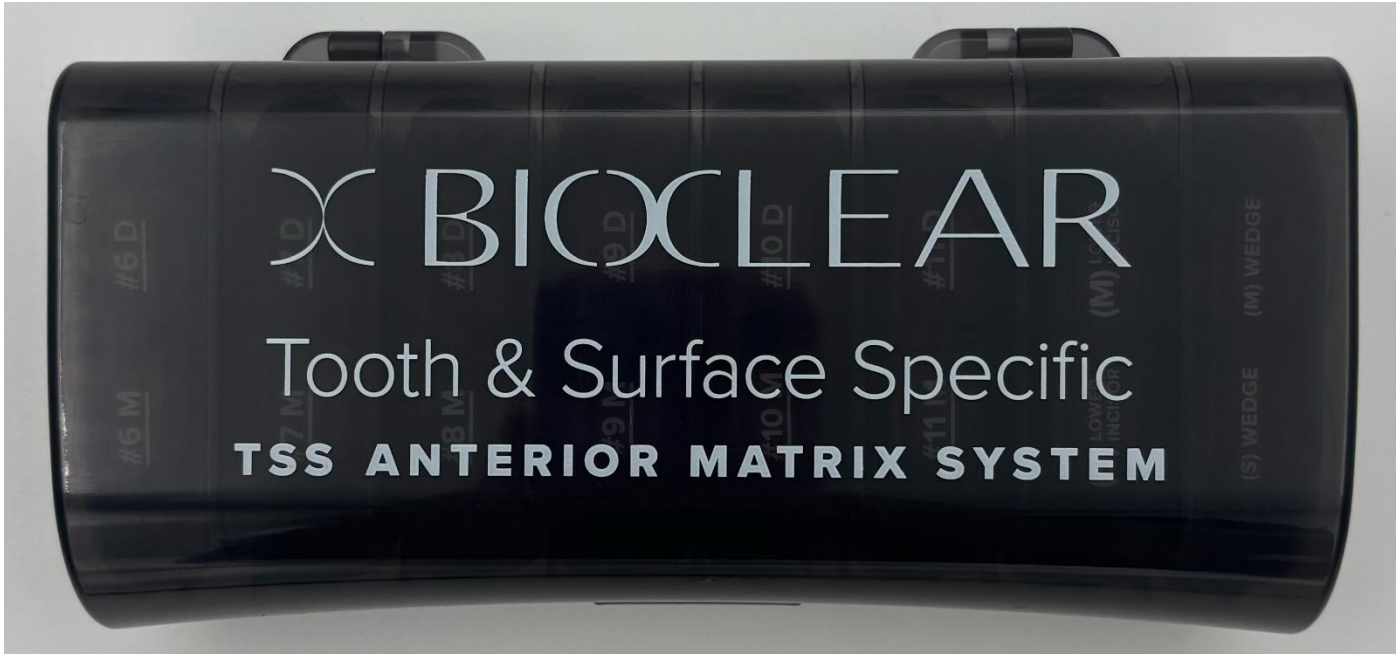
75 Wedges
25 Small Wedges
50 Medium Wedges

The next generation of anterior matrices:
We're taking the guesswork out of to matrix selection

Contact your Bioclear Sales Rep to Pre-Order

WWW.BIOCLEARMATRIX.COM
1.855.712.5327

The TSS system is for small and large anterior restorations, broken teeth and anterior esthetic veneering when you DO NOT have a black triangle or diastema

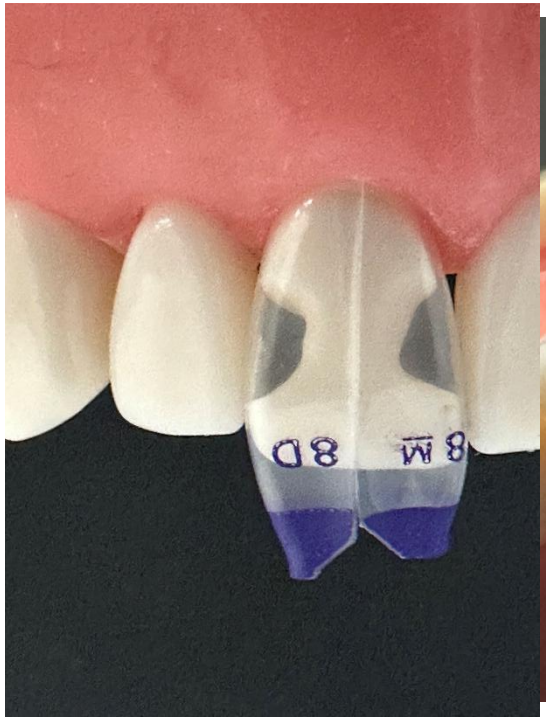


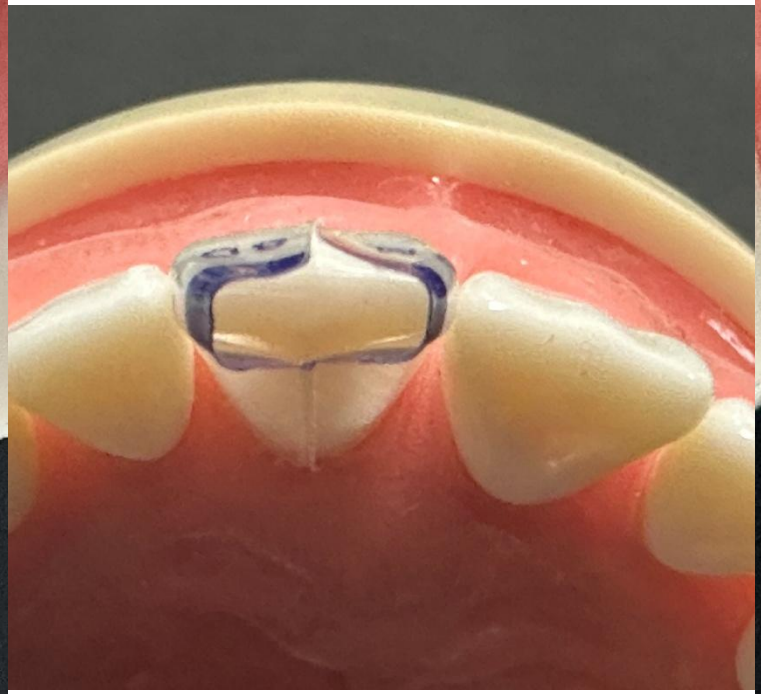

#6 M
#6 D
#7 M
#7 D
#8 M
#8 D
#9 M
#9 D
#10 M
#10 D
#11 M
#11 D
(S) LOWER INCISOR
(M) LOWER INCISOR
(S) WEDGE
(M) WEDGE


#6 M
#6 D
#7 M
#7 D
#9 M
#9 D
#10 M
#10 D
#11 M
#11 D
#8 D


#8 M
#8 D


#8 M
#8 D
SMALL DIAMOND WEDGE
(S) WEDGE
(M) WEDGE


8 M 8D




M 8D X

Dan placed a Direct Contact Strut which made his life way easier and the case much better.

Dan placed a Direct Contact Strut which made his life way easier and the case much better.

Courtesy of Dr. Dan Henricksen

Majesty ES flow and paste combo

Is monolithic injection molded composite a viable alternative to full ceramic crowns in some cases?

You be the judge of that

The patient is a 35- year-old male. His original chief complaint was a discolored filling on the distal of tooth #8. The patient was given two treatment plans, one to simply replace a few defective restorations and remove caries with traditional fillings or in patient terms we said, “We can patch the holes, or I can rejuvenate your smile. The patchwork plan will be healthy but will not make a significant esthetic change. In addition, the severe wear and acid erosion present on the palatal surfaces could eventually lead to catastrophic problems later i.e. root canals, infection, and tooth loss.” The patient opted for Bioclear rejuvenation versus simple fillings because he wanted a beautiful smile. He chose Bioclear in lieu of crowns because he understood that Bioclear is a more conservative and healthier approach to achieving his goals than traditional crowns.

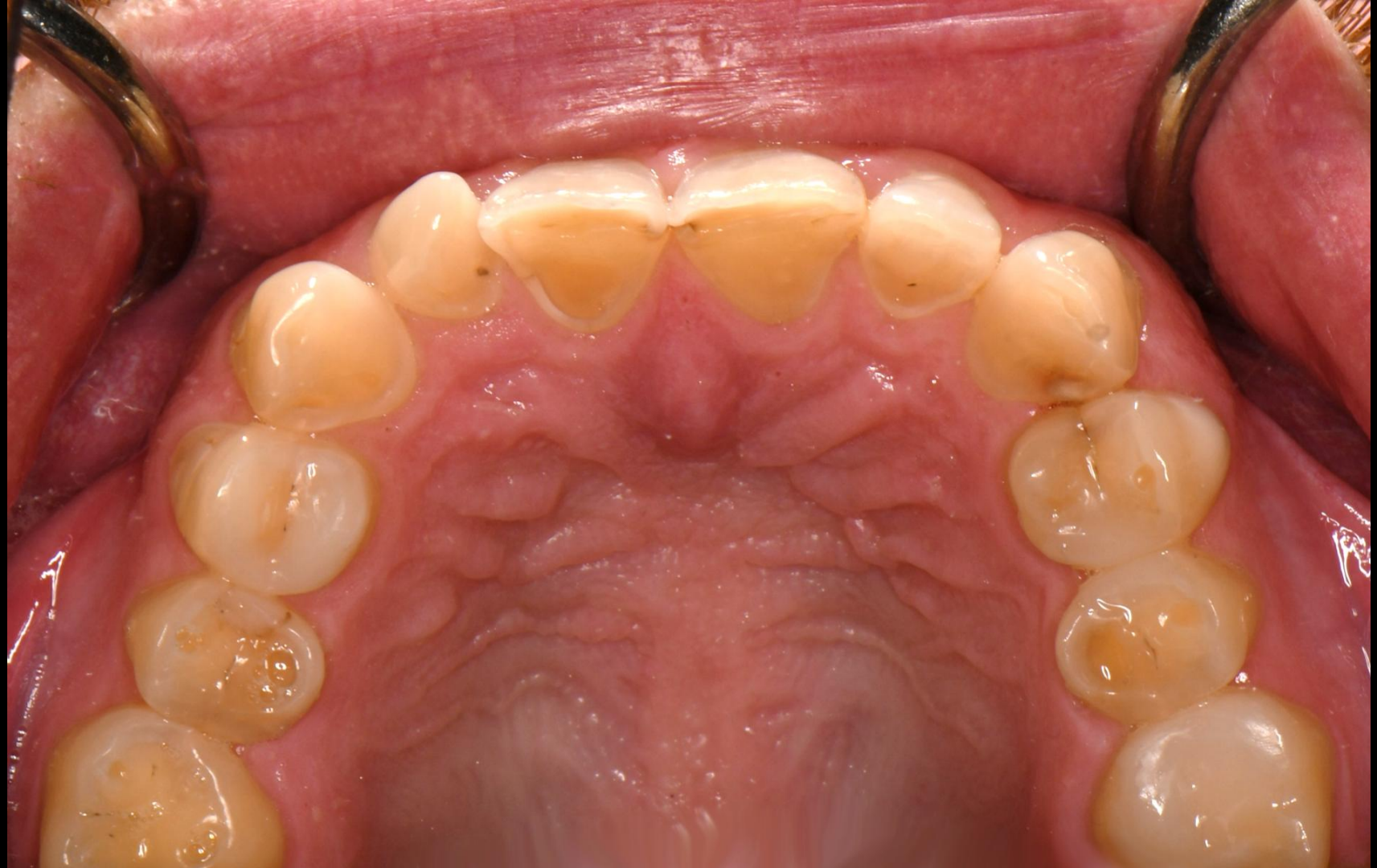
Phase one of the treatment plan was to restore the anterior six teeth, simultaneously opening the vertical dimension to reduce the need for aggressive tooth reduction for material thickness. In addition, because the patient needed to have the teeth lengthened by 2 mm, opening the vertical dimension by 2 mm allowed the overbite to be more ideal. Because the patient could only commit to the cost of the six Bioclear restorations ($11,600) we placed transitional occlusal flowable composites (thick sealants) on the four maxillary premolar teeth, and we will allow the molars to settle into occlusion utilizing the well-researched Dahl Technique.

Phase two will be to restore the remaining teeth with Bioclear when the patient has his finances ready.

Treatment Summary Short Version:

Treatment was finished in a single 4-hour session. (Less experienced clinicians should plan to give one hour per tooth). Bioclear TSS Matrices were utilized on all the teeth except tooth #10. #10 required the Bioclear BT matrix system to create “instant ortho” and because a diastema was present there. Bioclear Diamond wedges were used as needed in areas where the contact was lost during caries removal or removal of old composites. Bioclear RSP X-course discs (Black) were used to shape the incisal edges and smooth the small seams present where the matrices meet on the facial and palatal. Final polish was achieved with Bioclear Magic Mix and then Rock Star Polish cups and cones.

One-week postoperative visit revealed healthy teeth and gingiva. The patient was ecstatic about his new smile, had zero post-operative pain or sensitivity, and expressed that his new bite with the increase in VDO felt more comfortable than before.



What percentage of the tooth is removed for a conservative crown prep?

Source: Google Images

What percentage of the tooth is removed for a conservative crown prep?

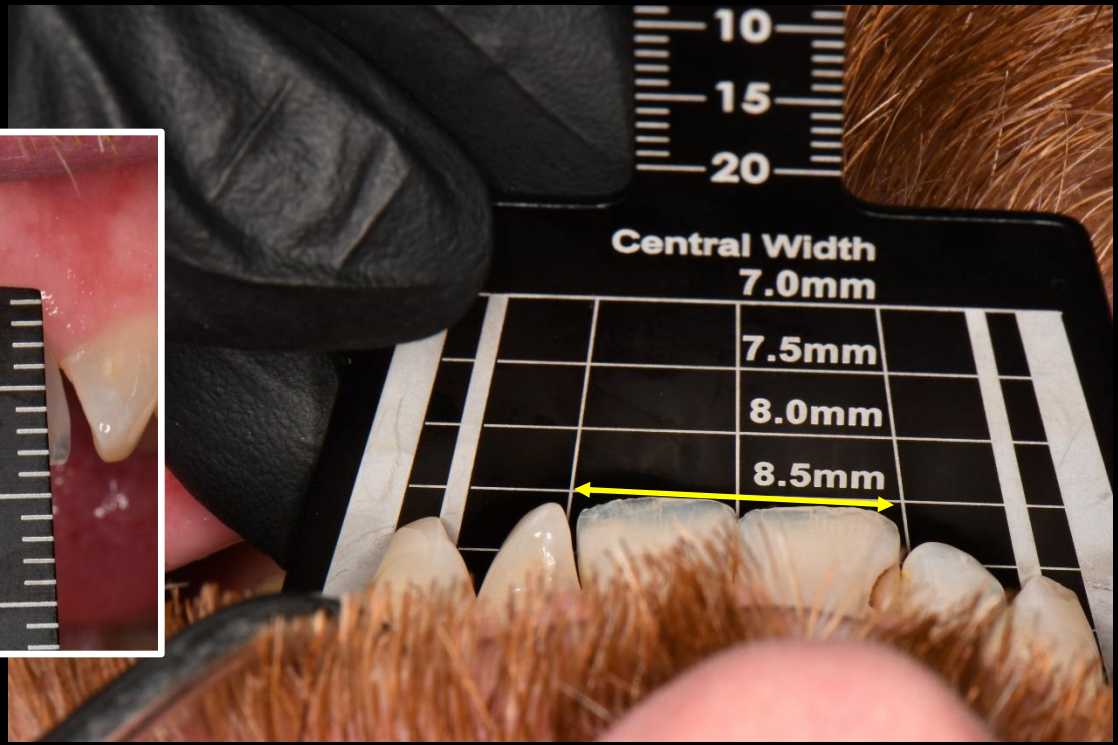
Source: Google Images

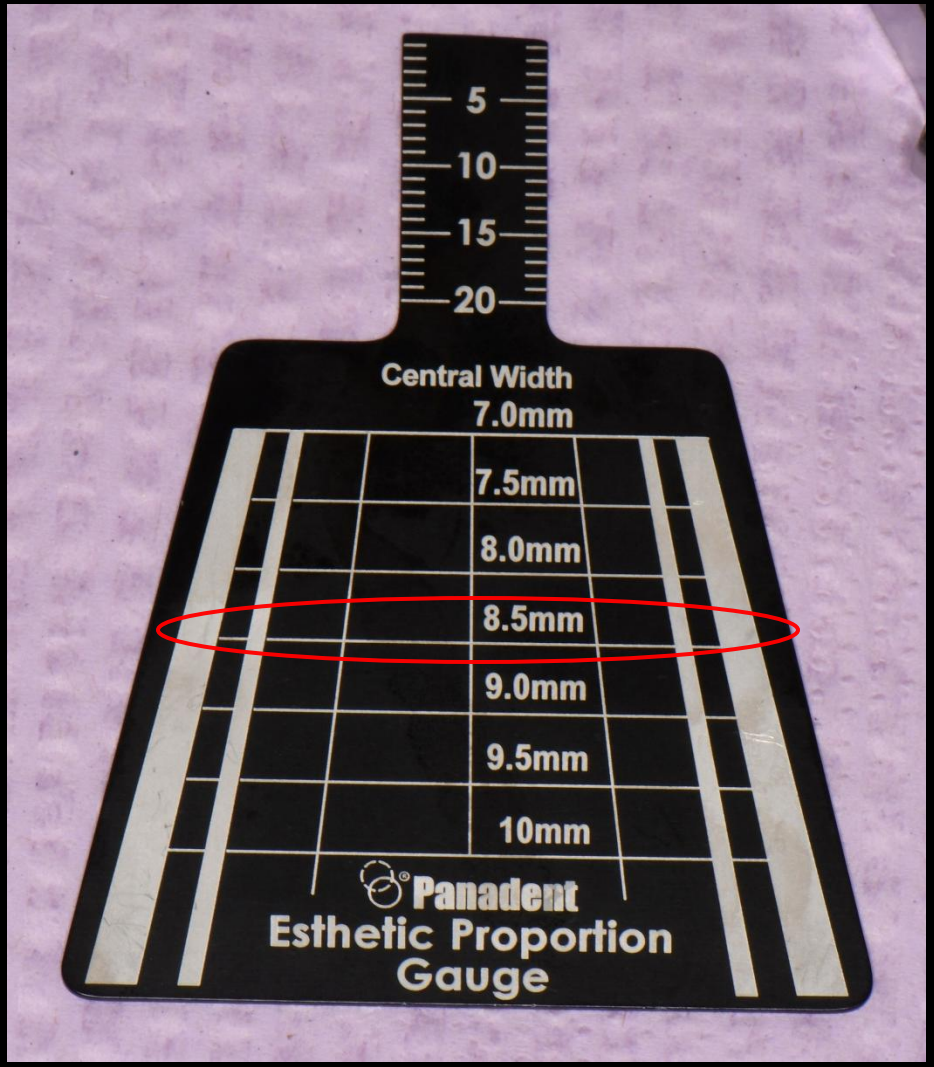

Wouldn’t it be nice to preserve nearly all the healthy tooth structure
and at the same time completely rejuvenate this guy’s smile?

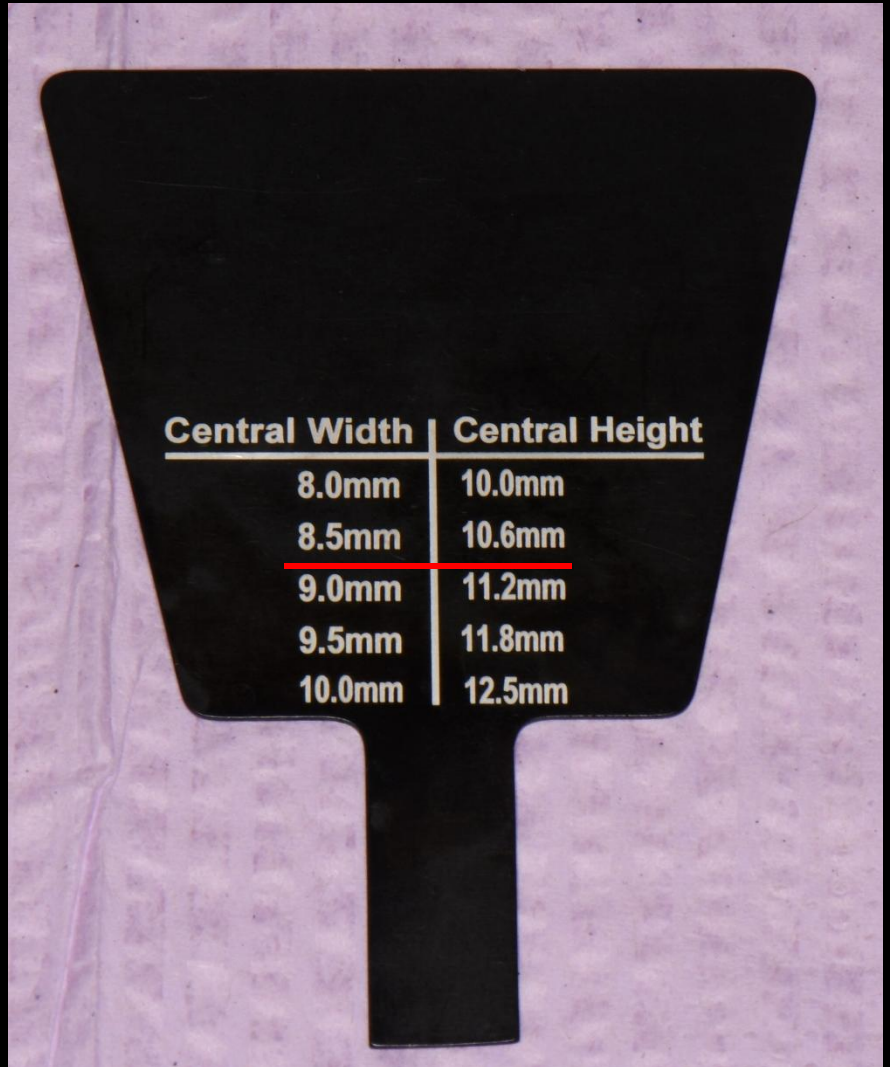

Simplified Smile Design!

How long are his centrals currently? 8.5 mm

How wide are his centrals? 8.5 mm




5
10
15
20
Central Width
7.0mm
7.5mm
8.0mm
8.5mm
9.0mm
9.5mm
10mm
Panadent
Esthetic Proportion
Gauge


Central Width | Central Height
8.0mm | 10.0mm
8.5mm | 10.6mm
9.0mm | 11.2mm
9.5mm | 11.8mm
10.0mm | 12.5mm


A
8M
8D
7M
TSS
TOOTH & SURFACE SPECIFIC
MATRIX SYSTEM
BY BIOCLEAR
The next generation of anterior matrices:
We're taking the guesswork out of to matrix selection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8M
8D
7M


8M
8D
TSS
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X 8D


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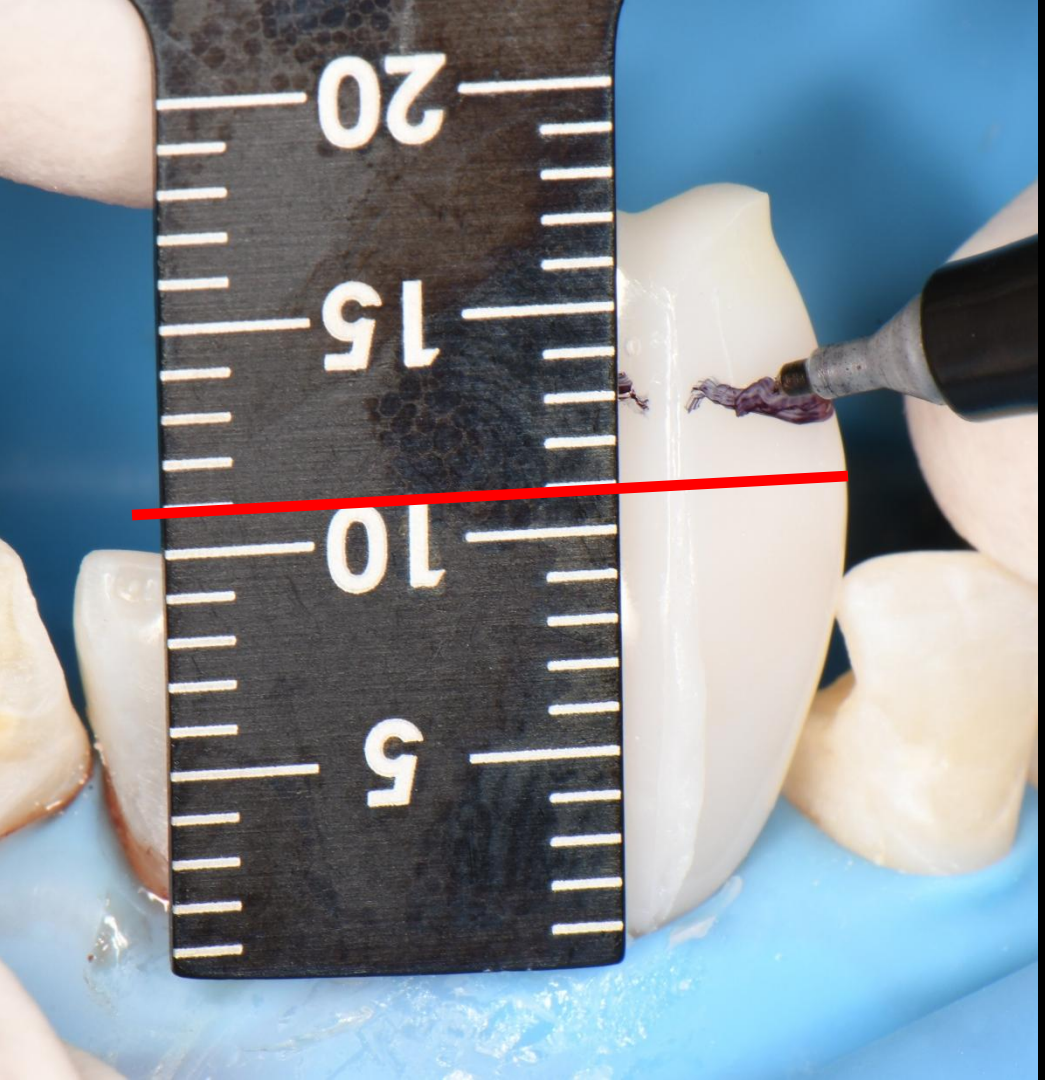
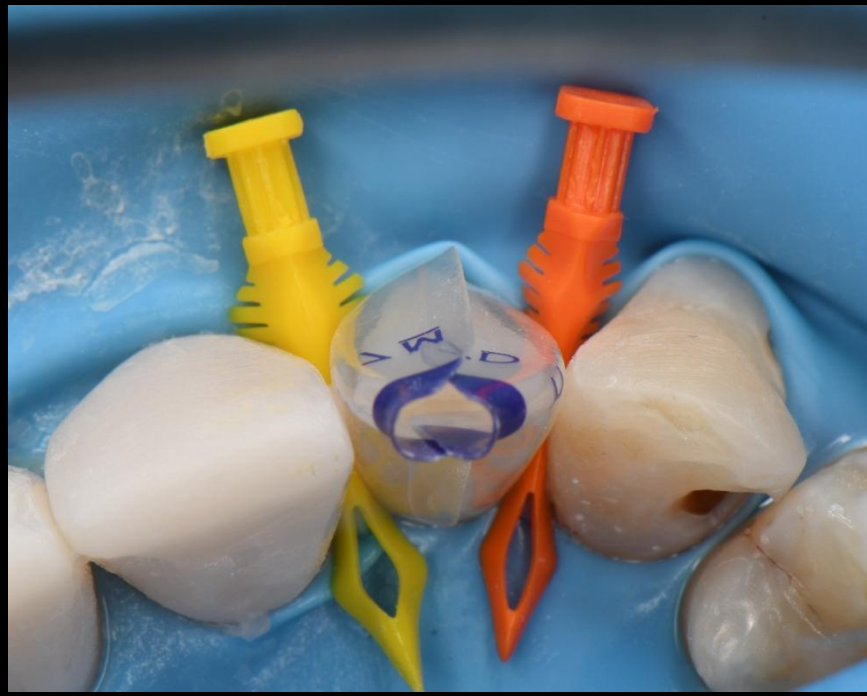
X 8D


20
15
10
5


5
10
15
20


DMF
2D

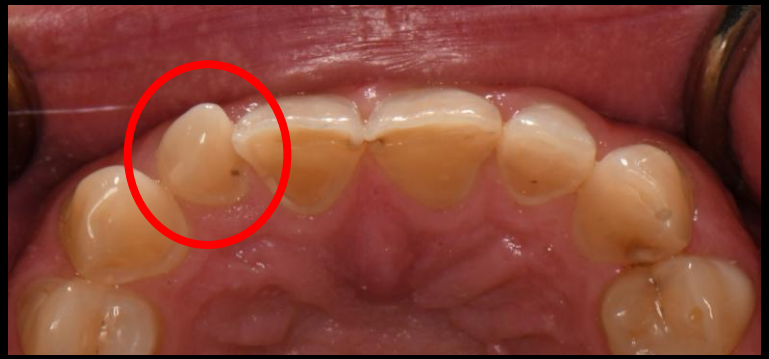

7M7D




7M
7D


016D


∂M
бD




11D X 11

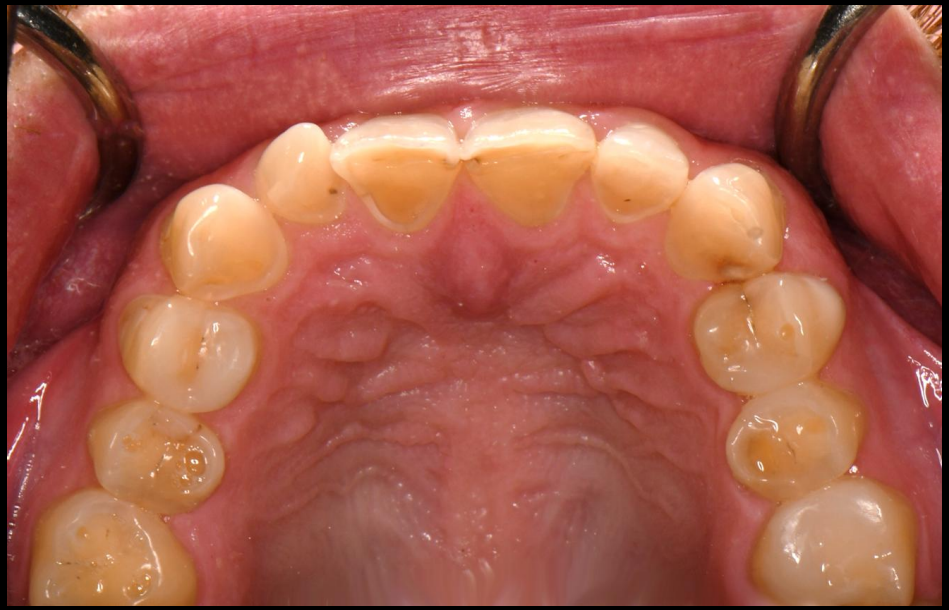
Pre-operative

Immediate Post-Operative

One Week Post-Operative





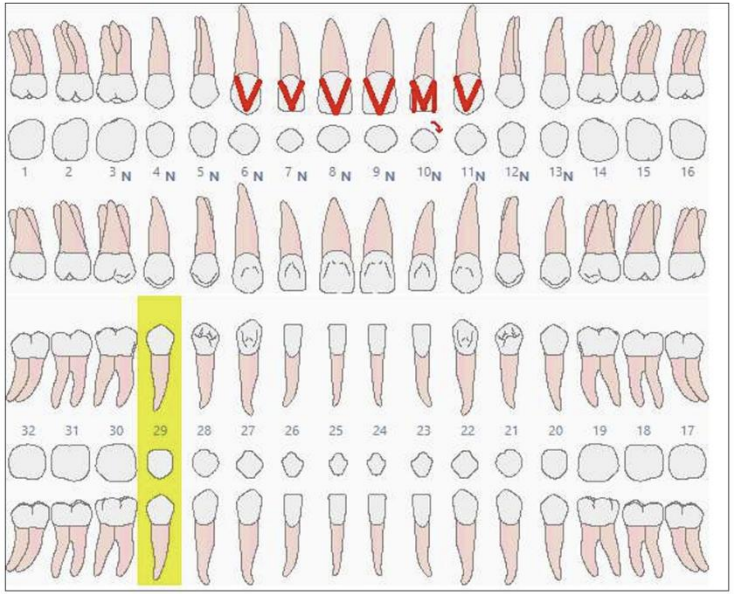



Day of treatment:
About 4 hours

1-week
post-op

Patient Chart

Patient Name: [redacted]
Patient ID: [redacted]



Date	Description	Provider	Tth	Surf	Status	Fee
1/15/2026	2993A - BIOCLEAR 360 REJUVENATION COMPLEX	David J. Clark, D.D.S.	6		Proposed	$1,840.00
1/15/2026	2993A - BIOCLEAR 360 REJUVENATION COMPLEX	David J. Clark, D.D.S.	7		Proposed	$1,840.00
1/15/2026	2993A - BIOCLEAR 360 REJUVENATION COMPLEX	David J. Clark, D.D.S.	8		Proposed	$1,840.00
1/15/2026	2993A - BIOCLEAR 360 REJUVENATION COMPLEX	David J. Clark, D.D.S.	9		Proposed	$1,840.00
1/15/2026	2993A - BIOCLEAR 360 REJUVENATION COMPLEX	David J. Clark, D.D.S.	10		Proposed	$1,840.00
1/15/2026	2993A - BIOCLEAR 360 REJUVENATION COMPLEX	David J. Clark, D.D.S.	11		Proposed	$1,840.00
1/15/2026	199.2 - BIOCLEAR ORTHO CORRECTION PER TOOTH	David J. Clark, D.D.S.	10		Proposed	$306.00
1/15/2026	299.5 - BIOCLEAR DIASTEMA CLOSURE	David J. Clark, D.D.S.	10	MD	Proposed	$285.00

Total Bioclear Case Fee?

$11,631

Kuraray Majesty ES Flow and Paste: Shade XW

Let’s quickly review several types of anterior cases and best matrix system for the case:

Anatomic or BT/DC? (Black Triangle/Diastema Closure)

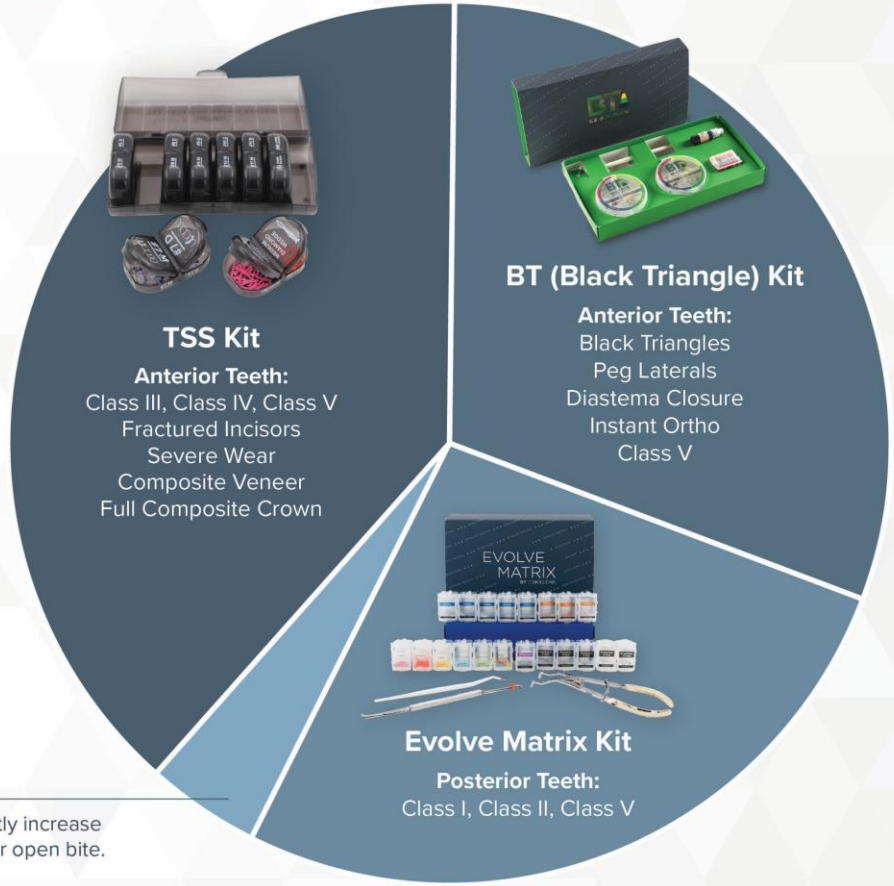
BIOCLEAR

Recommended Bioclear Matrices by Indication

For more information contact us

Bioclear Matrix Systems

1-855-712-5327



360 Veneer

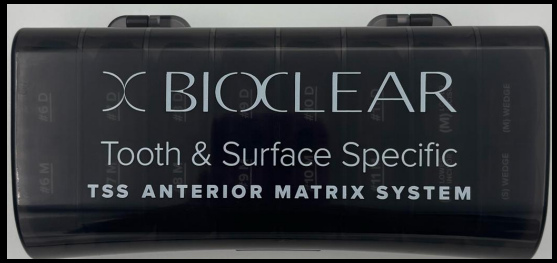
Class V and to significantly increase overjet or correct anterior open bite.


BIOCLEAR
Tooth & Surface Specific
TSS ANTERIOR MATRIX SYSTEM

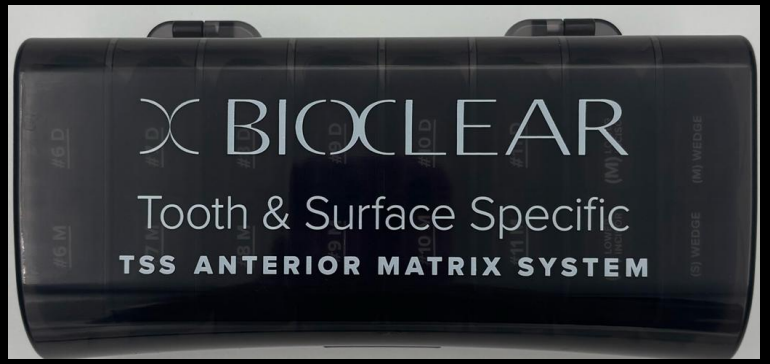
The monolithic restoration can create adequate non-layered poly-chromaticity with **Body** shade

17 year old male. Had emotional Issues and had ortho brackets on for many years without returning to complete orthodontic care. Left with rampant decay. Injection molded A2 BODY composite

Which Matrix Type?



Which Bioclear kit?

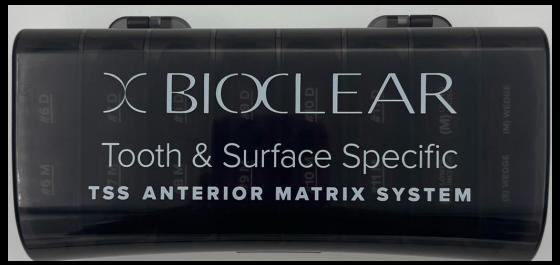


- If you think you will lose your contacts, you need to prep and then take each to 80% shape before you move to the next tooth.
- Bioclear method benefits from leverage and landmarks
- Creation of 3 facial planes is key
- Monolithic composite in the body shade is generally beautiful to the patient. Why?

LARRY SAYLOR

Case by recent attendee of Learning Center 4-day Certification Course

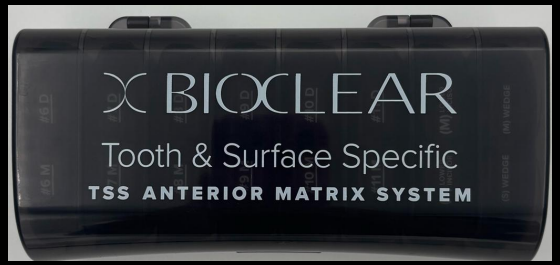
Which Bioclear Kit?



Which Bioclear Kit?

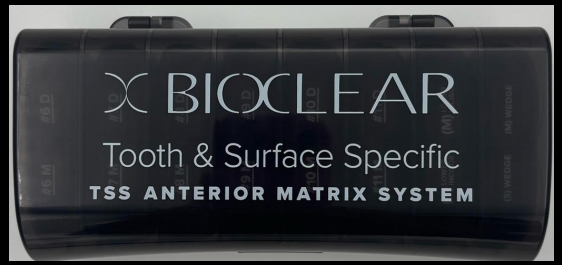
Courtesy Dr.
Les Miller

Which Bioclear kit or kits?



Both


BT
MATRIX
BY BIOCLEAR


BIOCLEAR
Tooth & Surface Specific
TSS ANTERIOR MATRIX SYSTEM

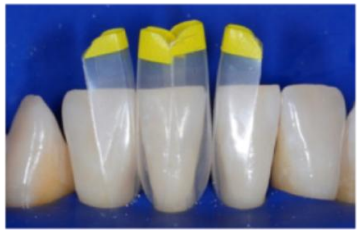
Case by Dr Ahmed Al Jaberi

For a copy of today’s presentation, Learning Center info or the essential Learning Center Library

Getting paid to be conservative

BIOCLEAR VS. CROWNS AND VENEERS

Bioclear is an alternative to traditio
for enhancing a smile. Rather than
to prepare for a crown or veneer, th
ensconcing the natural tooth struct
tooth enamel and tooth durability.



BIOCLEAR PREPARATION
Bioclear allows dentists to **conserve** healthy tooth structure

CROWN PREPARATION
Crowns require dentists to **remove an average of 76%** of the tooth structure prior to the procedure

VENEER PREPARATION
Veneers require dentists to **remove an average of 47%** of the tooth structure prior to the procedure

AN HONEST LOOK AT CROWN PREPARATIONS

As illustrated below, crowns, veneers, and onlays require the removal of a significant amount of healthy tooth structure. Bioclear dentists can leave most or all of the tooth structure. Bioclear is a very attractive option to patients.

~3/4 Crown
47% of tooth removed

Full Crown
76% of tooth removed

Tooth removed

Remaining tooth

BIOCLEAR

Stop by convention booth #1111 to…

- ✓ Hear more about Bioclear courses
- ✓ Meet our team of Bioclear experts
- ✓ Order products
- ✓ Register for courses
- ✓ Learn why Bioclear is a BIG DEAL!


BIOCLEAR
LEARNING CENTER
Tacoma USA · Solihull UK
Varberg Sweden · Cairo Egypt
Syracuse Italy · Taubate Brazil
Livermore CA (Bioclear pediatrics)
Seoul Korea · Madrid/Barcelona
Sydney Australia · Baghdad Iraq


BIOCLEAR
LEARNING CENTER
Tacoma USA

BIOCLEAR
LEARNING CENTER


BIOCLEAR
LEARNING CENTER
EXIT


BIOCLEAR
LEARNING CENTER

Last week's attendees at the certification course

2026 Certification Courses

BIOCLEAR LEARNING CENTER

- Core Anterior + Core Posterior
- Complex Cases & Problem Solving
- Smile Design & Comprehensive Anterior Rejuvenation
- Bioclear Alumni Summit

January

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February

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June

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July

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August

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September

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November

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December

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27	28	29	30	31		

Treat yourself to a weekend with BIOCLEAR

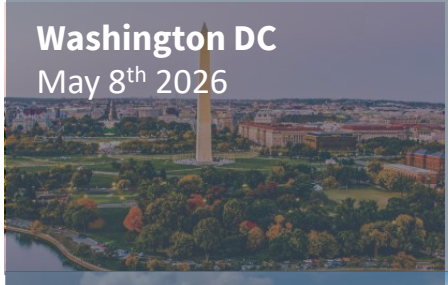
BLACK TRIANGLE

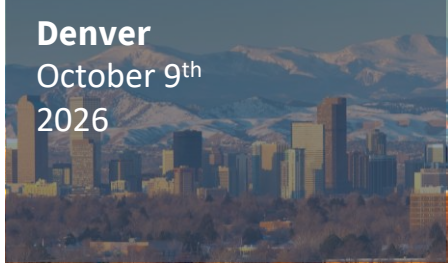
CERTIFICATION COURSE

18 CE CREDITS

This three-part live hands-on certification course will teach you how to treat black triangles, gingival recession, root abrasions, and perform confident restorations. In becoming a certified Bioclear black triangle doctor, you'll increase your overall skill and knowledge of Bioclear and learn to market your new skills to patients.

Upcoming Dates:





Scan to learn more & sign up for your local BT Course!

www.bioclearmatrix.com/live-courses/

BEFORE

AFTER

BEFORE

AFTER

BIOCLEAR

Course Code:6334

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