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Focus on Central Asia



Outlook on Philippines



The Dental Market in Romania



Business Opportunities

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and to see some of the clinical cases visit our website www.exomed.it
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Suntec Singapore International Convention and Exhibition Centre

Pre-Congress Day: April 3, 2014

The Gateway to the Asia Pacific's Dental Markets.

IDEM Singapore is a highly targeted trade exhibition and conference that offers exhibitors unrivalled prospects to meet and do business with the dental fraternity in the Asia Pacific region.

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ADA 2013 (New Orleans)

October 31 - November 1, 2013
Blossom Booth #: 3147 & 3149





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2013



GREATER NEW YORK DENTAL MEETING

SCIENTIFIC MEETING:
Friday, November 29 -
Wednesday, December 4

EXHIBIT DATES:
Sunday, December 1 -
Wednesday, December 4

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1 // Unique line of products offered by AdDent Inc.



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Our products include:

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OraBlu Used for screening of malignant and pre-malignant lesions in the oral cavity.

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www.addent.com/mpereyra@addent.com Visit us at: **GNYDM Booth No. 1014 Dec. 1-4**

2 // Kemdent Modelling Wax puts the icing on the cake!



Kemdent modelling and baseplate waxes, including Anutex, Anutex Eco, Tenatex and Tenatex Eco can be used with confidence by technicians because the wax consistency provides their customers with a high quality product.



As a manufacturer Kemdent can change the softening temperature of a wax to suit a specific climate or the colour and sheet size of the wax to match the demand of a specific market. The manufacturing process creates a uniform, toughened sheet of wax; Dental Technicians the World over recognise the quality and performance this gives them. One UK technician commented that Kemdent modelling waxes have the correct ISO standard and their customers are provided with technical information which puts the icing on the cake!

Kemdent is looking for distribution partners worldwide especially, India, Turkey and Brazil. Ideally an established dental laboratory retailer wishing to improve their existing dental product line or an experienced manager who has a newly established dental company.

www.kemdent.co.uk

3 // New BioStamp



Modern and easy to use, the **BioStamp Sealing Machine** attends the needs and quality standards of the most rigorous markets. It is equipped with an innovative heating system that automatically controls the temperature, avoiding paper burning and providing high level result, even in uninterrupted sealing processes. It has also a lever with lock mechanism that spreads the heating uniformly, assuring an effective adherence.

The BioStamp allows customization of the packaging in different sizes, providing economy of paper and optimization of the autoclave space.

- Compact and innovative design
- Sealing width: 12 mm
- Sealing length: 300 mm
- Built-in cutter
- Built-in roll holder



www.bioart.com.br

4 // Maestro 3D Open Dental Scanner



Maestro 3D is the scanner for dental applications. The system simplifies and automates the process of planning and production of personalized dental prostheses. **Maestro 3D** dental scanner allows the user to get in a simple and intuitive way, with a precision of 10 microns, the open STL files that will leave the user the free choice of the center of production.

Maestro 3D Easy Dental Scan is the scan control software of the dental scanner.

Maestro 3D Ortho Studio is the software for orthodontics.

- Virtual Setup and Clear Aligner module: it allows to move the teeth of both arches evaluating distances and collisions and automatically build a set of virtual models ready to send to a 3d printer.
- the viewer version: is the software to view and inspect the models exported with Ortho Studio. (It's also available on Apple iPad Viewer).

www.age-solutions.com / www.maestro3d.com / info@age-solutions.com



5// Spectra Caries Detection Aid works like Doppler radar to discover



New sleek design features a 120 degree button ring for added comfort. Spectra uses fluorescence to detect caries in fissures and smooth surfaces that may go unnoticed in X-ray images. After capturing the image within your existing images software, the extent of decay will be interpolated and indicated in two ways: The color will appear either blue, red, orange or yellow and a numerical indicator between 0 and 5 will be shown. No other caries detection aid can do this! Impressive, information-rich images enhance case acceptance.

Spectra can detect decay hidden between the margins of existing composite and amalgam restorations. The Doppler radar-like images are easily understood and allow you to clearly show your patients how early intervention helps them.

www.airtechniques.com



6 // A-Bio™ fast: The solution to every kind of wounds



Bioservice presents A-Bio™ fast, a fluid spray with high regenerating, proliferative, antiedema, anti-inflammatory properties which acts as painkiller. It has shown to be effective on traumatic injuries of the mucous membranes and on diabetic sores and bed-sores.

Its action also allows severely burnt and damaged skin to restore. It allows optimal tissue restructuring, fast and effective, clinically detectable even to feedback made the day after surgery. The effect is explained through a powerful tissue cleansing and a powerful restorative action and by physiological healing, allowing prevention and therefore formation

of keloids and/or anomalous tissues. A-Bio™ fast leads to a fast and proper reconstitution of bone tissues and mucous membranes of oral cavity, shortening the physiologic healing time drastically. When to be used? Oral, periodontal, implant and maxillofacial surgery, endodontics, receding gums prevention, anti-vasoconstrictor, regeneration each tissue, therapy of exposed wound of oral cavity, angular cheilitis, intractable aphtha, herpes.

www.bioservicesrl.eu



7 // We provide our customers with the best products in more than 90 countries worldwide



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LEGENDARY PROTECTION



SW Medical Exam Gloves help protect you from exposure to infectious materials. Our HandHealth™ program demands rigorous quality assurance procedures at every step of production. Our unique manufacturing methods include extra steps that remove more residual irritants and odors resulting in exceptionally cleaner and more reliable gloves.



SW is dedicated to continuous innovation to elevate user protection and comfort. Extensive R & D has delivered patented aloe vera coated AloeVate® gloves and new dual layered Color-Q® gloves. PACK-RITE® packaging method allows easy individual glove dispensing while reducing waste and the risk of contamination.



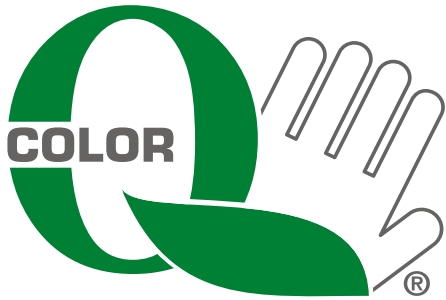
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Tel. +1.510.429.8692
Email: sales@swgloves.com



Get the **Dual Color** Advantage!



Dual Color

Nitrile Exam Gloves
Aloe Vera - Coated

AloeVate®



DUAL COLOR SAFETY

ColorQ® Exam Gloves feature a vibrant interior color to easily identify used and contaminated gloves.



TWO-LAYER PROTECTION

ColorQ® Exam Gloves are double layered to provide maximum protection and flexibility.



MULTI-STEP WASH

SW Gloves adds a multi-step washing process to eliminate contaminants, chemical residues, irritants and odors.



ALOE VERA COATED

The patented Aloe Vera coating has been shown to soothe dry and chapped skin.



swgloves.com



SW Gloves, LLC
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Union City, California U.S.A. 94587
Tel. +1.510.429.8692
Email: sales@swgloves.com



Color-Q® Nitrile



Color-Q® Nitrile AloeVate®



Color-Q® Nitrile pH Natural®

8 // P9 auto-water supply ultrasonic scaler: PIONEER



Baolai Medical professionally designs and manufactures the piezo ultrasonic scaler. We are the first one launching 'No cracking' aluminum alloy detachable handpiece and 'No consumables' auto-water supply scaler in the world. All products obtain CE certificate as well as 22 national patents.

P9 auto-water supply ultrasonic scaler: PIONEER!

- Functions: scaling and endo.

- Water supply system without consumables.
- LED aluminum alloy detachable handpiece: no cracking, more comfortable. Easy to disperse heat.
- Two wide-mouth bottles, more convenient for liquid changing.
- Small size: 243x145x150mm.



www.boool.com / info@boool.com

9 // VACUUMCAST-90 Ergonomics, high tech and quality casts!



Semi-automatic benchtop vacuum pressure-casting unit with high melting frequency for the casting of Co-Cr-Mo, Ni-Cr-Mo and precious alloys. It takes very little space in the laboratory; there is no need for additional purchase of ceramic casting crucibles, metal casting ring liners, metal casting rings or rubber casting ring socle. It assures economic and optimal consumption of dental alloy which does not contain oxides due to the vacuum melting. **For more information visit the website www.interdent.cc**



10 // New Frazier surgical aspirator



- New FRAZIER surgical aspirators, high quality in every detail, for precise suction at surgical sites
- Innovative MEDESYS design for a better comfort and secure grip
- Specific removable wire, used to clean out bone or residuals
- Hole pressure regulation, thumb controlled
- 4 diameters available:
 - 911/2 Ø 2 mm
 - 911/3 Ø 3 mm
 - 911/4 Ø 4 mm
 - 911/5 Ø 5 mm



For additional information about these new FRAZIER surgical aspirators kindly address to info@medesy.it or visit www.medesy.it

11 // New Color-Q® AloeVate® Dual-Color Nitrile Examination Gloves



SSW introduces new Color-Q® AloeVate® Dual-Color Nitrile Examination Gloves to easily identify soiled gloves for no mistake disposal. After removal, the vibrant interior color clearly indicates the glove has been worn and should not be reused. The Aloe Vera inner coating nurtures dry, chapped skin. Clinical studies have shown Aloe Vera can improve the condition of your skin after consistent use.



www.swgloves.com / sales@swgloves.com Visit us at A + A 2013: Hall 07 - C05

Highlights

12 // Pressing Dental



Tsm Acetal Dental – Cad Cam Disk

Tsm Acetal Dental Compound - Disk for CAD CAM. It's a technopolymer with excellent mechanical resistance. It's recommended for provisional bridges and/or substructures match to the acrylic resin or to PMMA-based compounds. Available in Vita A-A1-A2-A3-B1-B2-B3 colours. Available also in pink colour for partial prosthesis.



Smile - Cam Multilayer Disk

Multi-layers acrylic disk for CAD CAM, available in 3-layers and 5-layers.

It's the ideal product to obtain a perfect color effect with a single step and it presents the same abrasion resistance than a acrylic tooth. Certified in long-term. Available in the Vita coloring A1 – A2 - A3 – B3 – C2 – D2 Ø 98.5, h 16mm e 20mm



info@pressing-dental.com / www.pressing-dental.com

13 // BRAVIA® XL Turbine



Compact and elegant new styling with titanium body, superior reliability, highly-efficient illumination, reduced noise and weight are just a few of the various features offered by this new special edition of the BRAVIA®L high-speed Turbine. The handpiece incorporate special integral-structure high-precision ceramic ball bearings which, together with the safe and perfectly balanced rotor, makes the turbine with unmatched high power, reliability and quietness.



Lubrication can be carried out normally by means of oil dispensers or, much more efficiently, by means of the special recommended LubriONCE® grease lubricator. Once coupled to the GYROFLEX®LED rapid Coupling, the turbine can immediately get advantage of the LED source which allows over 25000-LUX daylight quality illumination of the operating area and produces a superior and perfectly uniform light pattern. Turbine's connection is fully compatible with the popular MULTIflex® one. Other types of connection are also available.

www.teknedental.com / info@teknedental.com

14 // X-VIEW 3D



The Pano/3D solution is affordable for every dental practice.

Giorgio Rizzo, a life dedicated to the developing of solutions for dental professionals, shocks the dental industry once again. This time he is offering a 3D X-Ray solution that dental surgeries of any size and budget will be able to afford.

Main features:

- Combi 3D and Panoramic
- CEPH upgradable
- 8x8 cm flat panel field of view
- High definition sensor pixel size 100 micron
- High speed PAN frames
- DC generator
- Camera and laser centering patient
- Large flat touch screen display
- Easy and friendly operator menu
- Smaller space required

www.trident-dental.com



Gloves so Amazing™ and thin,
you'll fly through your day.



Our THINNEST
glove ever!



Thinner, lighter, and more flexible
than standard nitrile, our new Amazing™
gloves are so comfortable that you'll feel the day just fly by.

That's because they're so thin and flexible, they conform
perfectly to your hands to give you the superpowers you need to
conquer the day. Amazing's unique nitrile formulation is thin and
flexible enough to deliver higher tactile sensitivity, yet strong and
safe enough to perform under pressure.

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Sign of Comfort™

15 // BL-S CONDENSERS



Vertical compaction of warm Gutta percha as described in warm vertical obturation techniques and the Buchanan "Continuous Wave" technique relies on precision instruments to achieve the desired 3-dimensional fill.

The NEW BL -S Condensers have been designed with these techniques in mind, to effect a dense fill in even complex anatomy. The double ended pluggers feature a .04 taper Nickel Titanium end for condensation in the apical third, with the opposite end being a stainless steel rigid plugger, double the size of the NiTi end for condensation of the backfill.



The handle is made with light weight anodized aluminum, and features ergonomic finger rests for condensation. They come in sizes 35/70; 40/80; 50/100, 60/120 and have laser etched depth markings on the NiTi end.

An Extremely durable design allow these instruments to maintain their effectiveness through several uses and sterilization cycles.

bdshesky@bnlbio.com / www.bnlbio.com / In USA (P) 949-581-3636

16 // Blossom- committed to product quality



For more than 24 years, MEXPO INTERNATIONAL INC. has been committed to product quality, reliability and service. Our BLOSSOM Brand has strong world-wide recognition in both the Dental & Medical markets. Our quality products, namely Latex Exam Gloves and Nitrile Exam Gloves, have been sold in over 100 countries.

MEXPO INTERNATIONAL INC. is more than just a quality exam gloves provider; we are a partner you can trust to grow with you.

Some of our bestselling and specialty gloves include:

- a. Powder Free Avocado Green Soft Nitrile***
- b. Powder Free Lila/ Pink/ White/ Dark Blue Soft Nitrile Exam Gloves
- c. Powder Free Latex / Nitrile Exam Gloves with Aloe Vera
- d. Powder Free Latex Exam Gloves with Aloe Vera + Vitamin E

***Our Avocado Green Nitrile Gloves has been rated an 88% (++++) by The Dental Advisor. For more details, please visit the following website:
<http://www.dentaladvisor.com/blossom-brand-avocado-green-nitrile-examination-gloves> (QR CODE 1)



In addition, Dr. Molinari has nominated our Avocado Green Nitrile Gloves as a 2013 "Clinical Problem Solver" due to their durability and tear resistance when donning. For more details, please visit the following website:

<http://www.dentaladvisor.com/clinical-evaluations/product-awards/2013-clinical-problem-solvers.shtml> (QR CODE 2)

www.blossom-disposables.com / kloh@mexpo-glove.com; tim@mexpo-glove.com

17 // Sabilex Injection System- Metal Free Dentures-Flexible Partial



Sabilex has been a leading manufacturer since 1951. High quality products, new technology and constant research have been the main concerns of the company to always achieve excellence and reliability.

SABILEX offers one of the most advanced injection systems in the market.

It includes:

1) Sabilex Injection Machines:

- Fully automatic • Compact Design • Weight 12kg • Easy programming .CE

2) Sabilex Injection Materials:

4 CE certified versatile multi-property materials to elaborate dentures:

- Flexifast and Flexiultra for the making of flexible partials.
- Acrilfast, a monomer free thermoplastic acrylic for the making of full and partial dentures.
- Flexiacetal for the making of aesthetic retainers, frameworks and more

3) Vacuum sealed ready to use cartridges.

4) Sabilex Marketing and Training Support.

Quality marketing materials and support for Dealers, Dentists, Labs and Patients.

Sabilex exports worldwide. Interested dealers are welcomed to contact us.

www.sabilex.com / info@sabilex.com



18 // Since 30 years your ergonomic requirements are our challenge!



Since 1981 Diagram production includes equipment for dental practices and laboratories, dental materials, products for hygiene and sterilisation such as needle burners, carpoule warmer/needle burners, steamjet cleaners, UV curing-light ovens, accessories and materials for composites, new techniques methods such as transparent silicon-rubber.

Diagram activity also focuses on the implementation of new techniques permitting the optimisation of both equipment and working methods. For these reasons the company produces and offers layouts and know-how for:

- **RESIN INJECTION SYSTEM** for the fabrication of prostheses with any kind of resin;
- **ULTRAKERAMIC** method reproducing the wax model directly in ceramics and availing the advantages in terms of color and shaping of this material;
- **DIRECT COMPOSITE RESIN RESTORATIONS:** Giotto 101 Composite Painting Palette is the first device able to aid in controlling the fluidity of various portions of composite materials simultaneously and in minimum portions.

Diagram manufactures with Your private label too.

www.diagram.it / info@diagram.it



19 // Inibsa Dental: The Specialists in Dental Anaesthesia



Inibsa Dental is a pharmaceutical company with over 65 years' experience in the R&D and production of dental anaesthetics. With a production capacity of over 150 million cartridges a year, Inibsa Dental is positioned in its own right amongst the world's leading manufacturers.

Inibsa Dental has the right anaesthetic to suit every patient. In their daily practice, dentists face a wide range of pathologies and patients. It is important to choose the appropriate anaesthetic for each treatment and patient considering factors such as the need for postoperative pain control, the required haemostasis, the risk of postoperative self-inflicted injuries and any existing contraindications to the selected local anaesthetic. Inibsa Dental provides a complete range of drugs to deliver safe, convenient and effective anaesthesia for every type of dental procedure and patient.

Inibsa Dental's local anaesthetics are aseptically manufactured and use silicone-coated, latex-free rubber components to ensure a smooth and painless injection.

www.inibsa.com

Visit us at:
AEEDC DUBAI, 4-6 February 2014, Hall 4 – Booth 856
IDEM SINGAPORE, 4-6 April 2014, Level 4 – Booth 4H-31



20 // Mozo-Grau - MG Implant Card with Explorer Code



Product
MG Implant Card with Explorer Code
Indication
Patient's implant personal information



Distribution

Mozo-Grau
Santiago López González, 7, 47197 Valladolid, Spain
sales@mozo-grau.com / www.mozo-grau.com

Patient Implant Card

MG Implant Card is an implantological passport which allows both patients and clinical professionals to know all the trazability about their implant: reference number, lot number, production date, verification date, description of the implant and even the implant diagram. This is possible thanks to the explorer code, which appears on the implant's blister reverse. It is a numerical code associated to the implant's information previously mentioned. The only thing patients and clinical professionals have to do is to place the implant's blister sticker with the explorer code on their personal implant card, introduce the number in the explorer code section of Mozo-Grau's web, and they will be able to access to all the information about their own MG implant.

21 // Pierrel Orabloc a new Articaine based dental anesthetic aseptically manufactured now available in UK, Germany, France, Austria and Poland.



Pierrel is a global provider to the pharmaceutical and life science industries with more than 65 years experience in pharmaceutical manufacturing and research.

Orabloc is a new dental anaesthetic successfully distributed in USA, Canada, Russia, Italy, and now is starting to be launched in all Europe.



Properties of Orabloc:

- Rapid onset of anesthesia within 1-9 minutes to avoid delay before effective analgesia is achieved
- Predictable duration of anesthesia up to 1 hour for infiltration and up to 2 hours for nerve block
- Only 10% overage of epinephrine
- A 24 months shelf life at room temperature
- Very low manufacture related degradation products
- Sodium edetate free, methylparaben free and latex free to avoid allergic reactions in sensitive patients
- Each Orabloc cartridge is sealed individually in the blister for maximum protection during storage and handling

www.orabloc.com / p.berrettarossa@pierrelgroup.com

Visit us at: ADA Exhibition from 1th to 4th of December, Hall Jacob K. Javits Convention Center of New York, booth #4129

22 // 25th anniversary



TEHNODENT – your reliable supplier of dental cartridges of almost all brands on the market. With modern technology and new generation of CNC machines, Tehnodent has positioned as number one in supplying the aftermarket parts all over the world. Together with our swift service, our clients value our technical

support. Whether you are an experienced repair shop or you tend to start one, Tehnodent is here to help you with free trainings, custom made tools and technical documentation.

You need a new part? No problem. Our technical service can generate new product in three weeks.

Visit our website www.tehnodent.com and check our new promotional video. Take a quick glance at how these cartridges are made in our factory.

TEHNODENT proudly celebrates 25th Anniversary this year.

More than ever, we are sure that our mission has proved as the right one:

OUR QUALITY is YOUR SUCCESS.



23 // tcs® Unbreakable Flexible Partial Dentures



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focus

Focus on Central Asia

Author: Michela Adinolfi

Infodiv International 4/2013

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Buildings of Poi Kalyan complex at sunset. Bukhara, Uzbekistan

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In this article on Central Asia we will focus on Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. Except for Turkmenistan, which is only associate member, these countries belong to the Commonwealth of Independent States (CIS), an organization founded in 1991 after the dissolution of the Soviet Union, including also Armenia, Azerbaijan, Belarus, Moldova and Russia.

Geographically, the Central Asian region consists of a wide land mass, largely characterized by deserts and steppes and circled by mountain ranges on the south-eastern border. This area represents an historical crossroad between Asia and Europe, located at the heart of a network of trade routes that have been connecting the two continents for centuries. The most famous is of course the **Silk Route**, where not only silk and other goods were transported, but also philosophies, religions and technologies found their way towards the East or the West.

A common feature for most Central Asian countries is the abundance of natural resources, especially oil and natural gas, followed by coal, precious and non-precious metals, uranium, rare earths and other elements of great importance for industrial production. If, on one side, the abundance of natural resources is a secure factor of growth for Central Asian economies, on the other hand it also poses significant challenges in terms of allowing them to develop in a sustainable way. Environmental issues related to the exploitation of mineral resources and the massive utilization of hydropower plants are a key priority within this perspective, but the political situation in some of these countries isn't currently favourable to the adoption of long-term policies for sustainable growth.

Oil, gas and mineral product exports represent the main source of income for the region, a relevant part of which is directed towards China and the booming Asian economies to supply the massive amounts of resources needed to feed their industries. For instance, a new gas pipeline connecting Turkmenistan and China became operational in 2009, and exports to China rose to 67% of total Turkmen exports in 2012, from below 1% in 2005, while Turkmen imports from China increased from 5% to 20% over the same period.



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Despite many differences exist in the degree of openness and sophistication of economic, financial and political infrastructure, all the above mentioned countries share a recently attained independence, a Soviet Communist heritage, Russian as first or second national language and a mixture of ethnical groups and culture. From an economic point of view, low national debt and recent high GDP growth are posing solid fundamentals for future development. Moreover, the close cultural and economic ties among the Central Asian countries have contributed to establish strong intraregional business relationships, with several bilateral trade agreements and investment and double tax treaties signed during the 1990s.

According to the Deutsche Bank, during the last decade Central Asian economies have grown around 8% on average every year and 5% growth is expected in the next year for the region as a whole, while Turkmenistan and Kyrgyzstan in particular are expected to accelerate at above 7% annual growth over the next two years. Such continued growth contributed to reduce poverty, though at different levels among the single countries, with inequality in income distribution showing a parallel decreasing trend. However, almost half of Tajikis and one-third of Kyrgyzis are still living below the poverty line.

Some of the countries have been implementing structural and market reforms aimed to improve the business climate and policy frameworks, as well as diversifying the economy, but the outcomes haven't been homogeneous so far. For instance, trade in Kyrgyzstan accounts for over 150% of GDP, but only around 53% in Uzbekistan. On general terms, however, all countries apart from Kyrgyzstan have improved

their score in the 2013 World Bank Doing Business (DB) ranking compared with 2012, with Uzbekistan gaining 14 positions thanks to reforms in areas such as export bureaucracy, procedures to start a new business, access to credit and insolvency regulations.

The negative perception of a risky investment environment, also influenced in some cases by the lack of politic and economic stability, has long affected attractiveness of ex CIS countries as destination for foreign capitals. The local capital markets are still at an early stage and investments can be difficult due to heavy bureaucracy issues. Nevertheless, big foreign oil, gas and mining companies have already gained a consolidated position as leading investors in the area, and there is an increasing interest in the opportunities offered by other sectors such as banking and financial services, construction, transportation, tourism, agriculture and food processing and textiles.

It is undoubtedly necessary, of course, to conduct deep research and gain detailed information on the peculiarities of each of the Central Asian countries before planning any type of investment, including bureaucratic requirements and logistics and transportation issues. On this purpose it is important to mention that the Central Asia Regional Economic Cooperation agency, part of the Asian Development Bank, has launched a program named "Transport and Trade Facilitation Strategy"; the strategy aims to carry out coordinated interventions on transport infrastructure along six priority transport corridors and logistics and trade facilitation, including harmonization of customs and standards.

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Main indicators of domestic markets in Central Asian countries

	GDP, \$bn		Population, mn		GDP per capita (PPP), \$	
	2000	2011	2000	2011	2000	2011
Kazakhstan	18.3	186.2	14.9	16.6	4,800	13,200
Kyrgyzstan	1.4	5.9	4.9	5.5	1,300	2,400
Tajikistan	0.9	6.5	6.2	7.0	900	2,300
Turkmenistan	2.9	24.1	4.5	5.1	2,100	9,200
Uzbekistan	13.8	45.4	24.7	29.3	1,400	3,300

Source: University of Central Asia (based on World Bank data)

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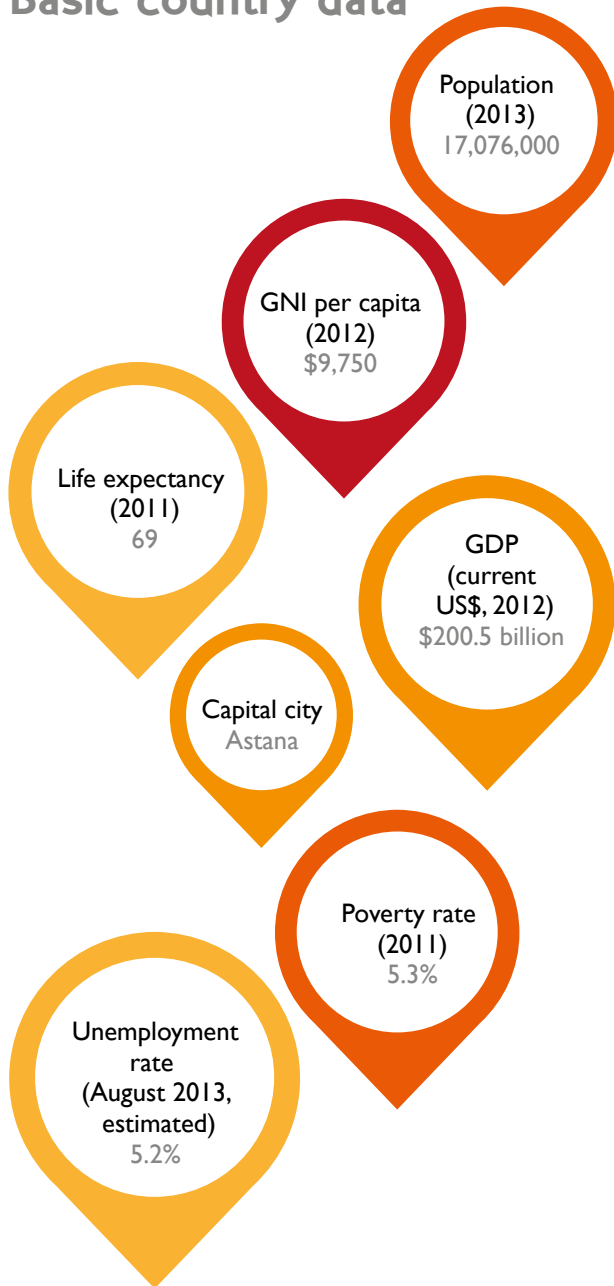
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Kazakhstan

Basic country data



Sources: World Bank

General profile – Kazakhstan is the ninth largest country in the world, covering an area of more than 2.7 million square kilometres, about the same size of Western Europe and more than twice the combined size of the other four nations of Central Asia. **Categorized as upper middle income country**, Kazakhstan plays a leading role in the region in terms of economic development, investment attraction and degree of financial sophistication, but it still presents several unsolved issues that delayed its accession to the World Trade Organization, for which negotiations have been underway in recent years.

Population – It is said that Kazakhstan hosts over 100 different nationalities. Despite this figure is likely exaggerated, the ethnic composition of the population is quite heterogeneous: besides the 53% Kazakh inhabitants, 30% are of Russian origin, followed by Ukrainian, Uzbek, German, Tatar, and Uygur groups, as well as Azerbaijan and Belarusian minorities. Most of the population lives in the eastern part of the country, with Kazakhs predominantly concentrated in the south, and Russians in urban areas close to the Russian Federation in the north. With six people per square kilometre, population density is one of the lowest in the world. 56% of the population live in urban areas, the highest percentage in the Central Asian region. Kazakh is the official state language, while Russian is used as official language of interethnic communication.

Economy – Kazakhstan is well known for its vast hydrocarbon and mineral resources, as well as for intense agricultural production. Driven by increasing domestic consumption and high oil and gas prices, the economy grew by 5% in 2012, slowing from 7.5% registered in 2011, but the new oil production from a recently discovered field and the spillover effects on the economy is expected to lead to average 6-7% percent annual growth over the next four years. **Projected GDP for 2013 will reach \$226 billion, and per capita GDP is forecast to rise from \$13,900 in 2012 to \$24,000 by 2018.**

Despite the dominating role played by oil and gas sector, there are positive signals that Kazakhstan is diversifying its economy. Since 2005, non-oil economy has contributed to the largest share of the country's growth, and it accounts for more than half of GDP. The high urbanization rate accounts for increased occupation in non-oil economy which now employs more people than the oil economy, particularly in construction and services.

However, the positive prospects for the country's general wealth cannot hide that there is a considerable income gap between rural and urban population and that much work is still needed to deliver healthcare and education services more evenly throughout the country.

Investment climate – In 2010, Kazakhstan created a customs union with Russia and Belarus, which from 1 January 2012 has created a common economic space, enabling the free flow of goods, services, and financial and human capital between the borders of the three countries. Kazakhstan has signed bilateral investment treaties with 45 countries (18 of which are with OECD member countries) and one with the Eurasian Economic Community (including Russia, Belarus, Kyrgyzstan and Tajikistan), all of which guarantee most-favoured-nation treatment and stipulate party obligations, most notably in the event of expropriation. According to a study by Deloitte, Kazakhstan law does not close any sector of the economy to investors, but does establish restrictions in certain areas. Foreign investors may invest in any sector, with equity limits in only a handful of sectors, including strategic oil and gas reserves, telecommunication, media and agricultural/forestry services.

Healthcare system and market – According to the most recent statistics there are over 64,400 physicians in Kazakhstan. **The public expenditure on healthcare is projected to grow by 16% from US\$10.3 billion in 2013 to US\$11.8 billion in 2014.** Currently 1,054 hospitals and 3,720 short-stay clinics operate in Kazakhstan. As regards oral healthcare, there are 570 state and 1,165 private dental clinics operating in Kazakhstan, with a total of 5,875 dentists.

The state runs about 80% of healthcare facilities and purchases drugs, medical devices, equipment and services, providing them free of charge in specific areas of treatment such as HIV, respiratory illnesses, newborn and maternal health, prevention and treatment of hepatitis B and C, oncology, tuberculosis, cardiology and gastroenterology.

Until early 1990s, the health infrastructure was outdated and lacked qualified personnel. After extensive reforms and investment, particularly in the framework of the new State healthcare programme known as "Salamatty Kazakhstan" set for implementation over the period 2011-2015 with a budget of US\$2.5 billion, significant improvements were seen in the health system. Among the goals of the program, there was the construction of 100 hospital complexes within a 5-year period, sending healthcare professionals abroad to upgrade their qualifications, upgrade of hospitals and clinics, and heavy investment in medical equipment and devices. Besides this, a National Screening Program and an oncology program with a budget of US\$1.4 billion have both been launched in 2012. 49 mobile medical complexes and 186 telemedicine centres add to the range of interventions carried on by the government in the last two years.

The medical equipment market in Kazakhstan depends for 90% from imports, that were valued at US\$436 million in 2012. The government invests 25-30 billion tenge (about US\$190 million) for purchase of medical equipment. According to **Germany Trade and Invest the high-priority sectors for such investments are diagnostic equipment, medical lasers, endoscope and dental equipment.** Kazakhstan is currently the most attractive medical market in Central Asia, both for the general regulatory environment and ease of doing business. However, the market is limited due to the relatively small size of the population and infrastructure challenges. Harmonization of trade regulations is expected in the middle-long term as the country will likely access the WTO provided some pending issues are solved.

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Kyrgyz Republic

Basic country data

Capital city
Biškek

Poverty rate
(2011)
38%

Life expectancy
(2011)
70

GNI per capita
(2012)
\$990

GDP
(current
US\$, 2012)
\$6.473 billion

Population
(2013)
5,582,000

Sources: World Bank



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General profile – The Kyrgyz Republic is Central Asia’s second smallest country, located in the southeast corner of the region. It borders with Kazakhstan, China, Tajikistan and Uzbekistan, without access to the sea. Mountains cover 90% of the country, including sections of important chains such as the Pamir, Alatau and Tien Shan, and more than half territory rises at over 2,500 meters above sea level. Less than 10% of total land area allows agricultural activity and permanent settlement, limiting land use and population distribution.

After two decades of political turmoil followed to the dissolution of the Soviet Union, that were marked by several contested elections and civil unrest culminated in a coup d’état in 2010, Kyrgyzstan is now experiencing a certain degree of stability, although tensions remain in the southern districts where protests and clashes concentrated in recent years.

Population – Most inhabitants live in the Chui Valley along the Kazakhstan border in the north, and Fergana Valley in the south. The ethnic composition is quite fragmented with two-thirds Kyrgyz, 14% Uzbek, 9% Russian, and smaller groups including Dungan (ethnic Chinese Muslim), Ukrainian and Uyghur to name only the most numerous ones. Kyrgyz is the official language, however Russian is not only the second official language, but also the main business language. Roughly two-thirds of the population live in rural areas, but there are also some 800,000 Kyrgyz migrants in Russia, who contribute to about 40% of the country’s economy with their remittances.

Economy – Despite the political instability, during the last twenty years Kyrgyzstan has undertaken a series of reforms to achieve a faster transition to a market economy. It is also because of such commitment that the Kyrgyz Republic managed to access the WTO in 1997. However, the economy hasn’t yet been able to fully develop in a more sophisticated market, maintaining wide gaps between urban and rural areas. Still over a third of Kyrgyzis live below the poverty line and the country ranks as the second poorest in Central Asia.

Livestock and agricultural activities are an important part of the economy contributing to approximately one third of GDP and employs most of the rural population, but for the largest part both sectors are still based on traditional methods and haven’t been modernized, preventing the sector from increasing productivity. As for the industry, although scarce oil and gas reserves, Kyrgyzstan

has considerable gold, coal, uranium and other mineral deposits fueling both exports and the metallurgy industry, a sector targeted by government efforts to attract foreign investment. Another important sector both for domestic energy supply and exports is hydroelectric energy, considering the wide water resources available from 25,000 rivers and streams, but it is currently under-exploited and holds significant potential for the future.

In recent months, positive signals for the Kyrgyz economy are GDP growth of 7.9% in the first half of 2013, led by a recovery in gold production and a continuation of positive trends in the non-gold economy, and the increase of 15% and 12.3% in construction and trade in response to sustained credit to the private sector. Moreover, the visa liberalization process is helping tourism that registered 9.8% growth in catering and accommodation services. The main trade partners are Russia, Germany, China and the neighbouring Kazakhstan and Uzbekistan.

Investment climate – According to the Kyrgyz government, some of the main factors in favour of foreign investors interested in the local market are a liberal trade regime, full protection of investments and unlimited repatriation of profits, currency exchange freedom and low business costs.

In 2009 a new Tax Code has been approved, fixing income and profit tax at 10%, VAT at 12% and sales tax from 0,1 % to 2,5 %. The Kyrgyz Republic ranks 70th in World Banks’ “Ease of Doing Business 2013”, with 10 days and 2.8% cost of per capita income required to start a business, both below OECD average.

Healthcare system and market – The Soviet hospital-centered healthcare model soon became unaffordable during the economic crisis that followed independence. In the 1990s, informal out-of-pocket payments became a usual practice as most of government resources were drained by the oversized hospital delivery network. The reform of the healthcare sector came through three different phases.

In 2001–05, the Manas program addressed the inefficiencies by reducing hospital capacity by 40%. From 2006 to 2010, the subsequent Manas Taelimi program focused on reducing the financial burden on patients, improving access and coverage of basic health services, and significantly reducing the utilization gap between the poor and the



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rich in either primary health care or hospital services. **Over the last decade, positive outcomes were registered such as the decrease in out-of-pocket health payments exceeding 15- 20% of total household expenditure.** However, still in 2009 about 38% of households reported that it was "difficult" or "very difficult" to afford health care costs. Despite positive achievements, adult mortality is still high and quality of care remains unsatisfactory for many.

The third phase of the reform program known as Den Sooluk, covering 2012–16, is focusing on four priority areas: cardio vascular diseases, mother and child health, tuberculosis and HIV infection. The implementation of the program also included the introduction of a Mandatory Health Insurance Fund (MHIF), financed through payroll tax to complement budget funds, which also assumed purchasing function, and the restructuring of copayments entitlements and obligations through the introduction of the State Guaranteed Benefits Package.

Moreover, the health delivery system was centered on primary care and family medicine with the institution of two types of primary healthcare facilities, one offering basic services and the other adding specialized outpatient services, diagnostics and minor surgeries. Secondary care is provided by 41 territorial hospitals and 7 "oblast" hospitals equipped with many medical departments and able to treat more complex cases. In addition, there are 27 General Practice Centers created by merging territorial hospitals and PHC facilities in remote areas with populations of less than 25,000, which provide both primary and

secondary care. Tertiary level facilities consist of national hospitals and scientific research institutes and centers providing specialized inpatient and outpatient services for specific diseases or conditions (cardiology, tuberculosis, traumatology and orthopedics, oncology and radiology, obstetrics, pediatrics, rehabilitation, treatment of infectious diseases and treatment of mental illnesses).

According to data collected by the World Bank from local authorities, between 2000 and 2010, with the exception of 2009, the share of private funds has exceeded the share of public funds in total health expenditures. **In 2010, the latest reported year, private funds represented 43.3% of total health expenditures, and 86% of this share came from out-of-pocket payments. Public funds represented 43.9%, and external financing represented 12.8%.** On the public side, around 70% of funds are managed by the MHIF. The healthcare workforce in 2012 comprised 13,392 doctors, of which 1,020 were dentists, and 29,311 nursing personnel.

As regards the private sector, unofficial estimates report that it includes approximately 2,500 pharmacies, 600 independent medical doctors and about 230 private health facilities, as well as about 350 secondary level hospital beds, more than half of which are located in Bishkek. Dental care and cosmetic services are mainly provided by private providers and target the middle- and high-income groups. The private health insurance market is small and limited to a few companies targeting travellers and expatriates.

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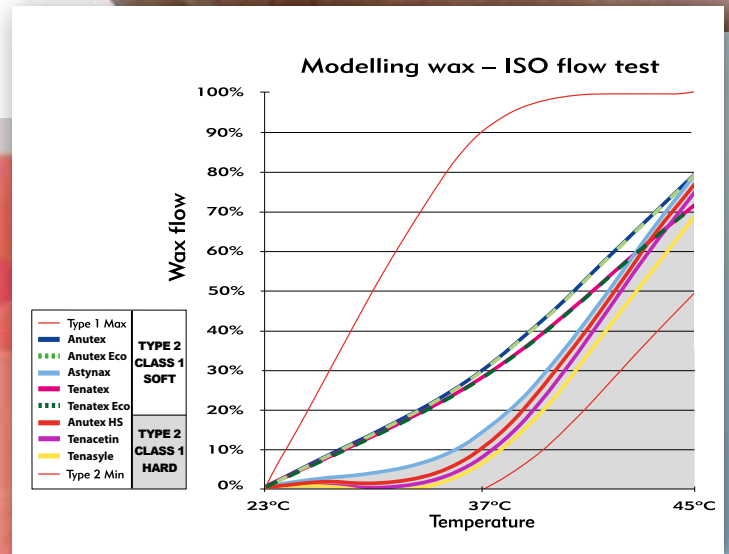
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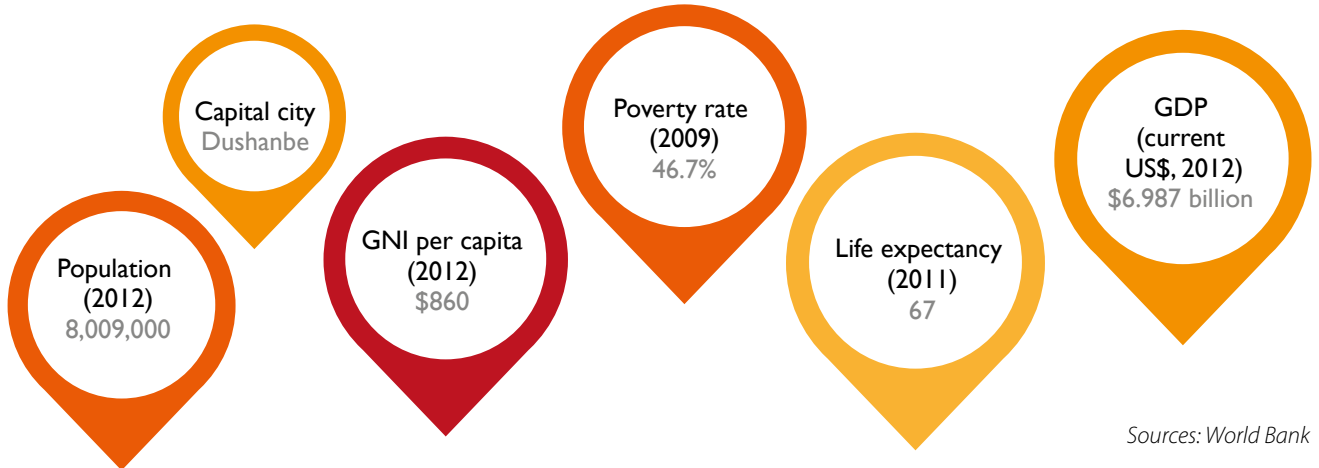
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Tajikistan

General profile – Tajikistan is Central Asia’s smallest country, with 93% of its territory covered by mountains including Pamir, Alay and Kurama ranges, and approximately half lying 3,000 meters or more above sea level. These chains separate the country into various regions made up of a network of small valleys. In the south- and south western areas

the land is desert or semi desert. In the period 1992 – 1997 a civil war broke out, from which an uninterrupted one-party system came into power and maintained it until nowadays through repeated elections deemed as irregular by several international institutions, although the country is officially a democratic republic.

Basic country data






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Population – About 80% of population is Tajik, followed by 15.3% Uzbeks, with minor presence of Russians, Kyrgyzis and other groups. Tajik is the official language, but as in the other CIS states, Russian widely used in government and business. The largest part of the population is Muslim.

Economy – Despite considerable GDP growth averaging roughly 8.6% over the last 5 years and 7.5% increase in the first part of 2013, with poverty rate declined from 81% to 46% in the decade 1999- 2009, **Tajikistan remains the poorest nation in Central Asia and one of the poorest in the world, with almost non-existent infrastructure outside the capital city of Dushanbe.** The aluminium and cotton industries that have long been the core sectors for the country's economy and exports have been accompanied in recent years by expansion in construction, finance and trade, accounting for the formation of a more diversified market environment. Remittances from Tajik workers in Kazakhstan and Russia also contributed to bring new capital to the Tajik economy. Like its neighbours, Tajikistan is rich in mineral resources, including gold, silver, and uranium, but even more in water resources. The hydro-power potential is largely underexploited and the government is targeting the sector with new projects aimed also at electricity exports. **Traditionally the main export market has been Russia, but its role decreased in the last decade to account only around 4% in 2012, while Turkey has emerged as the main exports market (30.6% in 2012 compared with 7.6% in 2000). China's share has also grown from 0.4% to 9.6% in the same period. Tajikistan has also recently joined the World Trade Organization.**

Investment climate – According to the World Bank's reports, Tajikistan favours state-led investment and loans from supporting countries rather than making conditions favourable for private investors from abroad. Corruption and barriers to competition represent a risk for the private sector. Despite this, active investors in the country include China, Russia, Iran, the United Kingdom, Pakistan and India. **In the third quarter of 2012 US\$515.7 million investments were estimated to have reached Tajikistan, particularly in energy and transport infrastructure.** Further opportunities exist in energy, telecommunications, construction, food processing, textiles, consumer goods, healthcare, natural resource extraction and tourism. Theoretically, foreign and local investors are guaranteed equal rights, but practically all of Tajikistan's international agreements have a provision for most-favoured-nation status. The judicial system is also burdened by limited independence, although some improvements are expected from the ratification of the New York Con-

vention of 1958 on Recognition and Enforcement of Foreign Arbitral Awards. Despite these negative aspects, Tajikistan has made a number of changes that raised its "Doing Business" rankings from 152 in 2011 to 141 in 2013 (still a low ranking in a list of 185 countries). Besides the adherence to the New York Convention, some of these steps were the adoption of a "single-window" business registration system for both foreign and domestic applicants, requiring a fixed fee allowing permission within five working days, and legislative improvements for the protection of the rights of minority shareholders, investors and registering property.

Healthcare system and market – The Soviet heritage is still evident in the role of the state as main healthcare funder and provider, although unofficial estimates claim that private out-of-pocket payments over- come public expenditure as means of health financing, accounting for about two-third of the total health expenditure. The Ministry of Health, however, directly manages most health facilities at the national level, while the other health facilities are run by three levels of providers (at regional, district and city level).

Health indicators in Tajikistan are among the lowest in Central Asia, but some key indicators such as the infant mortality rate showed improvements in 2012. Over the last decade health expenditure has ranged from 4.6 to 5.3% of GDP, but public health financing is lower and out-of-pocket health spending is higher compared to the other countries in the region. Besides the negative implications of such disproportion for an equitable access to healthcare, there is also a marked urban-rural gap in the distribution of healthcare services. Another issue is the inefficient allocation of resources and staff and a payment system based on the number of hospital beds which worsen the hospital overcapacity. Several projects led by international institutions have addressed the need to create a primary healthcare network, and the outcome has been positive. For instance, public health facilities previously depending on the state budget began seeking alternative sources of financing, including operation as independent enterprises. Moreover, the introduction of the basic benefit package and co-payments is also causing a shift from budget-based to case-based financing.

As regards the private sector, although growing, the number of private health care providers is still low. In particular dental services, like other services not included in the basic benefit package except for emergency services, are provided by private practitioners, mostly in major cities and regional or district centres, and is paid for directly by patients.

The image displays a collection of dental products from the 'Kak' brand, arranged in a grid. Each product is accompanied by a small circular logo with the brand name 'Kak' and a brief description of its use. The products include:

- Modeling Liquid:** Used for creating dental models and wax patterns.
- Opacose Liquid:** Used for creating dental crowns and veneers.
- Glaze Liquid:** Used for creating dental glazes and coatings.
- Paroclin Supporter:** Used for dental support and repair.
- Bright Glaze:** Used for dental glazing and finishing.

For more information: CSM_dental@hotmail.com

How does A-Bio™ Fast work?

WHAT HAPPENS TO YOUR CELLS AFTER A TRAUMA?



When we get a wound, both from surgery or accidentally, our cells break down. Damaged cells, including DNA fragments in contact with certain types of enzymes, are processed and released in the blood. The blood flow carries them around in the blood stream, so that the information stored in the DNA can be reused when the wound's cells start their regenerative process in order to recreate cells of the same old kind.

In the meantime the platelets operate in the wound creating a protective blood clot. At this point the fibroblasts occur. The fibroblasts are a type of cell that synthesizes all the different parts of a tissue. They migrate into the matrix of the blood clot that contains the information of the DNA required to recreate the cells, and they work to rebuild those parts damaged after the wound.

In order to do this they need energy contained in the DNA as Adenosine Triphosphate (ATP). The healing process is very personal and, sometimes, the wounds heal slowly for a lack of energy.

A-Bio™ fast contains ATP, the source of energy present in the DNA. When sprayed on the wound, it directly provides energy on the injured part accelerating the healing process.



...What about?

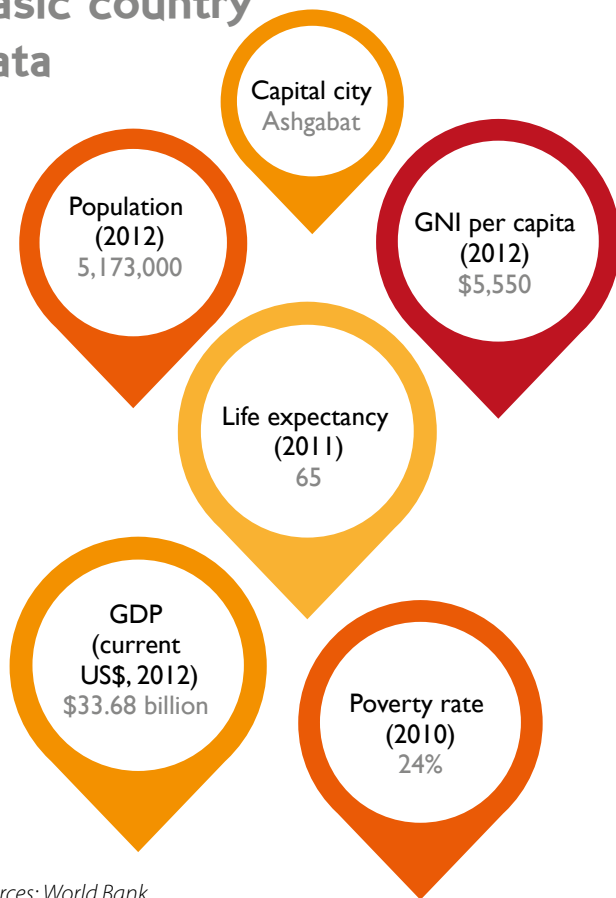
A-Bio™ fast is a fluid spray with **high regenerating, proliferative, antiedema, antiinflammatory** properties which acts as painkiller.



For more info:
www.bioservicesrl.eu

Turkmenistan

Basic country data



Sources: World Bank

General profile – Turkmenistan is the second largest Central Asian country. Four-fifths of the territory is desert and most of the remaining land is occupied by steep mountains. The country also has the smallest population of the five former Soviet republics in Central Asia. Turkmenistan is a one-party autocratic state dominated by the Democratic Party, subject to strict isolation imposed by the dictator Saparmurat Niyazov, which has been softened to some extent since President Berdimukhamedov took power in 2007.

Population – Turkmen are still largely pastoral nomads, as they used to be over the past centuries. They are the main ethnic group, followed by minorities including Russians (10%), Uzbeks (9%), Kazakhs (3%) and several other smaller groups. Being quite homogeneous as for ethnical composition, Turkmenistan hasn't experienced the same interethnic conflicts and civil unrests occurred in other former Soviet republics. Turkmen is the official language.

Economy - Turkmenistan holds world's fifth largest natural gas reserves, and significant oil reserves as well. Therefore Turkmenistan is a major exporter of natural gas, oil, and electricity, mostly to the Russian Federation and Ukraine, although in recent years Turkmenistan has started expanding its network of export partners especially towards China and Iran. Although only about 4% of the land is arable, agriculture accounts for 11% of GDP and employs half the population. The economy is estimated to be growing at 9% this year, after an annual average growth of 13.6% from 2000 to 2012, led by the gas and oil industries as well as state investments in textiles, food processing, transport, and construction projects.

Investment climate - The isolation from the global economy prevented the same slowdown occurred in other countries, but it also determines lack of local capital markets and state monopolies dominating the market. Despite a privatization programme has been devised over the next three years, foreign investor aren't yet confident enough to significantly step into the country's economy.

Healthcare system and market - With healthcare expenditure as low as 2.7%, or US\$251 per capita (according to WHO data for 2011) and a critical shortage of qualified medical personnel, resulting in serious cases of incorrect diagnosis and medical procedures, the Turkmen population has severe difficulties in accessing proper health services. Health facilities are present but the lack of a clear and functioning health insurance system, coupled with the low public funding, cause many patients who cannot afford to pay out-of-pocket to be unable to receive treatment. Due to the fact that many preferred to travel to neighboring countries, especially Uzbekistan, to seek medical care, the authorities have prohibited such travels. The WHO reports that a state programme on the development of the health sector has been launched for the period 2012 – 2016. Focus points of the action plan are the improvement of healthcare legislation and infrastructure, increasing the supply of medicines and other services, introducing WHO standards for prevention, diagnosis and treatment and address public health awareness as well as medical education and training.

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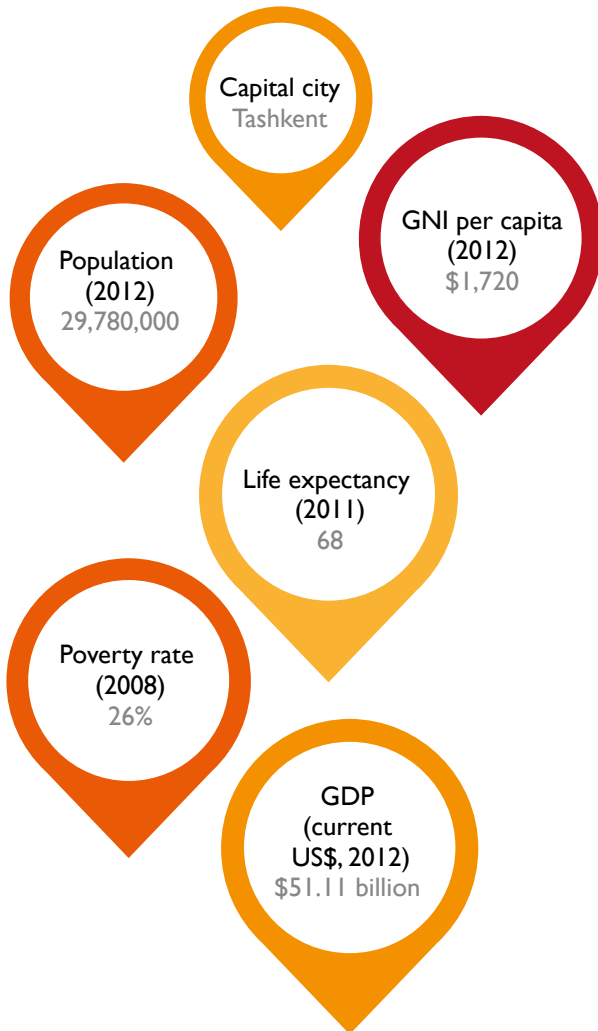
Tutorial Video

PO Box 616, Zikron Ya'akov 3090000, Israel
info@edisonmed.com | edisonmed.com

Em Edison Medical Ltd.

Uzbekistan

Basic country data



Sources: World Bank

General profile - Uzbekistan shares boundaries with each other nation in Central Asia. It is a dry, landlocked country, with 80% of its territory desert or semi desert and 11% of cultivated land hosting more than 60% of the population. The country is politically and socially more advanced than any of its neighbours, having maintained a social service protection model from the Soviet era and slowly introduced liberal economic reforms, factors that helped a softer transition compared to other countries. Although literacy rates and gender equality are at a good stage, there is apprehension for the low quality of education and healthcare and for reported violations of human rights during the repression of civil protests, as well as in general for the limitation of religious, political and press freedom.

Population - Uzbekistan is the most populated country in the Central Asian region. 76% of the population are Uzbek, 6% Russian, 5% Tajik, 4% Kazakh, 2% Tatar, and 1% Kyrgyz. Other ethnic groups are spread across the Republic of Uzbekistan and Autonomous Republic of Karakalpakstan. Uzbek, the official language, is written in Latin alphabet.

Economy - The government invests heavily in infrastructure and energy, as a result of a policy of state-led development focused on import substitution. Uzbekistan is the second world largest cotton producer and exporter, but other core sectors are textiles and metals as well as hydrocarbon and natural gas exports, since Uzbekistan is the third largest gas producer in the CIS and the 16th in the world. However, close to 80% of the produced gas is consumed in the internal market. **The largest share of trade is with the other CIS countries, while several barriers on imports and currency conversion make private investment, not in government-backed projects, difficult.** Only limited steps towards privatization of arable land and industry have been made, although the presence of a local stock market, and there are still widespread forms of swap of animal or agricultural products in the majority of rural communities. Tashkent is an important export centre and trade hub, connected to many international destinations and it has the only metro subway system in Central Asia.

Over the last decade the economy has grown on average by 8% year-on-year, and the isolation from financial markets helped it maintain the trend through the global crisis, although it diminished in 2012 due to lower export prices. The government fuelled domestic consumption by increasing wages, pensions and investments.

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Investment climate - Uzbekistan is gradually shifting to a market-based economy, but progress in reforms is mixed. The government proclaimed the intention to liberalize the economy but it still controls the largest part of it. Despite the great potential of the market in terms of consumer base and infrastructure, the uncertainties tied to the ongoing reforms and risks posed by the overregulated system still prevent many investors from stepping into the Uzbek market.

Healthcare system and market – The public healthcare system comprises a primary level with facilities providing outpatient care in polyclinics, a secondary level made of regional multi-profile hospitals and a national level with higher medical education institution and specialized centers. **In 2010 the investments in the health sector totalled US\$1.200 billion for infrastructure and US\$750 million for medical and hospital equipment.**

The health budget has been increasing by 7.4% between 1999 and 2010, accompanied by a series of reforms including:

- the adoption of a salary system tied to working and quality evidence
- the establishment of four Republican specialized centers focusing on high-tech surgery, cardiology, microsurgery, urology and diagnostic procedures
- the creation of 3,000 countryside medical stations (CMS) providing care to rural villages

The public investment program for 2013 includes US\$ 152 million to construct and equip 43 new facilities and modernize 101, with US\$1.5 billion planned for further investment up to 2015. Moreover, US\$ 40.5 million are destined to procurement of medical equipment for five major projects. Foreign investments in healthcare are being sought by the Ministry of Health in selected projects aimed at equipping the newly created hospitals and centers, with particular interest for diagnostic and x-ray equipment, and it is important to mention that medical technology and equipment is almost entirely imported. Private providers, though still limited, are growing.

Main medical/dental trade shows in Central Asia in 2014

- 22-24 October 2013

Astana Zdorovie - 10th International healthcare exhibition

City: Astana, Kazakhstan
 Venue: Korme - Trade & Expo Center
 Statistics (previous show):
 Exhibitors:100
 Visitors:2,790

- 09-11 April 2014
TIHE and Stomatology Uzbekistan - 19th Uzbekistan international Healthcare exhibition

City: Tashkent, Uzbekistan
 Venue: Uzexpocentre
 Statistics (previous show):
 Exhibitors:160
 Visitors: 10,917 (Trade visitors: 9,498)

- 14-16 May 2014
KIHE - 21st International healthcare exhibition

City: Almaty, Kazakhstan
 Venue: Atakent - International Exhibition Centre
 Statistics (previous show):
 Exhibitors:250
 Visitors: 5,296

Sources:

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Height:	465 mm
Width:	330 mm
Length:	380 mm
Weight:	14 kg.
Capacity:	7 l.
Power supply:	230 V, 50/60 Hz.
Consumption:	650 W

Electrovibrator Teide

R-080022



Electrovibrator Teide Cima

R-080024



Attractive and innovative design, available in two versions: an analogical version which allows adjusting the vibration frequency (50/100 Hz) and the power; and a digital version, which allows to choose amongst 5 different types of vibration. Besides, the digital version features a timer and an electronic control of the vibration power. Both versions can be fitted with an emptying ball as an accessory.

Height:	117 / 197 mm
Width:	265 mm
Length:	227 mm
Weight:	5,5 kg
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Working area:	220 x 180 mm
Consumption:	400 W



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The manufacturer reserves the right to modify he products without previous notice

MG InHex with Multi Task Abutment (MTA)

MG InHex with MTA has been developed by Mozo-Grau as the result of analyzing the needs of the dental implantology field in collaboration with its Committee of Experts and Key Opinion Leaders to adapt itself to the new market trends.

Like no other similar product in the market, all MTA's components (MTA abutment, security ring and impression coping) are fully maximized achieving all the functionalities of different elements used up till now separately like implant mount, abutment and impression transfer.

The MTA abutment enables to retain single teeth and structures to the implant and, thanks to its thick walls, the abutment is able to bear higher chewing loads. As abutment, it avoids rotations thanks to the hexagon and its flat side and due to the morse taper sealing effect, ensures a perfect fit avoiding micro-movements, loosening and any bacterial contamination.

The MTA abutment in combination with the plastic impression coping transfers accurately the hexagon location of the implant in the three dimensional space enjoying a perfect fit between them thanks to its flat side and a "click" system. These two features enable to check the correct impression coping placement and provides the maximum retention inside the silicon during the impression transfer, thanks to its threaded design and T-shape.

Finally, as implant mount, the MTA abutment with the security ring guarantees a perfect fit with MG InHex and the surgical instruments during its placement. Besides, MTA also provides information about the implant's platform size and the location of the hexagon. The security ring avoids the "morse taper effect" allowing an easy extraction and its drafts marks are designed to show depth.

Mozo-Grau presented the new MG InHex with Multi Task Abutment in Poland, where its subsidiary company is located, during the II Implantology Congress which took place the 4th of October in Warsaw, with a great acceptance.

Mozo-Grau also focused on the MTA during its participation in the XXI International Conference on Oral and Maxillofacial Surgery (ICOMS) from 21th to 24th October, where Mozo-Grau attended as Gold Sponsor, opening the event with a Corporate Forum entitled "Implants in the oncologic patient" with the collaboration of the well-known doctors Carlos Navarro Vila, Luis Naval Gías y Florencio Monje Gil, with the lectures: "Functional reconstruction with implants in oncologic patients. More than 23 years experience" by Dr. Carlos Navarro Vila, "Influence of radiotherapy in oncologic patients treated with dental implants" by Dr. Luis Naval Gías and, finally, "Management of bisphosphonate-therapy patients for implant-related surgery" by Dr. Florencio Monje Gil. **The next international event that Mozo Grau will organize will take place in Madrid during the 7th and 8th of February, 2014.** The VIII Mozo-Grau Implantology Congress will be located in the IFEMA's North Auditorium where Mozo-Grau will give several lectures about the most important areas in Implantology.

The congress will also include several practical courses about the most current techniques employed on the implantology field like CAD CAM, bone grafting, sinus lifting... among others.

More information in www.mozo-grau.com



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Outlook on Philippines

Author: Michela Adinolfi

The Philippines is an archipelago of 7,107 islands, about 805 km off the southeast coast of Asia. The largest islands are Luzon, Mindandao and Visayas. The metropolitan area around the capital, Manila, on the Luzon island, has nearly 12 million inhabitants and the city area is the most densely populated in the world.

International economic institutions such as the IMF and the OECD recently pointed at the sustained growth registered by Philippine's GDP, as a base for a positive outlook in the near future. In fact, GDP grew by 6.8% in 2012 and after having accelerated at 7.6% in the first half of 2013, it is likely to close the year with 6.7% increase.

The trend is expected to remain stable around 6% in 2014 and with average 5.8% annual growth rate until 2018. Strong domestic demand, both private and public, is the main driver of such expansion, coupled with incoming foreign investment and structural economic reforms. However, the IMF said that the weakening peso could create inflationary pressure and impact negatively on prices, even if the good economic fundamentals such as surplus in current account and fiscal deficit within 2% of GDP will help the country's cope with financial turbulences.

The 16th straight quarter of growth saw private consumption gain 6.2% over the previous year, government spending up 9.5% and investment rise 19.7%, boosted by strong construction spending. The economy is largely dependent on the services sector, accounting for about 58% of GDP, while industry contributed 32.7% and agriculture 9.4%. The services sector contributed 4.3% to the overall GDP growth in the first part of the year, with trade and real estate expanding considerably and also supported by investments and remittances from overseas workers. However, the industry sector is also registering foreign investment-led growth, especially manufacturing (10.3%) and construction (17.4%). This trend is creating new quality jobs for the local population.

The Philippines are member of ASEAN together with Brunei, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Singapore, Thailand and Vietnam. The slowdown occurred in many of the ASEAN countries and China has affected Philippine's exports, but it also shed new light on its strengthening economy. According to a recent Bloomberg forecast, the Philippines could be among the world's five fastest-growing economies in 2013 and 2014.

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However, despite the positive scores in terms of economic development, the Philippines still face several problems common to middle-income countries, such as high unemployment and under-employment, low productivity, high poverty incidence rate with almost a quarter of the population living below the poverty threshold (about \$1.5 a day), and strong inequalities between urban and rural areas. For instance, the poorest part of the archipelago including the major island of Mindanao suffers from higher poverty levels and poor transport infrastructure compared to the other two main regions.

Another important issue is the occurrence of natural disasters, especially flooding, that caused severe damages in the past decade and need to be addressed by new policies for disaster management as well as by long-term environmentally sustainable development programs.

Healthcare system

On a long-term scale, the general health status of the population has seen significant improvements in the last decades. For instance, infant mortality has dropped by two-thirds and life expectancy has increased to over 70 years. However, relevant problems remain the inequalities in accessing health services and the lack of healthcare staff in rural and poor areas, creating gaps in the delivery of healthcare and patient referral system. The decentralized model devolves most of the health functions to Local Government Units based on barangay (village), municipality and province. This model resulted in excessive fragmentation of the healthcare system.

In 1995 the government has introduced a national health insurance agency named PhilHealth, that covered 82% of the population (around 74 million) in 2011. However, for many years the public insurance was faced with coverage limitations and high copayments, resulting in high

levels of out-of-pocket spending, up to over half of the total healthcare expenditure according to official statistics.

Poor households were particularly disadvantaged by the lack of financial protection from high out-of-pocket health expenses, therefore the government has set as a priority their inclusion in the national health insurance program. In June 2013, President Benigno Aquino signed a revision to the National Health Insurance Act aimed at providing free healthcare for the most vulnerable population groups. Funding for such expansion will come from tax revenues from cigarette and alcohol sales.

The government also established community health teams whose purpose is to raise health awareness among the population and increase coverage in underserved rural areas.

Public services are mostly used by the poorer households and communities in isolated and deprived areas. Private services are used by approximately 30% of the population that can afford direct health payments.

Health facilities include primary care centres and public and private hospitals classified into three levels according to their service capability, under a new system introduced in 2012 that classifies hospitals in the Philippines based on ownership (government or private), scope of services (general or specialized), and functional capacity (level 1, 2 or 3).

According to the Department of Health, in order to attain Level 1, health facilities must have an operating room for emergency surgical care, and also include isolation and maternity services, dental clinic, secondary clinical laboratory, blood station, first-level x-ray and a pharmacy. Currently there are 771 facilities classified as Level 1, of which 372 are public and 399 private.

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Official Name:
Republic of
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GDP per capita
(at PPP):
US\$ 3,300

Life Expectancy:
70 years for men and
74 years for women
(UN, 2008)

Population:
96.71 million
(2012 estimate)

Area:
300,000 sq km
(115, 830 sq miles)
spread over
7,101 islands

Capital:
Metropolitan
Manila

Languages:
Pilipino
(derivative of Tagalog)
and English are
official languages,
including some 150
more native languages,
vernaculars and dialects

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In addition to all Level 1 capacity, Level 2 hospitals require departmentalized clinical services including respiratory unit, high pregnancy risk unit, second level X-ray with mobile and intensive care unit. Level 3 hospitals has all of Level 2 capacity plus DOH-accredited teaching and training on 4 major clinical services, ambulatory surgical and dialysis clinics and a blood bank.

In 2012 the DOH has launched the Health Facilities Enhancement Program aimed at upgrading public hospitals and rural health centers. The program received P2.8 billion to build and equip a total of 512 regional health units, 363 "barangay" primary health centres, 147 district hospitals and 20 provincial hospitals. A particular focus of the program is on providing emergency obstetric and newborn care equipment to barangay health stations and regional health units. The program also aims to upgrade primary health centres to Level hospitals to provide timely surgical care and accommodate nursing students.

The private sector holds about 60% of the country's health facilities and it is made up of both large health corporations and smaller providers. In particular, oral health is largely provided in private facilities, since the national public insurance scheme does not include coverage for dental treatment. Private dental insurance plans are also not very common, as the largest part of dental expenses are paid directly for to the dentist.

Number of Government Health Workers

- Doctors 2,838
- Dentists 1,891
- Nurses 4,576
- Midwives 17,437
- Number of medical and dental practices: 3,342
- Number of hospitals: 871
- Number of personnel employed in medical and dental practices: 26,717
- Medical and dental practices earnings (PHP): 15.6 billion

The Philippines is becoming a favourite destination for dental tourism in Southeast Asia, due to the high standards and cheaper prices available coupled with the possibility to visit attractive locations.

The major centres for dental tourism are: Manila, with the largest number of dental clinics and dentists; then Makati, Davao, Pasig, Baguio City, Angeles City and Cagayan De Oro.

According to industry sources, the medical device market was estimated at around US\$400 million in 2011, and it is projected to grow by annual 8 to 9% up to US\$600 by 2016, in line with the general growing trend

of the country's economy. Dental equipment and products accounted for approximately 8.6% of the market, that is about US\$34 million. The largest share of the medical device market is covered by foreign imports since the local medical manufacturing industry contributes only about 3% to the market. Domestic production is limited to sterilizers, incubators, suction machines and disposables, although this category is also half covered by imports. Dental imports mainly come from China and Singapore, with dental treatment chairs and dental x-ray equipment growing faster:

Since Manila is the most important trade and manufacturing hub, most dealers are based in its metropolitan area, while the lack of efficient transportation to the remote parts of the archipelago makes it advisable to choose a well-known dealer with nation-wide sales network.

Medical devices regulations

The Bureau of Food and Drug Administration (BFAD) is the regulating authority for food, drugs, medical devices, diagnostic reagents, cosmetics and household hazardous substances in the Philippines.

Website: <http://www.fda.gov.ph/>

Foreign medical devices must be registered in the Philippines independently from previous registrations in other countries. Radiation-emitting equipment is regulated by the Bureau of Health Devices and Technology (BHDT).

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Outlook on Romania

Author: Michela Adinolfi



Infodent International 4/2013

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Romania joined the EU in 2007. After the global financial crisis in 2008, austerity programs and economic downturn caused a period of political instability which ended in 2012 after Mr Victor Ponta became prime minister of a centre-left government.

According to Eurostat, Romania's GDP grew 0.7% in 2012 and it is forecasted to score 1.6% growth in 2013 and around 2.2% in 2014, a better forecast than many other Eastern European countries. The economic recovery is led by both strong exports and rising domestic demand, combined with positive macroeconomic conditions such as narrowing current account deficit and lowering inflation.

The business climate is generally perceived as friendly and stable, also due to several medium-term reforms aimed at strengthening tax administration and fiscal governance and accelerating the absorption of EU funds. On the other hand, negative publicity comes from Romania's reputation of one of the most corrupted European countries according to Transparency International list.

The government is trying to counteract the repeated scandals with new laws and institutions specifically aimed at targeting the issue, but legislation up to now is still insufficient according to the EU standards, which is also making it more difficult for the country to be granted access to the Schengen area. Structural reforms are expected concerning state-owned enterprises and energy and transportation sectors, as well as the financial and banking sector in order to facilitate access to credit to support the economic recovery. A long-standing controversy has followed the introduction of the health care reform, whose initial draft proposed in 2011 was very unwelcome among the public opinion due to its marked shift towards the complete privatization of the system. The draft was rejected in search of a compromise between much needed efficiency-based interventions on one side, and guaranteeing equitable access to healthcare for all citizens on the other.

Despite such uncertainties, relevant steps have already been taken to make Romanian legislation more consistent with international practices and increase foreign investors' confidence. In order to improve the efficiency of judicial processes and arbitration procedures, as well as more competitiveness-friendly provisions, the Public-Private Partnership Law as well as Medation Law were revised in 2011 and 2012 respectively and the new Civil Procedure Code came into force last February (full reference is available on www.codcivil2011.ro).

Generally speaking, foreign investors have free access to the Romanian market and enjoy unlimited participation in commercial enterprises, as well as the right to establish wholly foreign-owned enterprises with 100% profit repatriation.

Some of Romania's key economic advantages are the solid banking system, a well trained workforce and good telecommunication infrastructure.

Healthcare system

After the period of Ceausescu's communist dictatorship, the Romanian healthcare system was in harsh conditions, with low level of government financing, outdated and insufficient equipment and facilities and informal payments. Currently the public sector still plays a relevant role, funding healthcare through budget allocations and work-based contributions to the mandatory social health insurance system, the National Health Insurance Fund (NHIF).

The business climate is generally perceived as friendly and stable, also due to several medium-term reforms aimed at strengthening tax administration and fiscal governance and accelerating the absorption of EU funds.

The Ministry of Public Health regulates the health sector centrally, but at the district level it is represented by 42 public health authorities (DPHAs), while the 42 District Health Insurance Funds (DHIFs) contracting services from public and private healthcare providers and raising contribution from insured persons paying the whole amount. Social insurance contributions have been collected at the national level by the Fiscal Administration National Agency run by the Ministry of Finance.

Out-of-pocket payments for services not covered by the insurance scheme or direct payments to private or public providers for services outside of the yearly framework contract are also an important part of the overall health spending.

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According to Eurostat, from 2003 to 2009 the share of GDP spent on health had increased from 5.2% to 5.6%. The healthcare spending hasn't progressed much, and it remains considerably lower than in most EU countries. This of course impacts on infrastructure, investments in new equipment and access to services, especially for low-income groups. An important issue is the shortage of health professionals, especially in rural areas, partly as a consequence of low wages causing massive emigration to Western European countries. The primary care network has been damaged by this trend, and the shortage of pharmacists adds to the problem, causing more patients to seek care in hospitals, which on the contrary have too many beds compared to the effective needs of the different specialties.

Dental tourism is contributing to the sector's growth: according to the International Medical Travel Journal, the average percentage of foreign patients in Bucharest clinics is between 5% and 10%.

For instance, the number of hospitals has remained relatively constant since thirty years ago, when 416 hospitals were registered, compared to the current 425. Almost all of the new hospitals are being opened by private investors, and they also offer better technologies and equipment.

The private healthcare sector is still limited in scope, but it is registering sustained growth: currently there are 130 private hospitals/clinics in Romania, targeting the middle and upper income groups, like Medsana and Medcover among the first. The top 10 private clinics hold around 35% of the market, while the remaining share is covered by smaller clinics, individual medical practices and independent privately owned laboratories. Incomplete records make it difficult to correctly estimate the size of the private medical market, however, the Eurostat reports that in 2010 private health expenditure accounted for only 1.19% of the country's GDP.

The demand for private medical services is heavily concentrated in Bucharest, but as the market becomes saturated, private clinics and hospitals will need to expand further into the country, in cities such as Timisoara, Constanta, Brasov, Iasi, Sibiu and Bacau, in order to meet

the demand for higher quality medical services. Private health insurance coverage, normally excluding some dental services and high-technology treatments, is often included in private employees' benefit packages.

The dental market

According to industry reports and data from the National Institute of Statistics, there are approximately 11,600 dental practices and over 15,000 dentists Romania. The sector is dominated by private practices, who represented 70% of the total already in 2008. Over 2,500 private dental clinics are located in Bucharest.

831 private dental offices were opened only in the last two years, and the number is expected to continue rising, as more companies include dental insurance in their employee packages and increasing middle class patients opt for private dental services. The demand is high, but there is also an excessive number of dental students and the current density of dental professional is 60 per 1,000 inhabitants, causing many students to emigrate immediately after graduation.

Dental tourism is contributing to the sector's growth: according to the International Medical Travel Journal, the average percentage of foreign patients in Bucharest clinics is between 5% and 10%. On general terms, the dental market is valued at about €250-350 million a year, one-tenth of which is from services to foreign patients. Interestingly, many dentists from other countries are setting up clinics in Romania, escaping saturated markets in countries such as Israel, Italy, Spain, and Greece.

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Basic country data

GNI per capita (2012):
\$8,150

Urbanization rate:
57%

Life expectancy:
75

Population:
21.9 million

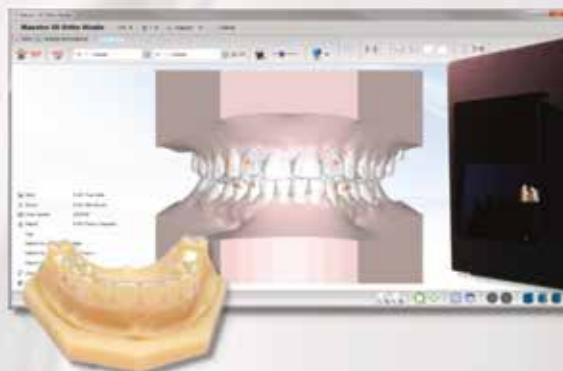
Unemployment:
7.1

GDP (2012):
164.9 billion

Source: World Bank

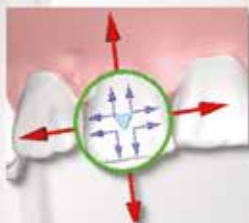
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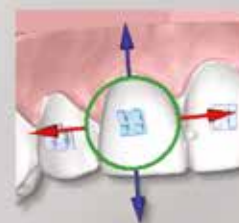


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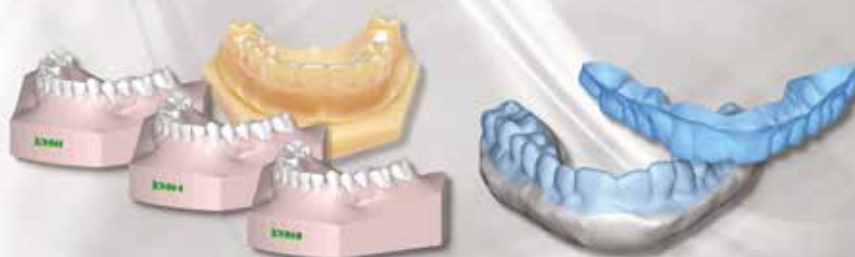
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CGF: concentrate growth factor from tissue regeneration

The ability to regenerate tissues and organs is a topic of great scientific, social and ethical interest.

Tissue engineering and regenerative medicine have made and continue to make great progress identifying new strategies in the field of tissue regeneration, such as the use of "platelet concentrate" which constitutes a relevant and innovative clinical approach.

From years Silfradent deals with the study of platelet concentrates and, in particular, with CGF (Concentrated Growth Factors) that represents a new generation of platelet concentrates able to hold inside a higher concentration of autologous growth factors.

CGF, like other platelet concentrates, is isolated from blood samples through a simple and standardized separation protocol, which is performed by a specific centrifuge device (Medifuge MF200, Silfradent srl, Forlì, Italy) without the addition of exogenous substances.



A study made in the "Laboratory of Organ and Tissue Regeneration", headed by Professor Luigi F. Rodella of the Section of Human Anatomy, Department of Biomedical Sciences and Biotechnologies of the University of Brescia and published in the international journal "Microscopy Research and Technique" has highlighted some of its main features: the

CGF consists of an organic matrix rich in fibrin that is able to "trap" a greater amount of growth factors (TGF-β1 and VEGF); moreover, it contains CD34 positive stem cells, which are known to be recruited from blood to injured tissue and play a role in vascular maintenance, neovascularisation and angiogenesis.¹ In addition, an other study underlined the need to establish a standardized protocol for preparing CGF (also said PRF-Platelet Rich Fibrin) membranes for clinical use.²

Form a clinical point of view, some recent studies about the use of CGF in maxillofacial surgery showed the efficacy of CGF in guided bone regeneration before dental implant placement.³⁻⁵ In particular, there are satisfying results about the use of CGF as alternative to bone substitutes for sinus augmentation.^{4,5}

However, its features make it suitable for its use, alone or with other bio-materials, in other fields where tissue regeneration and remodelling is required.

To date, the research continue and is addressed to evaluate "in vitro" the ability of CGF of stimulate cellular proliferation and to test the efficacy of CGF in different clinical applications ranging from oral surgery, dermatology and cosmetic surgery.



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Infodent International 4/2013

CEDE

This without a doubt the largest event on the Polish dental market ended on Saturday, September 14. 255 exhibitors from all over the world offered opportunity to meet face-to-face, to demonstrate products, answer questions, resolve doubts.

CEDE 2013 was accompanied by a lot of lectures, workshops, courses, not only for dentists, dental technicians, assistants and hygienists, but also for producers and distributors of medical equipment. Over 1400 doctors, technicians and dental assistants took part in the many specialised sessions of the Congress of Dental Teams which traditionally accompanied the exhibition. Lectures and courses were conducted by both Polish and foreign lecturers.

For the third time CEDE Arena was a place of free live demonstrations. Three large screens placed over the patient enabled attendees an close-up view of the procedures. This year's programme attracted over 2000 dentists to Arena CEDE

The novelty at CEDE was Touch & Try Test Zone. This was the place, where doctors could easily test materials and instruments, could also in no rush have a talk with a consultant and resolve any doubts. Young doctors of Be Active Dentist foundation organised test stands divided into: prophylaxis, conservative dentistry, surgery, prosthetics, implantology and endodontics. At these posts visitors could test, try and compare different materials and instruments.

Another new and useful thing at CEDE was a free mobile application. Very readable, containing all the information on the exhibition and the conference programme.



23rd Central European Dental Exhibition
Poznań, September 12-14, 2013



For sure one of the curiosities at CEDE 2013 was Museum of Dentistry. Over hundred years old dental units, chairs, x-ray machines, as well as equipment and photos were watched in amazement by visitors.

CEDE means also a lot of accompanying events. Just to mention Gala CEDE 2013 which was held in the Grand Theatre, the concert of Ray Wilson and Genesis evergreens.

For more information please visit www.cede.pl or contact CEDE organizer Exactus sp.j. by e-mail: cede@cede.pl

- Total visits including Congress Attendees: 19.779
- Total area of CEDE 2013 exhibition: 21.500 sqm
- CEDE exhibition net: 7.210 sqm
- 255 registered exhibitors
- 331 represented companies

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FDI Annual World Dental Congress 2014 in New Delhi

A veritable boost to oral healthcare in India

Background

The 102nd FDI Annual World Dental Congress will be held in India from 11-14 September, 2014, with the Indian Dental Association as host, under the theme "A Billion Smiles Welcome the World of Dentistry".

It will feature a cutting edge scientific programme, an array of distinguished international speakers of renown; an accredited Continuing Education programme—FDI World Dental Federation is an ADA CERP recognized provider—and a dental exhibition of the latest technologies and equipment.

The Congress venue is the India Expo Centre in Greater Noida in the National Capital Region of Delhi, which boasts 28,000 square meters of indoor exhibition space and is equipped with the most advanced telecommunications, multimedia and high speed connectivity.

Delighted

"We are delighted that FDI has once again chosen India for its landmark event – it is a wise choice," said IDA President, Dr Pramod Gurav. "Today, India is a land of opportunity in dentistry; awareness of oral health is on the increase and access to care is widening rapidly. This is good news for the country's dentists, its burgeoning dental industry and for the success of the 2014 congress."

FDI President Dr Tin Chun Wong added: "FDI's mission is to lead the world to optimal oral health – and where better to pursue that mission than in one of the world's largest economies and most populous countries? The New Delhi 2014 Annual World Dental Congress is good for India and good for FDI!"

The scientific programme – new perspectives on evolving technologies. A well designed scientific programme meeting the growing demands better and affordable oral care is the cornerstone of the congress. FDI will design the programme in collaboration with the Indian Dental Federation. Great care will be taken to draw up an exceptionally high quality scientific programme that addresses the major themes and concerns of dental practitioners of today, presented by some of the world's leading clinicians and experts in the field.

Dental exhibition

The FDI Annual World Dental Congress features a 6,000-plus square metre exhibition where some 300 international, regional and national companies will showcase the latest trends in dental equipment and materials and oral care products. Some of these will be exhibited in national pavilions, providing a no-risk opportunity to explore new markets.

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DenTech China 2014 Show Preview

DenTech China 2014 (the 18th China International Exhibition & Symposium on Dental Equipment, Technology & Products) is scheduled to be held from October 22-25, 2014. The 7th Asian Dental Lab Outsourcing Exhibition is to be held concurrently at **Shanghai World Expo Exhibition and Convention Center SWECC**.

Organized by China International Conference Center for Science & Technology, Shanghai Ninth People's Hospital of Jiao Tong University and Shanghai UBM ShowStar Exhibition Co., Ltd, DenTech China 2013 achieved great success with nearly 650 exhibitors, reached about 34,000 sqm and attracted about 70,000 professional visitors. Thousands of high quality products and selections ranging from the latest in practice equipment, dental CAD/CAM, imaging system, sterilization device, and many oral health products were featured. We also have received confirmation of participation at DenTech China 2014 from almost all 2013 exhibitors. With their active supports, we are confident that the next show will achieve great success. DenTech China, aspiring to be national as well as international, will continue to unitize its scale of economics with your consistent attention.

With fully support from Shanghai Society of Stomatology, School of Stomatology of Jiaotong University, School of Stomatology of Tongji University, Shanghai Stomatological Disease Center and main dental schools from all over the country, DenTech China, aimed at the best in China, has become one of the most necessary dental exhibitions in China.

DenTech China 2014 will be welcoming dental specialists and buyers with an eclectic mix of exhibitors from China and beyond over 34,000 square meters of show space. A strong international presence will be felt at the show area with National Pavilions from Germany, United States of America and Korea showcases the latest technology and breakthroughs in the dental industry. It has also become a platform to release new products and technologies for famous companies from Australia, Brazil, Canada, Poland, Denmark, Finland, France, Germany, Hungary, Israel, Italy, Japan, Korea, Liechtenstein, Malaysia, Mexico, Sweden, Switzerland, Singapore, Turkey, UK, USA and China including Hong Kong and Taiwan, etc.

DenTech China, a stomatology pageant in China, has had its 17th glorious year with warm concerns by all circles. Thus, we sincerely welcome you to attend the exhibition in 2014.

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- **DENTA** is a great opportunity for: intensifying contacts with customers, new business openings, face to face meetings between manufacturers and users, market analysis or launching new products.
- **DENTA** is accompanied by additional events such as: international dentistry congresses, symposia, workshops, conference and special presentation organized by exhibitors with special guests, continuous professional training for dentistry.

The 2013's edition thematic covers: dental medicine clinics (equipment, instruments, accessories, materials, chemical-pharmaceutical products), dental laboratories (equipment, installations, materials, instruments), services, information, communication and organization (service for equipment, client data processing systems, organization systems for clinics and dental laboratories, media, advertising, specialty literature, delivery systems for clients) and oral hygiene products.

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The previous edition gathered 141 exhibitors from Romania and abroad and over 7.000 specialists visitors, during the four days of the event.

For more information about this event and participation details, please visit: www.denta.ro

ROMEXPO is the leader of the Romanian fair and exhibition industry and it combines tradition, experience and quality for the benefit of all exhibitors and specialists who confirm the company's good reputation every year. Also, the Exhibition Center is acknowledged internationally and full member of UFI (the Global Association of the Exhibition Industry), CEFA (the Central European Fair Alliance), CENTREX - the International Exhibition Statistics Union and EURASCO - the European Federation of Agricultural Exhibition and Show Organizers and a founding member of ASOEXPO.

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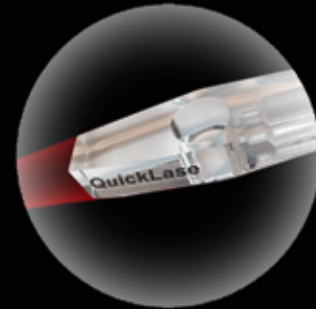
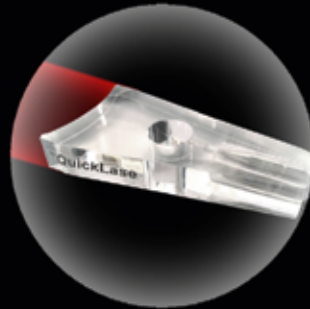
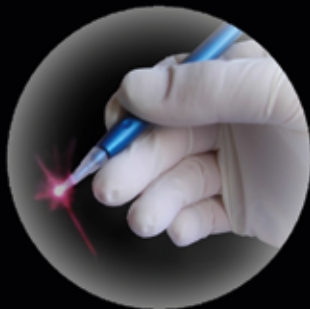
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