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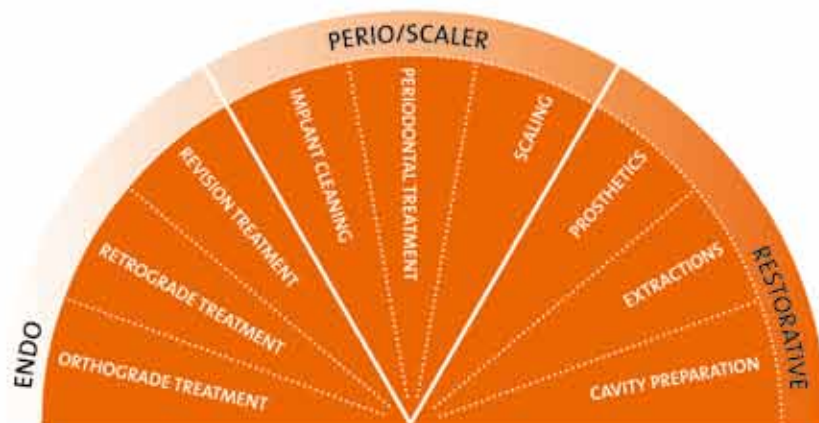


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*An independent, non-profit, dental education and product testing foundation, Clinicians Report®, April 2012. For the full report go to www.surgitel.com



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54-127

Focus: Dental
Industry Worldwide



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Innovations at IDS 2013



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Nº1

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SurgiTel/General Scientific

SurgiTel®

SurgiTel/General Scientific offers clinical vision aid products such as loupes, headlights, eye protection filters, and digital video cameras. SurgiTel's loupes are designed to help clinicians to improve both vision and working postures. SurgiTel's patented loupes and headlights have been distributed worldwide. Oakley frames, which is the world standard as the high performance eyewear, are exclusively used with SurgiTel loupes.

This year we will show some of the latest, breakthrough products: micro prism loupes (3.0x and 3.5x) and micro LED headlamps.

Micro prism loupes are new generation prism loupes which offer same benefits of traditional prism loupes without the weight problem. Traditional prism loupes are 70% to 200% heavier than SurgiTel micro prism loupes which are lighter than most traditional Galilean loupes. SurgiTel offers a full line of loupes (2.5x to 8.0x). SurgiTel offers three LED headlamps: micro LED, mini LED, and headband LED. Micro LED headlamps (neutral) offer the best color accuracy among eight different brand LED headlamps which were evaluated by independent organizations. Also they are color-balanced, no glare, and the safest to eyes.

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Advantages

Outstanding bond values to a multitude of dental materials: zirconium oxide, precious and non-precious metals, porcelain, and composites. No light curing necessary. Simple processing by sandblasting first. No etching. Excellent setting behaviour. Easy to apply. Highly flowable material, bubble-free. Automix syringe.

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modelling, focused on the custom surgical guide manufacturing, bone grafts and osteotomy grids modelling and general STL files processing (bone surface cleaning, best-fit superposition between CT and optical scans files and many other functions). The resulting STL file can be manufactured by any RP and CAD/CAM machine, or by the innovative desktop 3D printing machine presented by 3DIEMME. Do you want to produce easy dental guides directly in-house? Visit our booth and meet Evoguide...

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Highlights

88 Scan 3D Scanner for Dental



88SCAN is a scanner designed and developed for dental application, with high accuracy and user-friendliness. The completely automatic scanning process uses the structured light beams through two synchronized axes controller by an industrial plc. Data are exported in an "open" stl format compatible with any CAD system.

Features:

- Attractive design and small size.
- Strategies and scanning parameters can be freely controlled by the operator for the acquisition of single elements, bridges, full arches, antagonists, wax up and mucosa gingival.
- Open system and exportable data in the most common formats (stl, ply, asc) and compatible with any CAD system.
- Perpetual License without annual renewal fees.

Developed to support the latest generation of multicore processors and 64-bit operating systems.

www.88dent.com - 8853@8853.it Visit us: IDS 2013 – Hall 10.1 – Stand G 061



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 an Apple iPad Viewer).

For more information contact AGE Solutions S.r.l.

www.age-solutions.com - www.maestro3d.com - info@age-solutions.com Visit us: IDS 2013 – Hall 3.1 – Stand L 060



Spectra Caries Detection Aid works like Doppler radar to discover caries



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.

For more information contact Air Techniques Inc.

www.airtechniques.com/products/spectra-caries-detection-aid.html - rcampos@airtechniques.com Visit us at IDS 2013, Hall 4.2- Stand: J058, K059



White-FX Pro™, the best value in the industry!



Sapient Dental's White-FX Pro™ 38% hydrogen peroxide teeth whitening kit sets a new standard for in-office bleaching. If you try it, you'll confirm that it gives superior results and essentially no tooth sensitivity compared to all other kits. It is the least expensive professional bleaching kit among those containing more than 30% hydrogen peroxide, which makes it by far the best value in the industry. Why pay more for inferior results or those that generate patient complaints because of tooth sensitivity?

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www.sapientdental.com - info@sapientdental.com Please visit us in the USA Pavilion, Hall 4.2, K-62





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BIO-ART leads the Brazilian market



Bio-Art was founded on August 18th, 1977, beginning with the production of articulators. Our philosophy is: "To innovate, heeding the opinion maker public and developing products that meet the market's needs". Following this philosophy, BIO-ART has developed in the knowledge that to be a market leader means to be dictating trends at the forefront, developing and delivering intelligent solutions for the health

sector and social well-being. The quality management systems have received the following certifications:

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- Certificate of Good Manufacturing Practices (GMP);
- ISO 13485 certification and;
- CE mark for most products of its line.

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Our presence, in dental market, began in 1980



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www.dentalline.gr dentalgd@ath.forthnet.gr Visit us: IDS 2013 - Hall 10.2 - Stand N44



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The ANEW Narrow Body Implant System is more versatile than ever before, now offering both fixed and removable prosthetic options for your most challenging cases. Designed to complement your current implant system, ANEW's narrow diameter is ideal for patients with insufficient bone width, limited interdental space or converging roots. The screwcaps allow easy removal and reattachment of the prosthetics. The versatile ANEW system includes various platforms for screw retained single or multiunit prosthetics. ANEW also includes platforms for temporary restorations which offer patients comfortable dentate state throughout their implant treatment. With the introduction of the new Elypse Platform ANEW can also be used for removable prostheses with the proven ATLAS® Denture Comfort™ technology. One Implant...More Options

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FUSION-DOE System



FUSION-DOE is a combo kit with the award-winning (Clinicians Report®) FUSION curing light and DOE oral cancer screening light. The light pushes the limit of price, performance and function enabling users with the best return on investment. As a curing light, it outperforms competitors on curing speed, size, ease of use and durability. As a cancer screening device, it directly detects oral lesions without the need of rinsing the mouth enabling early detection of both traditional and HPV virus associated oral cancer. The

kit includes a wand with violet and blue light head, fluorescence viewer, patient eyewear goggle, charging stand, power adapter, 100 barrier sleeves, 2-year warranty and training DVD plus marketing documents allowing all dental professionals to perform easy, effective and efficient routine oral procedures and exam for enhanced patient care. The modularity enables even more applications including caries detection, composite removal and teeth whitening.

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Skema 8 is the complete Castellini treatment centre. Equipped with a selection of integrated specialist instruments and exclusive technologies, the unit offers both the freedom and flexibility of an all-inclusive concept and the solid values of Castellini design. Whatever the specialisation, from conservative dentistry to oral surgery, dental surgeons can turn to Skema 8 for immediate answers: a brushless micromotor capable of extensive torque values, the LAEC system for maximum efficiency and clinical safety in endodontic treatments, Autosteril for total hygiene and the latest Castellini surgical ultrasound handpiece.



New Full Touch display

Highly advanced control means that dentists can focus exclusively on their work and their patients. The new Full Touch display made of tempered glass provides fast user-friendly control of all dental unit functions. When an instrument is selected the display shows only the information needed for the treatment in progress: a light tap on the screen and the dental unit is ready for work, following the dentist's every personal need.

castellini@castellini.com - www.castellini.com Visit us at IDS 2013, Hall 11.1 Booth A10/B11

Stern S300 - technology designed to ensure your success



The new S300 integrated treatment centre from Stern Weber is yet another expression of this leading manufacturer's ability to blend Italian design with a solid structural concept which ensures durability and long-term functionality.

Touch and take control

The most recent innovation present on this unit is the touch-screen control panel, which can be supplied in 2 different designs. Standard Smart Touch panel or the tablet-like futuristic Full Touch 5.7" glass panel.



Entering the Stern Weber world means defining the dental unit just the way you want it

Each Stern Weber dental unit is an opportunity for dental surgeons to personalise their treatment centre in terms of comfort, performance, safety and design. Configuration freedom is the most effective way of creating a tool that falls into line with personal work patterns and operating style, allowing you to express your skills to perfection and experience the dental unit exactly as desired. Efficiency is a natural consequence of customisation.

www.sternweber.com - sternweber@sternweber.com Visit us at IDS 2013, Hall 11.2- Stand: R38-S39

DB Orthodontics developed the Ixion Lingual Series



DB Orthodontics are perhaps best known for their exceptionally high quality Ixion Instruments. Today, the Ixion brand is recognised throughout the world and the word 'Ixion' has become synonymous with quality. As part of the Ixion Instruments range, DB Orthodontics developed the Ixion Lingual Series. By working with leading lingual specialists around the world, DB Orthodontics are continually developing a range to meet the exact needs of this increasingly popular technique. The Lingual Series was launched at the first World Lingual

Orthodontic Society meeting and has gone on to become one of the most important product lines, providing a unique opportunity for international distributors. Ixion Instruments are just a small part of the complete range of innovative products offered by DB Orthodontics. DB Orthodontics are currently seeking international distributors for their full range of products. For further information, see page 95. You can visit DB Orthodontics in Hall 4.2, Stand M030.

www.dbortho.com - sales@dbortho.com Visit us: IDS 2013 - Hall 4.2 - Stand M030 N031



G&H® Orthodontics



G&H® Orthodontics now incorporates the full spectrum of orthodontic products necessary for a successful practice from a single source. Through the company's "G&H OrthoClub®" orthodontic practitioners have access to thousands of brand name daily clinical supplies at wholesale prices. Meanwhile, G&H® Orthoforce® products include all the products necessary to move teeth, such as archwires, springs, and elastomers. When combined with ODP's innovative lines of brackets, bands, and buccal tubes, G&H® Orthodontics offers distributors and individual doctors alike the

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companies



34,000
referents



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daily



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use



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FGM, Brazilian industry developing solutions for the world



FGM, the dental bleaching leader in Brazil will be for the 4th time at IDS, and it offers what's the best in worldwide aesthetic dentistry. In addition to its 80% Brazilian market share, FGM has supported bleaching millions of smiles all over the world with the Whiteness line of products and faces the competitive international market being present in more than 50 countries. Besides Dental Bleachers, FGM has developed a series of proprietary technologies of more than

160 products: composites for anterior and posterior teeth, dental adhesives, adhesive cements, fiberglass posts, desensitizing, finishing and polishing materials, and retraction cords, among others. FGM conducts constant research in all its products in order to improve them and make dental professionals' life easier, enjoyable and successful. The Brazilian company is a reference to innovation, technology and quality. With modern management and participatory, FGM operates with a 360 degrees, which ensures rapid decision making.



Whiteness, dental bleaching leader in Brazil

Consumer habits have changed in recent years. Both the aesthetic care are no longer associated only to the physical. The concern also extends to oral health and aesthetics, after all, a white smile makes all the difference, whether on a personal and professional. FGM is a pioneer and leader in dental bleaching in Brazil. Whiteness is a complete line of products for dental bleaching at home or office. Whiteness products are safe, effective and offers fast results. Contains calcium to prevent tooth demineralization, high water content, alkaline pH, desensitizing agents, among other attributes. FGM is proud to add worldwide millions of smiles bleached by Whiteness. Motive that drives the company to innovate more and more.

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Gutta-percha adhesive sealer with efficient asepis-chain maintenance



Today, very adequate components, specifically used as chemical aid for all root canal treatment operative steps, are formulated to prevent asepis-chain rupture. CEFINAL® products cover the entire root canal operative procedures (Instrumentation – Sterilization – Obturation) from inadvertent or autogenous secondary adver-

se degenerative and infective developments. CEFINAL® ENDOCEM, gutta-percha filling maximizer, is the latest result of an accurate and specific research regarding endodontic sealers. Two distinct dynamic functions are at the heart of this new adhesive sealer: firstly, it allows a chemical bond to gutta-percha and an optimal adhesion to the root canal walls, immediately after its introduction in the root canal space; secondly, it facilitates the antiseptic ingredients to become a hardened part of the filling cement maintaining a local preservative function. After setting the adhesive takes a gutta-percha similar consistency. All procedural techniques currently employed are kept in place and even made simpler. CEFINAL® is insoluble in organic liquids and not resorbable. Overfilling is well tolerated and resorbable by the macrophage action.

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New innovative products from Erskine Dental



Erskine Dental/Erskine Oral Care develop, market and distribute innovative professional dental and consumer oral care products. They have distribution centres in Ulm (Germany), Ormskirk (UK), Los Angeles (USA), and Macksville (Australia), and a new product research and development facility with an ISO9001 manufacturing facility in Sydney. The CEO is an ex dentist with 33 years of experience, and users of their products will usually recognise this experience in the design of their products. Products include award winning interdental



brushes (Piksters, now in 10 sizes), 3 styles of flosspicks (SupaGrips), 5 toothbrushes, stain removers, tongue cleaners, implant cleaning kits, floss threader (X-floss), oral appliance cleaning brush, dental pre-angled applicator brushes (Preeben), eye protection for patients (Foamies), dental calipers with unique tips (Dentagauge), a series of advanced dappen dishes (SuperDaps) which preserve bond chemistry and organise work, plus the flexible rubber Cracked Tooth Model. This rapidly expanding company still has dealership opportunities available worldwide.

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OrisLine group offers the most innovative line of software for the Dental Clinic, available both for Windows and Mac. OrisDent evo integrates clinic and accounting management functions with the new informatics technologies and web. Thanks to the Website XL service, each Dental Clinic can create its own website directly from OrisDent, in a very quick and simple way. The website increases surgery visibility while also offering patients exclusive services such as the possibility to book appointments online. To improve the communication with the patient, making him aware of the importance of dental treatments and to strengthen his confidence towards the dentist, we have OrisEDUCO 3HD. Through high definition videos and animations about implantology, surgery, orthodontics, hygiene, aesthetics and anatomy, Dentist can inform his Patients starting from the waiting room. iEduco is a web application to ask the informed consent and the anamnesis to the patient directly on iPad.



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Master3d simply the best for dental use



Elettrolaser is now a leading player in the field of Italian-made laser technologies with many years experience in the production of machinery for micro-welding for dental use. All products bearing the Elettrolaser trademark are subject to constant innovation appraisals. Non-stop technological development make frequent updating a natural consequence and all the catalogue items are upgraded annually. There are several offers for welding which range from the Master100, the Mega140 and, lastly in terms of development, the



Master3D, the most complete and easy-to-use laser welding machine fitted with a Vision 3D stereo microscope without eyepieces. This laser removes the initial visual difficulties that the operator has with the traditional microscope, and can be used without removing eyeglasses. Master 3D reduces fatigue views and is also extremely hygienic as there is no need to support the eyes of the viewer.

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Design meets ergonomics! The NEO dental unit from Fimet Oy



In the NEO dental unit, innovative new solutions meet stylish design. The NEO dental units are ergonomic, high-quality systems that can be customized to meet the needs of different customers. Flowing, harmonious lines and seamless upholstery simplify cleaning and ensure good hygiene. The motion range of the NEO dental unit is very wide,



making it comfortable and ergonomic to use. The chair height can be set from 45 to 95 cm, ergonomically designed to ensure a comfortable working position while sitting or standing. The chair can be turned 45° in both directions. The suction head is adjustable from the "3 o'clock" to the "9 o'clock" position. Additionally, the cuspidor can be turned sideways 90°, providing more work space for the assistant. We will be showcasing The Fimet NEO with the integrated digital imaging system and The Fimet NEO Cart at IDS 2013.

www.fimet.fi - fimet@fimet.fi Visit us: IDS 2013 – Hall 10.2 – Stand U50 – V51

A faint world map is visible in the background, composed of a grid of dots.The logo for SIDEX 2013, featuring a series of colored dots (orange, yellow, white) forming an arc above the text 'SIDEX 2013'. 'SIDEX' is in white and '2013' is in orange.

SIDEX 2013

Seoul International Dental EXhibition
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Novelties in Dental LED lighting by G.Comm



A company that has already revolutionized dental LED lighting is G.Comm from Italy, that has been producing lighting solutions for the dental market for more than 20 years. The patented color mixing technology can allow the surgeon to adjust the color temperature (from 4200°K to 6000°K) to the optimal contrast

when operating on soft tissue areas or change it to a natural daylight for color teeth matching . Both the new LED light IRIS with integrated HD camera and POLARIS LED light have adjustable intensity controls from 8,000 to 35,000 lux and a no cure setting when working with composites. On top of all these great features: the G.Comm advanced Eye Care System that allows a strong trauma reduction at the eyes in case of a non intentionally direct dazzling through the light. Join the future in dental lighting and be efficient!

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2010DCU - 8 Flask Programmable Curing Unit



Handler manufacturer of laboratory equipment in the USA presents state of the art technology. The 2010DCU 8 flask curing unit is a unique, sophisticated, compact and efficient for any size laboratory. The 2010DCU requires no installation. The precision digital controls allow the user to program two different temperature and time settings. For example, you can preprogram the 2010DCU to cure for a period of time and then automatically go to higher temperature for boil. Once you set your program all you need do is press start. Built in drain valve makes it easy to clean and maintain. Stainless steel tank and flask tray with powder coated finish for a contemporary look and high performance.

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Enlighten is the only teeth whitening system in the world to guarantee results. The system guarantees at least a VITA shade B1 on any patient - regardless of starting shade. After more than 100,000 procedures Enlighten has been called the biggest breakthrough in teeth whitening in the last 15 years. There are no lamps, no gingival protection or dehydration whitening. Gel concentrations are the lowest on the market and do not exceed 6% hydrogen peroxide.

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Enlighten Research Laboratory presents Evo-White. An advanced enzymatic and microabrasive formula designed to inhibit and breakdown stains to prolong professional teeth whitening results and provide totalcare with fluoride for daily use. Designed by dentists at Enlighten - the technology leader in professional teeth whitening. Enlighten Tooth Serum is a HydroxyApatite formula, designed to desensitise and nano-repair tooth enamel, providing a natural high gloss finish and inhibiting white spot surface hypocalcification areas. Tooth Serum leaves teeth feeling super smooth and provides fluoride for daily use.

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Inibsa 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 is positioned in its own right amongst the world's leading manufacturers.

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Kuraray Noritake introduces CZR Value Shades and EX-3 Speed Enamel



Kuraray Noritake Dental Inc.

Now you can experience the new Noritake CZR Value Shades Body porcelain and Opacious Body porcelain, ideal for any all-ceramic prescription request using VITA 3D-Master® shades for zirconia. These "ready-to-use" Value Shades, which extend the CZR lineup of porcelain, resist fractures, chipping, and delamination. Ultrafine nano-micron particle size expertly reproduces the natural tooth. May be used in conjunction with the current offering of excellent Noritake CZR zirconia-based materials. Shade matching becomes effortless without the need to custom blend porcelain shades. Another new performance-based product for PFM restorations is Noritake EX-3 Speed Enamel, specially developed for two-layer build-up technique. The material creates a beautiful opalescent effect compared to conventional enamel. Esthetic restoration is easily achieved with a simple application method and is ideal for mass-production as well. The new innovative zirconia product will soon be available. 3D-Master is a registered trademark of VITA Zahnfabrik.

www.kuraray-dental.eu - dental@kuraray.eu Visit us at IDS 2013, Hall 11.3, Booth D010/020/030 to learn more about these new materials.



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Highlights

Normon: Experience and Technology on the Manufacturing of Dental Anaesthesia



Normon, the generic manufacturer leader in Spain, and also the leader in dental cartridges with more than 60% share of market, is now ready to offer its manufacturing experience to worldwide companies. The main concerns of the companies, seeking for a cartridges manufacturer, are quality, guarantee on supply

and regulatory support. The new investments in the latest technology in dental cartridges manufacturing lead Normon not only to commit with the customers needs but to be able to follow up the possible growth of its partners even facing an unexpected success. Normon has launched European procedures to obtain the necessary Marketing Authorisations for these pharmaceutical specialities, so the interested customers will only need to join the procedures at advanced stages.

www.normon.es - snava@normon.com - ivivancos@normon.com Visit us: IDS 2013 – Hall 11.3 – Stand J079



TIXOS - the first in the world Direct Laser Metal Forming titanium dental implant



Tixos implants line has been developed after years of research in cooperation with important national and international Universities and Research Centers. Tixos implants, manufactured through the exclusive and original technique of Direct Laser Metal Forming, are designed in 3D: around a very compact core an isoelastic surface is created,

which replicates the bone spongy geometry; such a structure is highly mimetic, thus accelerating bone healing and enhancing faster osseointegration, as demonstrated by different in vitro and in vivo human studies*. The mechanical characteristics are excellent, while the surface morphology promote bone healing, enhancing 3D organization of fibrin network, cell adhesion and migration and the development of proper vascularization aiming to the organization of bone matrix. The tri-dimensional geometry constituted by micro and macro-cavities of well defined sizes and form, interconnected by micro-pores, promotes bone formation. * References available on www.leaderitalia.it

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The aloe vera gloves have received a 96% rating (5 +) by The Dental Advisor (Vol. 17, no. 10 December 2000). This superior product has also awarded the Gold Medal by the Poznań International Fair (Dentistry Fair - Saldent 2007).

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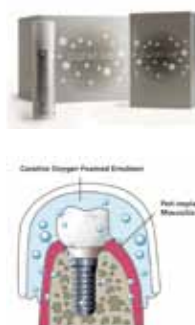


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NewTom GiANO



Cone Beam 3D Imaging

NewTom, first user of Cone Beam technology in the dental field and manufacturer of the high standard devices NewTom VGi and NewTom 5G, confirms its achievements developing **NewTom GiANO**, the perfect solution for dental specialists who want to increase the value of their practice with a high quality device, at a competitive price.

With a high 2D and 3D image quality, multiple FOV, different scan modes and various programs (adults and child exams, frontal dentition, bite-wings, LL/AP Ceph, carpal exams, etc.), it ensures a **perfect acquisition** for every clinical application. NewTom GiANO is available in 3 different configurations: **Pano, Pano + 3D or Pano + 3D + Ceph**. The device's performances can be upgraded to CB3D and Ceph with minimal effort, at any time. NewTom wide experience came from several years of successes in research, development, manufacture and distribution of CB3D products, and it affirms our commitment to provide excellence and quality.

www.newtom.it - info@qvrverona.it Visit us: IDS 2013 – Hall 11.1 – Stand A 018-B 019



All in One Moisture Pad, Cheek Retractor, and Mirror



The Reflective Shields Plus®, manufactured by Richmond, is designed for maximum absorbency without expansion, optimum illumination of the oral cavity, patient comfort, and ease of use when performing procedures such as sealants, composite fillings, crown preps, ad restorations. Reflective Shields Plus® absorbs 2 times faster than

competitors products while holding 30% more fluid. It will not swell in the mouth when saturated and; therefore, provides a dry field without compromising the work area. The absorbent nonwoven cotton fabric does not stick to the cheek requiring no water spray for removal. The Reflective Shields Plus® offer another significant advantage over similar products by increasing visibility in hard to see areas due to its unique reflective film. The Reflective Shields Plus®, is available in small and large sizes and made in the USA.

For a sample, please visit Richmond in Hall 4.2, Aisle K, Stand 56 in the USA Pavillion.

www.richmondental.com - sara.evans@barnhardt.net



Highlights

NEW: Calaject™ computer assisted local analgesia- for pain free injection



RØNVIG Dental Mfg. A/S has produced and marketed the well known "Dr. Evers" "ASPIJECT®" and "PAROJECT®" injection syringes for more than 25 years. CALAJECT™ is our second system for computer assisted local analgesia. It helps in the delivery of gentle and pain free injections. By controlling the flow rate in each program

setting, CALAJECT™ prevents pain, usually caused by the speed of the injection and the subsequent swelling of the tissue. Three program settings for intraligamental injections (PDLA), infiltrations and inferior nerve blocks cover all needs for local analgesia in dentistry. CALAJECT™ is cost effective in use - no need for additional consumables beyond the usual cartridges and needles. Get a demonstration and learn about the favorable features of CALAJECT™ at IDS in Hall 10.2 Aisle U 048 / V 049. Do also explore our entire product range here - or at www.ronvig.com

www.ronvig.com - export@ronvig.com Visit us: IDS 2013 – Hall 10.2 – Stand U49-V49



New Tool for increased dental safety- easily performed by the dental clinic staff



RTI launches Cobia Dental – a new tool for easy and quick quality control of intra-oral dental X-ray equipment. The Cobia is so easy to position and doesn't require any complicated settings, anyone who works in the clinic can quickly and easily perform the routine inspection of the intraoral X-ray equipment. To determine

patient safety - every day. The Cobia Dental is especially suitable for acceptance test, constancy test and routine quality control of Intraoral X-rays. The basic need for a dental clinics calibration check of kV and exposure time is covered with the standard model of Cobia Dental. With a small addition to price, dose, HVL, and pulse measuring will also be included. Cobia Dental is designed for "ease of use" which is accomplished through easy positioning and possibilities to choose your language together with a clear color display. The screen is rotatable and easy to read from a distance.

www.rti.se - info@rti.se Visit us: IDS 2013 – Hall 2.2 – Stand G018



NEW: Saniswiss "automate" automatic disinfection of your surgery!



Need to disinfect all surfaces and the air of your dental surgery automatically?

Saniswiss does it all with its revolutionary automate in less than 5 minutes, on all surfaces and dry. The automate generate a cyclone to carry the active non-toxic patented antimicrobial "biosanitizer" around all surfaces and medical devices that come into

contact with the ambient air. It is no longer necessary to carry out the work "manually". Saniswiss automate eliminates germs without any toxicity. This original Swiss-concept has been tested by independent laboratories in Switzerland and Europe and is strongly effective against a wide variety of germs incl. the most difficult to kill. During the treatment, "biosanitizer" is transformed into a "biogas" causing germs to self-destruct. Elegant portable PLC it finds its place everywhere. Saniswiss is also manufacturer of a complete eco-friendly range of alternative antimicrobials.

We welcome dealership inquiry.

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Sanitex: Disposable Bibs and Dental Napkins



Founded in 1985 SANITEX DI M. BARZAGHI is a manufacturer of disposable items for Dental and Medical use. Our main products are DISPOSABLE BIBS and DENTAL NAPKINS which production take place exclusively in Italy, from the selection of raw materials to the final packaging. To ensure the best combination of quality and prices, we select ECOLABEL UE certified paper for our production. Attentive to all needs of our customers,

we can offer different services to customize each disposable item through plain-colour printing or customized packing.

For more information:

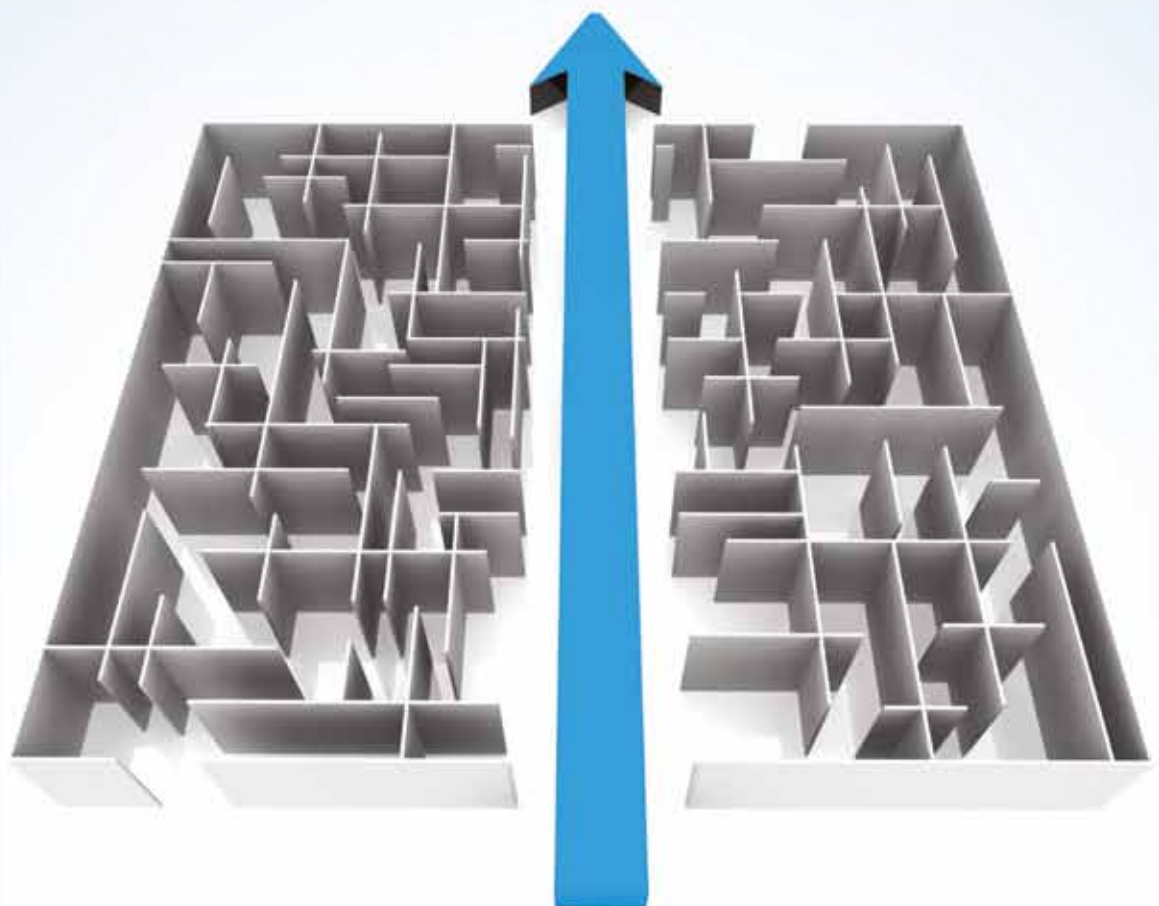
Sanitex di M. Barzaghi, Via Locatelli, 109

20853 Biassono (MB), Italia

Tel. +39 039.49.00.84 - Fax +39 039.24.94.832

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Smartbleach International's (SBI) photodynamic tooth whitening system is the fastest (27 minutes), safest (no demineralization), most comfortable (no sensitivity), and most efficient (up to 10 shades) system on the market. The new SmartLight 3LT light source captures the power of green lasers by a technology called "Laser-Like-Light Technology". The revolutionary full-mouth illuminator enables the equally bleach all teeth. This system is first ever light-stimulated in-office tooth whitening system with only 6% hydrogen peroxide. This was made possible by altering the chemistry of the bleaching gel in such a way that hydroxyl radicals and singlet oxygen (the two most powerful bleaching agents, much stronger than hydrogen peroxide) are created out of water and oxygen. Strong science and technology are the foundation of Smartbleach. White teeth can now be obtained fast and easy in a safe and painless manner. Tooth whitening has never been more fun and exciting.

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SINTRA: a perfect fit for your Zirconia sintering needs



ShenPaz SINTRA furnace is fully programmable and adaptable to sintering all zirconium oxide materials on the market. Together with the conventional parameters, Sintra has two unique attributes: a degassing feature to keep the muffle clean from impurity and a negative temperature ramp feature for extra slow cooling. It has a maximum working temperature of 1,650°C/3,002°F, includes two firing crucibles and can sinter a capacity of up to 80 units. The 2013 SINTRA comes equipped with a new user friendly 2.3" digital display.

ShenPaz Dental Ltd. designs, manufactures, markets and offers a complete range of dental laboratory furnaces. Our products range from ceramic furnaces, pressing furnaces, and burnout ovens. In addition to promoting our own brand of furnaces, for nearly 30 years, we have proudly collaborated with major industry leaders.

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The compact all-rounder: Tizian Cut 5 smart



The new benchmark in simultaneous five-axis milling technology. Thanks to an angulation of up to 30° undercuts can be mastered without difficulty. Optionally, this milling machine is available with water cooling**. The automatic blank changer can take up to 16 milling and grinding tools. The Tizian Cut 5 smart plus features a fully automatic 10-fold blank changer**.

Both milling machines are license-free and import open STL-files. The user remains free and independent. High-quality system components as well a special spindle made by a German manufacturer all this ensures high quality and high precision. Experience Tizian Cut 5 smart live at the IDS 2013, hall 10.1, booth G 10/H 19 or contact us for a demonstration at Schütz Dental in Rosbach (Tel. +49 6003 814-365). ** Will be available in the second half of 2013, at an extra charge.



Quick and easy - Capo Bulk Fill



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Capo Bulk Fill is a light-curing composite for direct posterior restorations and for use in the Bulk Fill Technique. This quick and easy method is suitable for layers with a thickness of up to 4 mm. This highly viscous material (filling content approx. 77 %) adapts exceptionally to the bottom and wall of the cavity. Thanks to the high radiopacity (210 % Al), the differentiation between the dentin and the enamel can be safely diagnosed. Capo Bulk Fill is biocompatible and 100 % free of Bis-GMA, HEMA and TEG-DMA. Shrinkage is very small which minimizes the possibility of secondary carries being built-up. Comes in 2 g syringes in a universal shade which matches the natural colour very well. See you at the IDS 2013, hall 10.1, booth G 10/H 19 or visit www.schuetz-dental.com

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Suni's Digital Sensors Offer Low Radiation And Added Robustness



At its ISO-certified facility in San Jose, CA, USA, Suni Medical Imaging manufactures two lines of digital x-ray Sensors—the flagship SuniRay sensor and the Dr. Suni Plus sensor. This award-winning product line has propelled Suni to a leadership position within the digital dental industry. Since its creation in 1995, Suni Medical Imaging has gained

a leading position in the digital radiography market, pioneering the development of digital sensor technology for dental clinical applications, and is best known for designing and manufacturing sensors for many of the early leaders in this field. In recent years, however, the company added its own brand of high-quality sensors and intraoral cameras to its product portfolio. Suni says that its corporate culture is built on three basic principles—technological innovations, continuous improvement and exceptional customer service. Headquartered in Silicon Valley, the company's team of design engineers is credited with a number of firsts, including the world's thinnest intraoral sensor and the "best overall value for price" in the sensor marketplace.

www.suni.com - international@suni.com Visit us: IDS 2013 – Hall 4.2 – Stand K060-L061



MESTRA launches several new products



MESTRA®

As usual, MESTRA will use the opportunity of IDS 2013 to launch several new products that our firm has developed in the last two years: a model trimmer, a vibrator, a zirconium furnace, an updated version of the Boomerang powder dispenser and of the Iris mixer as well as the Altamira steam-cleaning box. This

box is a useful device that works together with a steam cleaner, collecting dirt and condensed water, and keeping the workplace always clean. The size of the chamber, its elegant design, its excellent lighting and its powerful and silent air extraction make the Altamira box an essential complement in those labs that use steam as a cleaning technique. Its price is, once again, a characteristic of the MESTRA brand, which insists on demonstrating that quality and price are two fully compatible concepts.

www.mestra.es - calidad@mestra.es Visit us: IDS 2013 – Hall 11.1 – Stand F20-G29



DUOPAD®: digital control made simple



Now you can add digital control to your dental Unit very easily !

With the new compact DUOPAD® control panel, you can easily install and control two instruments: the DEFINITIVE®LED electric brushless micromotor, the TITANUS®E piezo-electric scaler and/or another instrument. The DUOPAD® control box is meant to be easily fixed to the existing dental Unit's frame and can be directly connected to the

BMC40 and/or TN250 electronic boards. Commands and information are exchanged and transmitted via the integrated RS232 serial port. Information on the status of the active instrument is clearly displayed on the LCD graphic interface. By means of the soft-touch keyboard, it is possible to select the appropriate operating mode. If the micromotor is selected, it is possible to adjust speed and direction mode. If the scaler is chosen, it is possible to select the normal/perio/endo mode and adjust output power correspondingly.

www.teknedental.com - info@teknedental.com Visit us: IDS 2013 – Hall 11.2 – Stand R031



TOKMET presents new model vacuum furnace Dentamatic 500 Chameleon AT

TOKMET

The new model have better design and extended functionality. Equipped with larger LCD screen and user friendly graphical interface. It can store more than 400+ programs and comes with many preloaded programs for the most used ceramic systems around the world.

Other important features are: platinum thermocouple, automatic temperature calibration, enamelled steel chamber, long life quartz protected heater and extended program parameters. As a recognized Bulgarian manufacturer of hi-tech dental lab products with over 23 years of experience, TOKMET has supplied equipment to dental technicians in more than 35 countries. The company is ISO 9001:2008 certified.

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Toros Dental has 30 years experience. We are manufacturing of acrylic teeth - composite teeth - porcelain teeth - radiopaque teeth, investment for laboratories, denture base, wax and also composite filling materials, bonding with special designed crown remover. Our products are available for customers in many countries around the world. NT NANO TECHNOLOGY – NT ALYA

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Tribest Dental Products Co., Ltd. was founded in 2006, it is one of main dental disposable and material manufacturer & exporter in China. The company is located in Yangzhong city, Jiangsu province, near the country's largest port: Shanghai, China. Our main products are face masks, cotton roll, dental bib, dental syringes, dental kits, saliva ejector, microbrush, impression trays, denture box, sterilization pouches, bur block, disinfection box, oral health products, orthodontic products etc. And we have been striving to develop more new products for our customers and friends.

We enjoy good business reputation in this field. Our products have been certified by CE and FDA.

Our product range is wide, but small quantity orders can also be accepted. "Quality, Trust, Love, Responsibility, Creativity, Keep-studying" is our surviving soul. We welcome your inquiry and expect to develop business with you step by step at good quality and best price!

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Scandinavian Innovation and Quality



Trollhätteplast/TrollDental with its head-quarters in Sweden makes and develops high quality consumer goods, in close collaboration with dentists. We are continuously looking for ways to develop new products and techniques. TrollDental's products facilitate and streamline the daily work of dentist - and thus profitability is increased.

The digital era has brought with it new challenges for TrollDental. We follow, carry out and take part in the development of timesaving products, specially adapted to digital techniques. Today, TrollDental has several subsidiary companies in different parts of the world. Sales are made via global dealers or direct to dental offices. At IDS 2013 we will show a new holder for Image Plates. Two different holders, one for vertical and one for horizontal images, are all you need for a complete FMX. The holders are fully autoclavable.

www.trolldental.com - info@trolldental.com Visit us: IDS 2013 – Hall 11.1 – Stand F025



Valplast Expanding Internationally



Valplast International Corporation is excited to be expanding international distribution for Valplast Flexible Denture Base Resin and associated clinical and dental laboratory products. Additionally, there are new significant opportunities for retail distribution for Val-Clean Denture Cleanser. Valplast Flexible Dentures are the first flexible all-plastic dentures introduced worldwide. Our company maintains unwavering focus on this single type of restoration, and we maintain the highest quality standards and product expertise to enable our customers worldwide to deliver exceptional result. We look forward to meeting existing customers and new prospects at IDS 2013, celebrating our Six Decades making beautiful smiles!

shababr@valplast.com - www.valplast.com Visit us: IDS 2013 – Hall 10.2 – Stand L059



Villa Sistemi Medicali: the right partner to complete your dental imaging world



Since 1958, Villa Sistemi Medicali designs, manufactures and markets radiological systems for dental and medical applications. The company's know-how covers all technologies which can create either a modern radiographic examination room as well as an efficient imaging integration of a comprehensive dental practice. Our dental portfolio includes X-ray units for either intraoral and extraoral radiology; since the very first model introduced in 1974, the Rotograph name has always been synonymous with panoramic radiography systems, 100% designed and manufactured in Italy. Rotograph D, our entry level panoramic unit, represents the evolution of a unit chosen by thousands of professionals worldwide. Rotograph Evo, our premium dental imaging system, is configurable with a full range of panoramic and cephalometric functionalities, and can even operate with the latest Cone Beam technology, featuring a 3D FOV volume of 85 x 85 mm, upgradeable up to 145 x 114 x 95 mm.

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Vipi Block Multilayers TriluX



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Vista Dental introduces Thermo-Flo™ revolutionizing composite delivery



Vista Dental is revolutionizing composite delivery with our new Thermo-Flo™ line of products; uniquely engineered to utilize heat for optimal performance of your favorite composite material. The Thermo-Flo™ Applicator and Thermo-Flo™ Warming Kit offer great versatility, enhancing all restorations from micro-fill to bulk-fill.

Heating significantly increases the flowability of highly filled composites while helping to reduce voids, increase polymerization, and improving depth of cure. The lower the viscosity of composite material, the better it flows and adapts to the cavity walls. Voids are reduced, which is known to reduce the risk of secondary caries. Heating also improves the physical properties of composite material, without modifying color or stability. Vista's Thermo-Flo™ Step Down tips adapt to most composite compules, and offer precise delivery of composite while allowing for optimal visualization of the working area, with providing deeper access.

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Highlights

NEW 3D X-VIEW



After almost 40 years of satisfaction attained through the creation of successful companies in the dental industry that has allowed to be in contact with customers around the world, to gain considerable experience in the market and to establish solid business relationships, Giorgio Rizzo is starting this new project, TRIDENT, with the same enthusiasm and passion he has always had. A life dedicated to developing solutions for dental professionals, once again, chocks the dental industry; this time offering a 3D X-Ray solution, dental offices of any size and budget will be able to afford. X View is a Combi 3D and Panoramic, CEF upgradable with 8X8 cm flat panel field of view and High definition sensor, High speed PAN frames, DC generator and large flat touch screen display with a friendly operator menu.

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Crown NS Anterior and Efucera NS Posterior Hard nanoSilica-Reinforced Acrylic Resin Teeth



New YAMAHACHI Three-Layer Hard Acrylic Resin Teeth have arrived: Crown NS Anterior and Efucera NS Posterior. With nanoSilica reinforced in the polymer network, equipped with special production process, has paved the way to achieve NS of hardness Hv = 25. Compared to conventional acrylic teeth, abrasion strength is increased by as much as 60%. Crown NS Anterior. The three-layer acrylic structure resembles the configuration of dentin and enamel, while organic beauty is visualized by its realistic dentin mamelon effect. Lingual and labial surfaces of natural teeth are imitated to preserve the characteristic feeling

of tongue and constructively adapt the intrinsic outline of the mouth.

Efucera NS Posterior. The 20° cusp angle of semi-anatomical posterior configuration allows smooth mandibular movement and maintains denture stability. Occlusal surface is made smaller, proven to achieve more effective mastication.

www.yamahachi-dental.co.jp - box@yamahachi-dental.co.jp Visit us: IDS 2013 – Hall 4.1 – Stand B088-C089



Coldpac Tooth Acrylic - Top-Rated Temporary Crown & Bridge Material



When it comes to tooth acrylics, acrylic resins and provisional restorative materials, Coldpac is one of the highest-rated products in the dental marketplace. According to author, Dr. Gregory Tarantola, DDS, "There are many excellent cold-cure acrylic resins but this author prefers Coldpac by Yates Motloid. It has an extended working time in the doughy stage, which is necessary for this [provisional restoration] technique. This material also has excellent color stability." Coldpac was also cited as a top-performing acrylic resin

in a University of California study (by Doctors Koumijian, DDS, MSD and Holmes, DDS M.Ed), reporting superior marginal integrity, accuracy and adaptation compared to other resins. In fact, Coldpac rated in the top two provisional restorative materials with significantly less marginal discrepancy compared with Snap®, Protemp™, Triad® and Tru-kit materials. With a focus on functionality and attractiveness, Coldpac products are a favorite among both dentists and dental lab professionals.

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Celebrating 25 Years of Joy, Passion & Health



2013 marks Cranberry's 25th year in the dental industry with passion and commitment to product innovation, brand awareness and global partnership success. Specialized in the design and development of exclusive products and guided by the product vision "Strong in Protection, Soft on Skin", Cranberry has been



awarded many international merits and awards in recent years. We are celebrating our 25th year milestone with the launch of Cherish™ Latex, Crave™ Nitrile and AQUA Source™ Nitrile as three exciting new additions to our best-selling hand health gloves series. Cherish and Crave are Cranberry's first series of product micro-coated with skin-caring Cranberry extracts while AQUA Source™ is micro-coated with our proprietary blend of Lanolin and Vitamin E that proves to improve skin health and minimize dry skin irritation. AQUA Source™, enriched with NuSoft™ Formulation, is designed to provide a comfortable, form fit, and improved tactile sensitivity yet maintaining the softness of the gloves. We are actively looking for exclusive distributors globally and we look forward to your interest and potential long term partnership.

www.cranberryusa.com - info@cranberryusa.com Visit us: IDS 2013 – Booth D-030 Hall 2.2

The new way: AMBARINO® High Class Hibryd Ceramics



Back in 2008, following years of pioneering research work, AMBARINO® High Class, the world's first high-performance polymer for CAD/CAM-related applications, was developed by the company Creamed from Marburg an der Lahn and presented to the market as a "nanocomposite". Since then, innumerable restorations produced using milling technology, such as crowns, bridges and individual occlusal surface replacements, have been demonstrating the clinical effectiveness of the composite-based product. From the manufacture of



occlusal surfaces for the treatment of bruxers and the manufacture of crowns and bridges to endodontically treated teeth and implants, the material has been proving its outstanding clinical qualities. Thanks to its composition, AMBARINO® High Class can be easily corrected and sustainably repaired at any time using traditional composite veneering materials and the corresponding repair techniques.

www.creamed.de - creamedit-online.de Visit us at IDS 2013, Hall:3.1 - Stand: H049

Mectron MULTIPIEZO PRO



In 2013 mectron launches a new high-end prophylaxis unit, multipiezo pro! The latest technology put into a puristic design will allow any dental professional to quickly get access to a wide range of clinical applications and to perform a fast and pain-free clinical treatment.

A revolutionary user interface allows quick switching between various irrigation liquids and two ultrasonic LED handpieces. Two liquid bottles with quick connection and 500 ml capacity each, with the additional possibility to connect the unit to tap water, allow for a maximum operating time without interruption.

A world of multiple clinical applications, going from traditional supra and sub-gingival scaling to periodontic, endodontic and prosthetic treatments, is open to the user by choosing one of over 50 available ultrasonic inserts in Mectron's range. Last but not least new innovative inserts will be available for extractions! Patient comfort and optimal clinical results are the main features of the new multipiezo pro.

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IDS 2013: Hall 11.2 – Stand S051

3.3 MG InHex Mini by Mozo-Grau New narrow implant



Mozo-Grau has just launched the new narrow implant MG InHex Mini with a morse-taper internal connection. With the aim to provide a new solution for difficult situations, thanks to the absence of gaps, MG InHex Mini allows even narrow ridges and interdental spaces to be restored properly.

Mozo-Grau relies on its well-documented RBM surface for its new implant that ensures a more extensive implant/bone contact surface, yielding success rates of more than 97 to 98 per cent in published multicentre studies with large numbers of implants documented. Following the same philosophy, supported by scientific reports and applied in previous MG implants designs – like microthreads, platform switching, a proven trunk-cone profile, anatomic shape and V-shaped threads – the new 3.3MG InHex Mini achieves excellent primary and secondary stability. This product comes to complete the full range of Mozo-Grau products for implantology including solutions for CAD-CAM abutments and MG Fidelis Guided Surgery system.

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USA at IDS 2013

North American companies back with strong numbers at IDS 2013

Despite the global economic challenges of this decade, U.S. dental manufacturers and service providers continue to be resilient and highly innovative when it comes to export promotion (competing in the global marketplace). This year, the U.S. dental industry is back in Cologne with all major players and new-to-market companies, underlining the strong confidence the industry regularly places in IDS.

Attendees will have access to products from over 180 U.S. suppliers who will show anything from Abrasives, Dental Materials, Dental Chairs, Implants, Filling Materials, Orthodontics to Lighting and Laser Devices. This year, 133 exhibitors and co-exhibitors will display in the U.S. Pavilion in Hall 4.2 (upstairs 2nd level) to present their products with the addition of Canadian and Mexican companies. Plus, U.S. manufacturers and service providers can be found in each of the five multi-level IDS halls.

The large North American presence at IDS reflects a strong, international demand for high quality and reasonably priced products.

To search for North American products at IDS 2013, Koelnmesse Inc., the Chicago based subsidiary of the organizer has produced a directory which will be available at all IDS info counters as well as around the USA Pavilion in Hall 4.2. Companies can be searched by products or hall location. The directory serves as a follow-up tool to reach exhibitors after IDS has concluded.

International dealers and dentists who are interested in North American products are encouraged to visit the USA Pavilion in Hall 4.2.

For more information please contact:

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Chicago, IL 60631

p: +1-773-326-9929

r.dommermuth@koelnmessenafra.com



Infodent International at Ids 2013

Infodent booth at IDS represents a traditional meeting point for the international dental industry.

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Companies that will be showcasing their products at Infodent booth:

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Products: Imaging and CAD/CAM systems, Diagnostic/Implantation navigation devices, Surgical instruments, Implantation systems, Demonstration and training models, Electronic data processing solutions for dental practice/laboratory, Communication systems.

E-mail: biomed@3diemme.it

Website: www.3diemme.it

• **Dentoplast s.a.r.l. (Lebanon)**

Products: Suction devices, Evacuation cannulae.

E-mail: dentoplast@terra.net.lb

Website: www.dentoplast.com

• **Desgram di Consonni Claudio (Italy)**

Products: Sterilization/Disinfection devices and auxiliaries, Disinfectants (Chemical)

E-mail: desgram@technograph.it

• **Genimpex S.r.l. (Italy)**

Products: Cleaning and disinfection devices, Sterilization control agents, Disinfectants for surfaces, Professionale clothes, Gloves (medical), Protective goggles/gloves/masks/wraps

E-mail: info@genimpex.it

Website: www.genimpex.it

• **GF Dental (Italy)**

Products: Model resins

E-mail: gfdental.it@gmail.com

Website: www.gfdental.it

• **Hexagon International (GB) Ltd (UK)**

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E-mail: DJGBHEX@aol.com

• **Hospimed Mfg. (Pakistan)**

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Website: www.hospigroup.biz

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Website: www.zx-27.com

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Website: http://mokuda.co.jp

• **Saga Dental Supply A/S (Norway)**

Products: Orthodontic supplies, Impression trays, Orthodontic instruments

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Website: www.sagadental.no

• **Sanitex di M. Barzaghi (Italy)**

Products: Protective wraps

E-mail: sanitex.barzaghi@libero.it

• **Satou Dental Material Co., Ltd (Japan)**

Products: Dental care products

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• **Tanchy Instruments (Pakistan)**

Products: Instruments stands, Orthodontic supplies, Mixing bowls, Impression trays, Surgical/Filling/Injection/Orthodontic instruments, Matrix systems/holders

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The next chapter in the IDS success story

More than 1,900 exhibitors from over 55 countries — 68 per cent of exhibitors from abroad — 150,000 m² of gross exhibition space — specialized supporting programme and numerous services for exhibitors and visitors.

All the signs indicate that the up-coming 35th International Dental Show will be an impressive success. The IDS will continue a positive tradition that began 90 years ago, when the first dental show took place in Germany.

More than 1,900 exhibitors from over 55 countries are expected to be in Cologne from 12th to 16th March 2013 for the world's largest trade show for dentistry and dental technology. In other words, the entire dental industry, including all of the international market leaders will be represented at IDS. Here they will present a range of products and services whose breadth and depth are absolutely unique.

“The excellent level of registration confirms that IDS is the world's leading business and communications platform for the entire dental sector.”



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Dental medicine and dental technology will be on display as well as dental maintenance and infection prevention techniques. Services will also be presented, as will information, communication and organization tools. Thanks to the tremendous demand for space, the fair will also occupy Hall 2.2 in addition to Halls 3, 4, 10 and 11. Altogether, 150,000 m² of gross exhibition space will be covered.

The GFDI — the Society for the Promotion of the Association of German Dental Manufacturers (VDDI) — and Koelnmesse have issued a joint statement containing the following comments: *“The excellent level of registration confirms that IDS is the world’s leading business and communications platform for the entire dental sector. We are therefore expecting to continue the success story regarding the number of visitors to IDS,*

which attracted some 118,000 visitors to Cologne in 2011. In other words, we anticipate that IDS will once again be a tremendous success in 2013 in terms of exhibitor numbers, visitor numbers, the amount of exhibition space occupied and the level of international involvement.”

The International Dental Show will once again be the global meeting point for the international dental sector in 2013. Around 68 per cent of the exhibiting companies will come to Cologne from abroad. After Germany, the nations that will be the most strongly represented include Italy, the USA, the Republic of Korea, the People’s Republic of China, Switzerland, France and Great Britain. In addition, there will again be a large number of joint participations from abroad in March 2013. These are being organized in conjunction with state or private



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export promotion organizations and associations. At present, 14 joint participation groups have registered. These come from Argentina, Brazil, Bulgaria, The People's Republic of China, Great Britain, Israel, Italy, Japan, The Republic of Korea, Pakistan, Russia, Spain, Taiwan and the USA. The broad range of products on display from around the world will give visitors the opportunity to get a comprehensive overview of the global dental industry in terms of services, product innovations and the latest trends.

Dealer's Day and specialized supporting programme

Once again in 2013, the International Dental Show will stick to its time-tested recipe for success. The concept of the event will continue to focus on business at the stands and the product information provided by the exhibitors. **Correspondingly and according to tradition, 12th March 2013, the first day of the show — also referred to as Dealer's Day — will concentrate on the dental trade and importers. This special focus will provide participants with an appropriate atmosphere for undisturbed and intensive sales negotiations.**

Another well-established part of the IDS programme — the Speaker's Corner — will take place in Hall 3.1, right next to the Entrance South. Here, IDS exhibitors will present new product information, services and process techniques every day of the show. In addition, speakers will report on the latest findings from the worlds of science and research.

The specialized programme for IDS 2013 will be rounded out through the participation of the German Dental Association (BZÄK) and the Association of German Dental Technicians' Guilds (VDZI). The VDZI will present the 14th Gysi Prize at IDS 2013. This highly esteemed compe-

tition was conceived to honour the dental prosthetic work of apprentice dental technicians. The gold, silver and bronze medals will be presented to the winners on 14th March at a celebratory awards ceremony. The winning works will be on display in the passage between Halls 10 and 11 during the entire trade fair. **Additionally, the VDZI will have a stand at the trade fair in Hall 11.2. Here, dental technicians will be able to meet with experts who can answer their questions and provide information about dental technology.**

The trade show's own IDS app for iPhone, Blackberry and other operating systems can be downloaded free of charge from the IDS website.

The following organizations will all be represented in Hall 11.2: the German Dental Association, the Association of Dentists in the Statutory Health Insurance System, the German Society for Dental, Oral and Maxillofacial Medicine, the Institute of German Dentists, the Agency for Quality in Dentistry, the Stiftung Hilfswerk Deutscher Zahnärzte (relief foundation supported by German dentists), the Bundesverband der Zahnmedizinstudenten in Deutschland (federal association of dental students in Germany), the Bundesverband der

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zahnmedizinischen Alumni in Deutschland (federal association of dental medicine alumni in Germany), the Dentista Club, the Verein für Zahnhygiene (association for dental hygiene), the Aktion Zahnfreundlich (dental-friendly campaign), the Young Dentists Worldwide and the Zahnärztlichen Mitteilungen magazine. By visiting these organizations, dentists will have the opportunity to engage in dialogue with experts on current themes, find out about participating organizations and share information with colleagues. In addition to its stand in Hall 11.2, the Bundesverband der zahnmedizinischen Alumni in Deutschland will also be represented at IDS 2013 by a "Generations Lounge". Here students, young dentists, experienced dentists in mid-career and dentists who are approaching retirement will be able to exchange information in a relaxed environment.

Be well prepared for IDS 2013 with the IDS app and online services

A number of digital services are available to help visitors plan the optimal trade show visit. These services contribute to goal-oriented trade show preparations and help make the visit more effective. In order to ensure optimal support, the update for the trade show's own IDS app for iPhone, Blackberry and other operating systems will be available at the beginning of December. The app can be downloaded free of charge from the IDS website.

This app contains the trade show catalogue and a navigation system for mobile terminals. As a result, the app can accurately guide visitors through the exhibition halls to the desired trade show stands. In addition, the app provides information about food service offers, services

available at the exhibition centre, and the event supporting programme. With the app, visitors always have important information about IDS right at their fingertips — whether they're out and about or inside the exhibition halls. **The digital services include Business-Matchmaking 365. This communications and business platform enables visitors and exhibitors to contact each other directly, both before IDS 2013 begins and after it closes its doors.** During the run-up to the event, visitors can use the online schedule planner to send appointment inquiries to exhibitors via e-mail. Another service, the online route planner, provides visitors with an individualized map they can use during their visit. The map includes optimal routes through the halls to specific exhibitors.

Source: www.ids-cologne.de



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IDS 2013 Interview

Dr. Heibach VDDI - Executive Director

Could you present the VDDI as association and its role in organizing the IDS?

As you know, the International Dental Show is organized by the GFDI — the Society for the Promotion of the Dental Industry, the commercial enterprise of the Association of German Dental Manufacturers (VDDI) — and staged by Koelnmesse GmbH, Cologne.

Together the three partners are continuously working on developing all important aspects concerning the improvement of the world's leading dental-show. A very important role plays the contribution from the members of VDDI who are the back-bone in the process of discussing intensively the exhibition in meetings and working-groups before and after each show.

This starts with the preparation of the event — for example, together with our partner, Koelnmesse, we now offer a wide range of tools which make both preparing for a visit and the trade fair visit itself much easier. Applications for smartphones enable rapid orientation at the exhibition center, and other technical applications help users to schedule meetings and follow up on the results of discussions.

All dentists and dental technicians are comfortable with technology and are used to working with the best technologies, products, equipment, and materials in order to do a good job and keep their patients — their customers — satisfied. Hosted presentations and demonstrations of products are among the attractions that draw crowds of people who are hungry for knowledge.

We offer visitors a broad range of digital services so that they can prepare for the trade fair in a targeted manner. Visitors will be able to use their time at the fair as effectively as possible. For example, the IDS website will include a current update of the IDS app for iPhones, BlackBerry and other operating systems. This app is free for users. It features a mobile exhibitor search function and uses an innovative navigation system that leads visitors through the halls to the stands they are looking for. The app also offers information about restaurant and catering options, services within the trade fair complex, and the supporting programme. We also provide another digital service called Business Matchmaking 365. This service enables visitors and exhibitors to contact one another directly — not only before IDS 2013 begins but also after it has finished. In the run-up to the fair, visitors can also use the online schedule planner to send appointment inquiries to exhibitors via e-mail. And the online route planner will also put together an individual plan for a visit to the trade fair, including the optimal route through the halls.

Since the beginning of this year our database of innovations is available on the IDS website. Exhibitors will be able to enter initial information about their products into this database.

What cutting-edge sectors/innovations provided by the German Dental Industry do you think will be particularly attractive for IDS visitors?

The 35th IDS will again display the complete spectrum of modern dentistry. An abundance of product and service innovations will be on display to see and experience. The medical-technological development and our industry's investments in research and development continually produce new and expanded systematic solutions for dental practice and laboratory which are also of great economic interest to dentist and technician alike.

What's the significance of computer-aided process chains for dentistry, and how are they currently being enhanced?

As is the case in other industrial sectors, computer-aided design and computer-aided manufacturing, or CAD/CAM for short, are used to prevent errors from occurring. This makes work clean, precise and environmentally compatible. Crowns, bridges and other types of dental technology are increasingly being designed on computer screens and without the use of chemicals. More importantly, CAD/CAM has led to the efficient processing of completely new materials — for example, zirconium oxide as a tooth-coloured restoration material. This high-performance ceramic is currently getting a further boost from the introduction of translucent versions which expand the range of aesthetic possibilities and make monolithic zirconium oxide restoration possible, particularly in the hidden areas of the molars.

The counterpart of the dominant cutting techniques, which chiefly consist of milling, are the constructive rapid prototyping methods, which will become increasingly popular in the future. These methods include the selective laser melting, or SLM, technique and the gradual stacking of plastic structures. In the future, this technique could make high-performance plastics an attractive alternative to metals and ceramics. The rapid prototyping category also includes the well-known stereolithographic production of drilling guides for implantologists. Digital dentistry systems once received a key impulse from implantology. In dental practices and labs, these systems are jointly used for

Dr. Heibach



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"backward planning". Conversely, implantology is today getting fresh inspiration from the CAD/CAM sector. This advanced technology can be integrated into tried and tested prosthetic care concepts to improve the success rate and/or reduce manufacturing costs.

At IDS 2013, the CAD/CAM process chain will continue to move from the lab into the dental practice for traditional crown and bridge prosthetics as well as for implant prosthetics, thanks to improved digital mould-making techniques. There's a big selection of techniques. Some of them use scanning powder, while others do without it. Several employ three-dimensional video images, while others are based on the confocal measurement principle. Each dental practice can choose the right system for its needs, ideally in line with the requirements of the laboratory it works with.

Another top trend at the moment is laser technology. Many dentistry segments are already benefiting from such technology. Whether the job involves working on hard or soft tissue, or a minimally invasive alternative to drills and scalpels, the proper use of the right laser offers key benefits, especially for patients who are normally afraid to go to the dentist. Dental procedures with lasers are only minimally painful and they make little noise. They eliminate much of the fear associated with dental treatments. Experts hope that ultrashort pulse lasers in particular will generate further momentum in the dental sector, as they can be used for almost any application. These variants create extremely intense laser flashes with a very low pulse energy. The key advantage here is that thermal damage can be completely ruled out, while highly precise material removal is ensured.

The field of dentistry today utilizes ultramodern technology. CAD/CAM, digital technology and laser systems may sound somewhat futuristic, but all of the new options presented at IDS are making a huge impact on the work of dental labs and offices. This impact includes traditional areas such as fillings. Innovative procedures are likely to reinforce the trend toward bulk-filling techniques. For example, for some recently developed new materials the hardening process can be started with wavelengths in the near-infrared range (NIR). Unlike conventional UV radiation, these waves penetrate hard tooth structures and can thus directly reach all areas of still unpolymerized filling material. The innovative capability of our sector is so great that I can't describe or even list for you today all of the exciting new products and technologies on display at the International Dental Show 2013. You can gain a much better impression of what I mean by visiting the trade fair halls and exhibitions.

There you can see for yourselves that our dental industry can make products that offer patients and dentists all the treatment options and recommendations that will help them find optimal solutions in line with the patients' needs and wishes.

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After 90 years of ever-growing success, what is IDS special recipe to remain the leading world dental event?

The International Dental Show is a strong event concept developed in cooperation with our partner, Koelnmesse. Above all, the concentration and topicality of the innovations make the IDS the most comprehensive showplace and liveliest and most important marketplace in the dental world. We already have a high level of international participation at the IDS from both exhibitors and visitors, we are cosmopolitan, the standard of accommodation at the show is exceptionally high, the well-organised show makes a visit simple and efficient, and Cologne is ideally situated for convenient traffic connections to Germany, Europe, and the World.

Since its inception, the IDS has undergone a tremendous qualitative transformation. Following its beginnings as a national sales show, it has consistently adapted step for step to the new standards and requirements of free world trade. Today the IDS is a cosmopolitan show for the entire international dental family. Since 1992, when the decision was made to establish Cologne as the location for the IDS, the strategic development of the IDS has been systematically advanced: the biennial format was introduced and the IDS globally positioned. Its pronounced international orientation, with a 60 per cent share of international exhibitors now, is an important and indispensable aspect of a worldwide leading trade show.

This and, above all, the innovations that are predominantly presented here for the first time to an international audience, make it into a magnet for manufacturers, trade visitors and dealers alike. The high

quality of the location for exhibitors and trade visitors, the new layout of the exhibition grounds, as well as the high standard of the IDS as a trade show for decision-makers, have led to steady growth in the international character of the exhibitors and visitors numbers, making the IDS the world's meeting place for decisionmakers from the dental technician trade and dental retail.

One secret of its success is certainly that we develop its successful concept cautiously, i.e. with sound judgement and farsightedness, thereby maintaining established structures, on the one hand, while always exploring new aspects, on the other. Exhibitors and visitors appreciate this. Moreover, we have also succeeded in always presenting the show site and also Cologne as a city as a cosmopolitan and friendly host for visitors from all over the world.

With my very best regards

Burkhard Sticklies

VDDI Verband der Deutschen Dental-Industrie e.V.

GFDI Gesellschaft zur Förderung der Dental-Industrie mbH

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IDS Culture

Exhibitions, concerts and readings during IDS 2013

When the 35th International Dental Show opens its doors, the city of Cologne will present numerous highlights that add up to a varied and entertaining programme outside of the trade fair halls. Art, music and literature enthusiasts can look forward to a variety of cultural experiences offered by museums, the philharmonic hall and a number of other event venues.

Modern masterpieces, archaeology and world cultural treasures

During IDS 2013 the **Museum Ludwig**, which is famous for its Picasso and pop art collections, will be presenting the special show "Modern Masterpieces. The Haubrich Collection at Museum Ludwig". This collection was donated to the city by Josef Haubrich and it is considered one of the best collections of Expressionist works in Europe. The exhibition "Time Tunnel. 2,000 years of Cologne History" presents a cross-section of the 2,000-year history of the city of Cologne. Spectacular archaeological discoveries dating from Roman times to the Second World War will be on display.

From Beethoven, Brahms and Tchaikovsky to Roland Kaiser

Music lovers will also get their money's worth during IDS 2013. On 13th March the Tonhalle-Orchester Zürich featuring guest violinist Julia Fischer will perform works by Berlioz, Dvorák and Tchaikovsky at

Cologne's philharmonic concert hall. Then on 14th March the Staatskapelle Halle orchestra and the pianist Elena Bashkurova will present works by Brahms, Mendelssohn and Schumann. Works by Beethoven and Strauss will be on the programme on 15th March, when the Netherlands Philharmonisch Orkest performs, joined by guest violinist Renaud Capuçon. In addition, the famous German singer Roland Kaiser is sure to present a contrasting musical programme when he appears at the Lanxess arena on 16th March as part of his anniversary tour.

Literature festival

The 13th lit.COLOGNE, one of the biggest literature festivals in Europe, will take place in parallel with IDS. From 6th to 16th March over 100 readings and events will take place at theatres and performance locations throughout the city of Cologne.

Travel by bus or train at no charge

Remember, an exhibitor ID or an IDS admission ticket is valid for free travel on any part of the Verkehrsverbund Rhein-Sieg (VRS) transit system. In addition to Cologne, this applies to the whole surrounding area, from Leverkusen to Bonn and from Düren to the Bergisches Land.

Source: www.ids-cologne.de



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| | |
|------------------------------|--|
| 3D scanning technology | Structured light |
| Camera resolution | 1.3 Megapixel |
| Beamer | LED, 150 ANSI-Lumens Duration: 30,000 hours |
| Rotation movement | 2 axes, rotation movements and tilt movements |
| 3D scanning area (L x H x D) | 90 mm x 80 mm x 55 mm |
| Resolution | 0,04 mm |
| Accuracy | 0,015 mm |
| Output format | .stl, .ply, .obj |
| Interfaces | USB 2 High-speed, Ethernet, VGA |
| Dimensions (L x A x P) | 250 mm x 450 mm x 450 mm |
| Weight | 13,5 Kg. |

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Focus on Southeast Asia

• Indonesia • Malaysia • Vietnam

Regional Economic Outlook

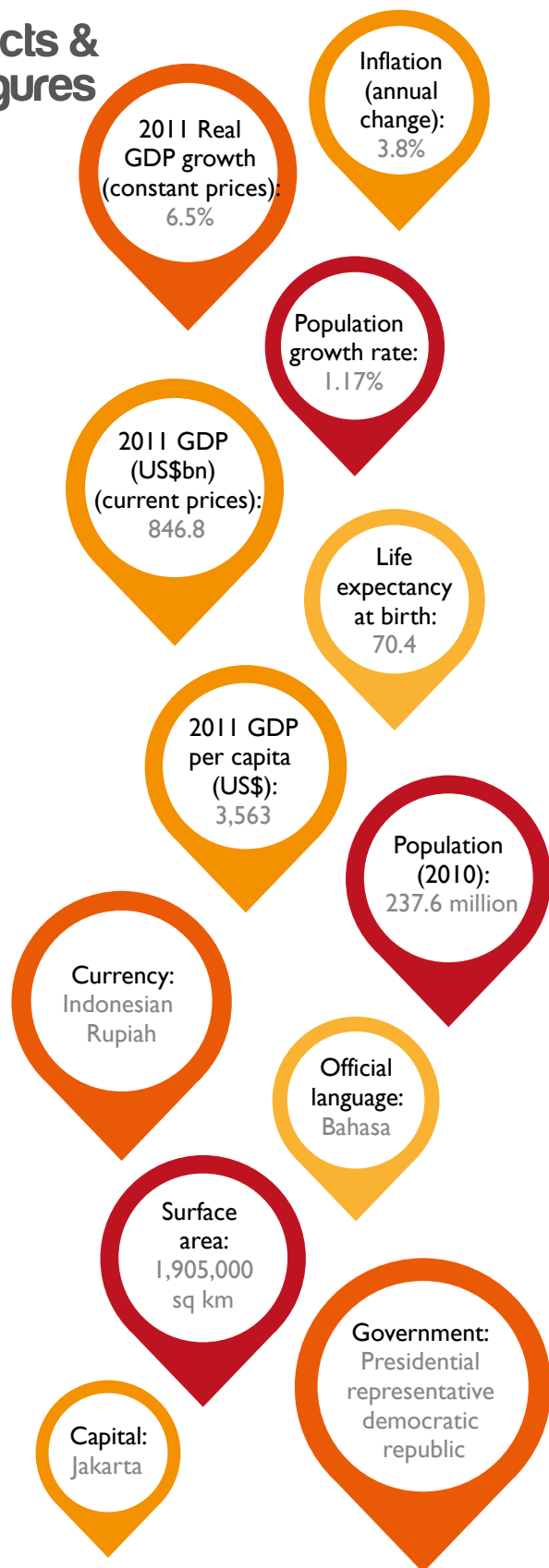
The six Southeast Asian countries form a fast-growing economic bloc with a population of about 605 million. According to the OECD, the main ASEAN economies (Indonesia, Malaysia, the Philippines, Singapore, Thailand and Viet Nam) will grow at the average rate of 5.6% in the period 2012-2016, a slower pace than the last decade, but still a positive outlook compared with the uncertainties affecting main developed economies. Increasing domestic demand plays an important role for these countries' future development, compensating the drop in external demand.



| Real GDP Growth (Annual % changes) | 2010 | 2012 | Average 2003-07 | Average 2012-16 (forecast) |
|---------------------------------------|------|------|--------------------|-------------------------------|
| Indonesia | 6.1 | 6.5 | 5.5 | 6.6 |
| Malaysia | 7.2 | 5.1 | 6.0 | 5.3 |
| Viet Nam | 6.8 | 6 | 8.1 | 6.3 |

Indonesia

Facts & Figures



Indonesia is the largest archipelago in the world, with 17,508 islands divided in 5 major islands (Sumatra, Java, Kalimantan, comprising two-thirds of the island of Borneo, Sulawesi and Papua, part of New Guinea island), where all major cities are located, and about 30 smaller groups.

Strategically positioned at the crossroads between the Pacific and the Indian ocean, on major trade routes bridging Asia and Australia, Indonesia enjoys extensive natural resources. With a population of almost 240 million, it is the fourth most populous country in the world and the first in southeast Asia. 58% of population live in Java and 21% in Sumatra but density varies widely across the different provinces, from 14,440 people/km² in Java to 8 people/km² in West Papua. As nearly half of the population is under 30, Indonesian workforce is growing faster than in any other Asian country after India, an increase of 21 million people over the next decade.

Indonesia has managed to establish and strengthen its democracy despite threats from extremists and terrorism and is now the world's biggest Muslim democracy.

Economy

Indonesia is South East Asia's largest economy. The country joined the middle-income economies group and entered the Association of Southeast Asian Nations (ASEAN) after having achieved considerable results in maintaining economic growth. Indonesia was one of the only three countries whose economy continued to expand during the 2008 global financial crisis and one of the best economic performers in the region, with GDP expected to maintain around 6% growth in 2013. Domestic consumption's contribution to GDP has increased to about two-thirds. 36% of households are now comprised in the US\$5,000-15,000 annual income group, but their share is expected to reach 60% by 2020. More than 60 million low-income Indonesians are projected to join the middle class in this period.

Per capita GDP exceeds that of other neighboring ASEAN countries such as Philippines and Vietnam, almost reaching \$US3,500. While in 2000 half the population was living on less than US\$1.25 a day, the share has now dropped to less than 19%. However, still 40 million people live under the poverty line and nearly half of them lives on around US\$2 a day, suffering high inflation on basic goods. Indonesia's rank in UN's 2011 Human Development Index dropped from 108 to 124, although some of the data composing the Index have been questioned by the Indonesian government. On the other hand, the upgrade of Indonesia's sovereign credit rating released by Fitch in December accounts for the country's macroeconomic stability, even though the agency remarked structural weaknesses such as low average income, low fiscal revenues, shallow domestic financial markets, business climate issues from insufficient infrastructure and corruption.

Healthcare provision

Although government's attention towards the health system has increased, funding and workforce are still insufficient. Public health expenditure is still low (about US\$10.6 billion last year) and standards are very uneven, therefore many wealthier Indonesian residents as well as expatriates travel to Singapore, Malaysia or Thailand for medical care. Indonesia currently has a very low density of hospital beds

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and physicians (6 per 10,000 people and 3 per 10,000 people respectively). Urban areas, and the capital Jakarta in particular, enjoy better levels of primary care and private specialized facilities, while coverage in rural regions is scarce and several natural disasters such as tsunami, earthquake and floods impacted on available medical infrastructure and services in remote areas.

Public healthcare is delivered through a network of primary care centres known as "Pukesmas" at sub-district level and integrated health posts (Posyandu). Each Pukesma has at least one medical doctor and other assisting personnel. Latest available figures attest that in 2009 there were 8,737 pukesmas (2,704 with beds and 6,033 without beds), with a density of 3.8 per 100,000 population. The government claims to be expanding the primary care network in underdeveloped areas, borders and islands (known as DTPK), also by using mobile puskesmas units, and upgrading public health centers for lower-income groups. Primary care is also delivered by private physicians in their own practices, concentrated in urban areas.

At the secondary level, referral and specialized care is available in 1,202 general hospitals offering 135,125 beds (50,290 private, 84,835 public) and 321 special hospitals. The number of general hospitals owned by private investors has increased 90% from 1996 to 2007, against a 25% increase in the same period for government hospitals. As many other Asian countries, Indonesian health system suffers shortage of health manpower in underdeveloped areas. The Ministry of Health supports placement of health workers in these areas, especially nurses, environmental health and nutrition workers, health analysts, and pharmacy staff. However, this is only part of the greater quality issue of Indonesian health system. Decentralization policies envisaged in the early 2000s haven't been effectively implemented, limiting districts' autonomy on staffing and budgeting. The government funds primary health centres, public hospitals and prevention, but patients often need to bear part of the costs. Wealthy Indonesians often travel to Singapore, Malaysia or Australia to seek higher quality treatment, also due to the shortage of qualified local specialists.

Lower income population groups have been targeted by a program called "Health Care for Poor People" which turned into a Public Health Insurance system covering inpatient and outpatient healthcare, advanced referral and emergency care for about 40% of the population. However, in spite of the broader use of health insurance schemes, access and quality of health care remains low and people rely heavily on private sector provision, with out of pocket payments estimated to reach 70% of the total health spending. According to a recent article by the Wall Street Journal, the Indonesian government has undertaken a multibillion-dollar plan to tackle the healthcare system issues and to provide universal health care by 2014. Moreover, the network of hospitals has to be expanded in partnership with private groups to provide further 100,000 beds, with an expected growth of the country's health-care industry over the next eight years to around \$50 billion.

Dental market

Oral health awareness is rising among middle and higher income Indonesians, supported by broad government campaigns for oral hygiene. The number of dentists is estimated at 18,000 and around

1,400 new dentists graduate every year. About 60% of dentists have their own private practice, mostly in major cities, as they often practice both in the public sector and privately.

As a whole, the Indonesian medical devices market is valued US\$421 million. The dental segment is dominated by imports (estimated US\$34 million in 2008) due to very limited local production and purchasing habits of Indonesian dentists. Well established practitioners often prefer higher quality to lower costs, as foreign brands are perceived as more durable and reliable, while newly graduated dentists who cannot afford high expenses often choose cheaper equipment and products from China or other lower cost manufacturing countries. Even the few local manufacturers of dental units rely on foreign parts. Half of the market is dominated by Asian manufacturers from Japan, Korea and China, followed by Germany, Italy, US and Brazil. Although the 2,100 medical distributors, capillary distribution is made difficult by geographic barriers, weak transportation infrastructure especially in rural areas and smaller islands, and cumbersome bureaucracy. Most dealers are located in Java and Sumatra, in the urban areas with the largest population (9 million in Jakarta, 4 million in Surabaya) and number of hospitals.

Foreign medical device companies must appoint a local distributor to enter the market, often more than one in order to expand into the whole country. Many larger distributing companies have a network of branches and independent sub-distributors to cover rural and second tier cities. On the other side, they usually distribute a broad range of products and may not adequately support market penetration of specialized products. Due to this reason, as well as the low workforce costs, several manufacturing companies have set up plants in Indonesia to ensure a direct supplying channel to the domestic market, increase sales effectiveness and avoid import tariffs.

Malaysia

Malaysia consists of 13 States and three Federal Territories including the capital, Kuala Lumpur, covering two different geographical regions divided by the South China Sea, Peninsular Malaysia and East Malaysia. Peninsular Malaysia, with 11 states, lies at the southernmost tip of the Asian continent, while the states of Sabah and Sarawak are located on the north-western coast of the island of Borneo. Selangor is the most populous state (5.46 million), followed by Johor (3.35 million) and Sabah (3.21 million). 42% of Malaysians live in these states. The country's urbanization rate is 71%.

Economy

Malaysia is a multiethnic country and the world's largest Islamic financial centre, whose rapid economic growth made it known as the "Asian Dragon". The government controls macroeconomic policies through 5-year plans, but the economy is relatively open, ranking 21st in the 2011-2012 Global Competitiveness Index released by the World Economic Forum. The Government is currently pursuing a development policy, called "Economic Transformation Programme" (ETP), aimed at transforming Malaysia into a high-income country by 2020, with average per capita income of US\$15,000. The general framework includes the reduction of dependence on oil and gas and

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Facts & Figures

Population
(2010):
28.9 million

2011 per
capita GDP:
US\$9,941

Life
expectancy
at birth:
73.7

Population
growth
rate:
2%

Surface area:
330.252 sq km

Capital:
Kuala
Lumpur

Currency:
Ringgit Malaysian
(MYR)

2012 Real
GDP growth
(estimated):
4.6%

Official
language:
Malay

Government:
Parliamentary
Democracy
with constitutional
monarchy

2011 GDP
(current prices):
US\$287.9
billion

2011 Real
GDP growth
(annual change):
3%

support to private sector investment. The program targets 12 National Key Economic Areas (NKEAs), priority sectors selected for their potential in increasing Malaysia's competitive advantage, through 6 Strategic Reform Initiatives driving the implementation of 51 policy reforms. Moreover, five "economic growth corridors" have been targeted by investment incentives: Iskandar Malaysia in Southern Johor; Northern Corridor Economic Region; East Coast Economic Region; Sabah Development Corridor; and Sarawak Corridor of Renewable Energy. However, according to the Financial Times, some concerns about the long-term sustainability of large scale public investments arise from the fiscal deficit running at 52.6% of GDP, the highest in Asia after India and Pakistan, although the abundant natural resources still ensure high revenues widely used to subsidize consumption.

Healthcare system and oral health provision

Malaysia's public healthcare system is based on universal access to healthcare provided by the Ministry of Health through a network of clinics and hospitals, and requires small copayments by patients. The 10th Malaysian Economic Plan has allocated US\$212 million for public health infrastructure, namely 197 new clinics, 156 clinics in rural areas and 41 community health clinics. An additional US\$200 million are destined to hospitals, including the National Cancer Institute and the Cheras Rehabilitation Center. As in many other Asian countries, however, one of the main problems affecting the system is the unavailability of quality healthcare services in remote areas.

The total health spending accounts for 4.8% of GDP. Government contributes by 44% with average US\$161.5 per capita allocation, while out-of-pocket payments account for 41%. The remaining share is almost equally divided between employers' contributions and private insurers.

In order to reduce the burden on public resources, the Healthcare NKEA aims at attracting private players in the provision of health services. Malaysia is also a popular destination for medical tourism, although the sector has been subject to the downward effects of the global crisis. The private sector is on a pattern of continuous growth due to rising living standards, life expectancy and consumer awareness that increase the demand for high-cost medical technology. Private hospitals and clinics are well equipped, quality level is similar to most Western European countries and many Malaysian doctors are trained abroad.

Oral healthcare is divided between the public and private sector. Public provision has long been affected by lack of resources and dental staff. Most dental clinics provide basic care, with subspecialty clinics scattered in various locations across the country. The Ministry of Health has an Oral Health Division promoting prevention and information among the population. It has established a referral system from primary to specialist care and schoolchildren programs. In 2010, the National Oral Health Plan based on four oral health conditions (caries, periodontal conditions, dental injuries and oral cancer) was launched.

About a quarter of the Malaysian population use MOH dental services, with over 10 million consultations registered in 2011, but the private sector dominates the provision of dental care, mainly in the well-populated urban areas targeting middle to higher income groups. Most Malaysian private dentists work alone or with limited staff as solo practitioner, while only a few work as associate dentists. Many private dental clinics offer orthodontic, implant and esthetic procedures. The main dental organization is the Malaysian Dental Association representing about 80% of dental practitioners.

Oral health figures, 2009

| | |
|-------------------------------|---------|
| Dentists | 3,500 |
| Dental therapists | 2,271 |
| Chair side assistants | 2,567 |
| Dental Laboratory Technicians | 653 |
| Patient to dentist ratio | 1:7,800 |
| Number of dental schools | 13 |

Dental market

On general terms, about 90% of high-tech medical equipment is imported. There are about 180 medical manufacturers, 60% of which are foreign owned. Domestic production is concentrated in the sector of medical consumables, primarily rubber-based products, as Malaysia is the world leading manufacturer and exporter of catheters and surgical and examination gloves. However, some major foreign multinational corporations are involved in production of non-rubber based, higher value medical devices and hospital support systems and products. The industry is characterized by small to medium sized enterprises and employs roughly 20,400 people.

The dental market is almost wholly supplied by imports, except for some oral hygiene products. In a 2009 report by the US Commercial Service, dental imports were valued US\$418 million, with countries of origin varying according to the product segment. For instance, oral hygiene products such as dental floss and toothpaste are mainly imported from China, Thailand and Indonesia; dental materials such as cements, filling and impression materials, waxes and other preparations come from Germany, USA, UK, Italy and Japan; the market for high-tech appliances such as dental drills and handpieces is dominated by Germany, Switzerland and USA, while other countries such as Colombia, Hong Kong and Ireland export artificial teeth and dental fittings; x-ray equipment and dental furniture, besides Germany and USA, also come from Finland and South Korea. Private dentists targeting the low to medium segments of the population may opt for used and refurbished equipments, while dental clinics catering to the higher income segment generally buy new equipment.

Foreign companies can participate to public tenders only if the product cannot be supplied by domestic production, normally for purchases exceeding RM200,000 (about US\$65,000). Companies interested in supplying equipment to government-run health institutions need to work with a local Malaysian company to participate to public bidding procedures.

Although foreign manufacturers can enter the market by appointing a local agent or distributor, many prefer to establish a local presence to handle sales and after-sales service. Foreign investors interested in setting up manufacturing projects in Malaysia can benefit from 100% equity ownership in all investments.

Viet nam

Located in the Indochina peninsula, Vietnam has 58 provinces and 5 municipalities (Hanoi, Ho Chi Minh City, Hai Phong, Da Nang, Can Tho). Major cities are Hanoi, Hai Phong in the North, Hue and Da Nang in the Central, Ho Chi Minh City and Can Tho in the South. Vietnam is the 13th most populous country in the world, with estimated 70% of population living in rural areas.

Economy

Vietnam is one of south-east Asia's fastest-growing economies, aiming at becoming a modern industrialized country in 2020. Although the government is run by a communist party, privatization began in the late 1980s and a stock exchange opened in 2000. After 12 years of negotiations the country joined the World Trade Organization in January 2007.

Industry and construction account for around 40% of GDP, services for 38% of GDP and agriculture, forestry and fisheries for 22%. Although the population is increasingly shifting towards middle income levels, economic growth is challenged by high inflation, trade and budget deficits and severe disparities between urban and rural areas. The economy grew by average 7% during the last decade, reaching the middle-income status, but it has slowed to about 5% growth in 2012. According to Bloomberg, this was the lowest growth rate in 13 years; besides the decreased domestic demand, lower foreign direct investment and a weak banking system plagued by corruption scandals also contributed to shape a difficult year for the Vietnamese economy.

Healthcare

Although government funding to the Vietnamese healthcare system is projected to reach US\$10.9 billion by 2014, per capita spending is below that of other ASEAN countries such as Malaysia, Indonesia and the Philippines, currently at about 7% of GDP. About 90% of health expenditure is out-of-pocket and public insurance covers a very small section of the population.

Commune-level health centres deliver primary health care services such as early detection of epidemics, common diseases treatment and prevention and health promotion activities at the village level. Hospitals and clinics at the central and provincial level often face an overload of patients, while the reverse happens at district and commune level since people tend to bypass lower levels of care and prefer to access higher levels directly, although the overcrowded facilities. A reason for this behaviour is that lower levels of care lack specialties and are often poorly serviced and equipped, while at the same time charging only slightly lower user fees compared to hospitals. Moreover, healthcare units in the large urban areas of Ho Chi Minh City and Hanoi have better and more modern equipment than health centres in other provinces.

Per capita health expenditure has increased four-fold in the last decade and total health expenditure rose annually by 9.8%, a higher rate than the annual GDP growth. However, government funding is comparatively low by ASEAN standards. The health insurance market is dominated by a state-owned company but most health and

Facts & Figures

Government:
one-party
Communist
state

Life
expectancy
at birth:
72

Population
(2010):
87.8 million

2011 Inflation
(annual change):
8.9%

Currency:
Viet Nam
Dong

Surface
area:
331,050
sq km

Official
language:
Vietnamese

Capital:
Hanoi

2011 GDP
(current
market prices):
US\$123.2 billion

2011 per
capita GDP
(current prices):
US\$1,403

Population
growth rate:
1.07%

hospital expenses still have to be met out of pocket. Private health financing still remains one world's highest, also due to informal fees. Starting from 2006, the money saved from reduction of public funding to hospitals was used to subsidize the enrolment of vulnerable population groups such as poor and children in the social insurance system. On general terms, 60% of the population is currently covered by the social health insurance and the government aims to achieve universal health coverage by 2014 by reshaping its health financing and insurance system to reach the goal. According to Vietnamese media about 6 million people are going benefit from a US\$113 million package to subsidize social insurance, which should increase the share of insured near-poor people to 40%. However, the 35 million Vietnamese that are still uninsured risk to fall into poverty when encountering major medical expenses, while the insured often need to pay informal fees to health staff and experience corruption at local health services.

Dental market

There are currently about 1,790 public dental clinics (or health facilities offering dental care) in Vietnam, at least five in each district, while the number rises to over 100 in main cities. According to the MOH, there were 70 private dental clinics in 2008, concentrated in urban areas of Hanoi, Ho Chi Minh City and Da Nang, and the rest are spread out in the different provinces.

The total market for dental equipment in Vietnam was valued at US\$17 million in 2008, quite entirely supplied by imports as dental equipment manufactured domestically is developing but very limited to furniture and simple equipment. Equipping demand in new dental clinics and replacement of old equipment accounts for the good market potential for dental devices and supplies. Hanoi and Ho Chi Minh City represent 80% of the entire dental market. Ho Chi Minh City has a larger population and more dental facilities, but Hanoi registers the higher number of purchasing contracts due to MOH's being located in Hanoi. US market share is about 35%, followed by Japan and Germany accounting together for 50-60% of the market. Mid-end products are mostly from South Korea and European countries including France, Italy and Switzerland, while China and other Asian suppliers provide low-end products.

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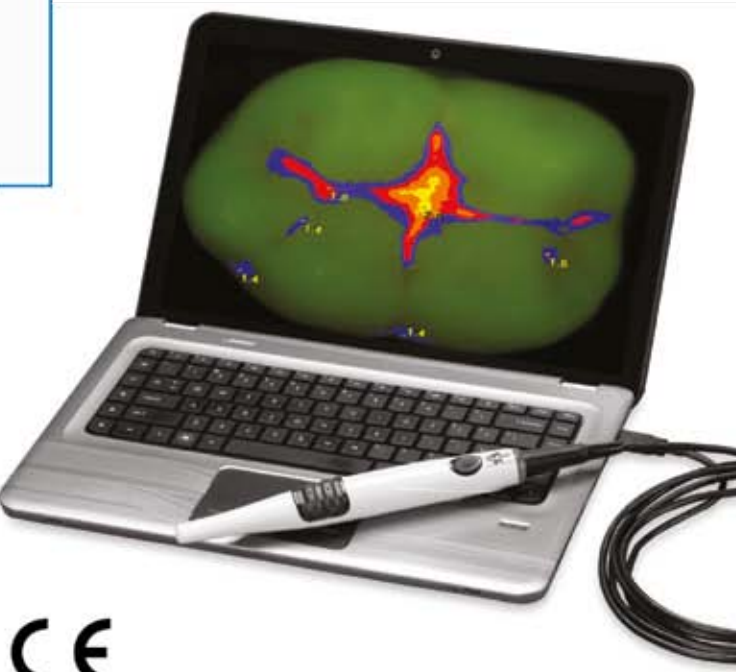
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Focus on PRC - People's Republic of China

World Bank projects China to be no. 1 economy by 2020.



The People's Republic of China is composed of 22 provinces, five autonomous regions, and four municipalities, usually referred to as "mainland China". The two Special Administrative Regions (SARs) of Hong Kong and Macau are also under Chinese government but hold a certain degree of political autonomy.

China is a Communist state ruled by a one-party government that has been pursuing economic liberalization since the 1908s, but it kept an authoritarian hold on the country's development. However, cultural changes taking place among new generations of educated Chinese citizens are shaping new ways to address political, social and economic issues.

Since the economic reform program began in 1978, foreign direct investment supported by the creation of special zones brought massive amounts of capital into China, used by the government to build infrastructure and increase public spending to foster further growth and boost GDP growth.

The rapid growth of the coastal cities attracted millions of rural Chinese which found themselves discriminated by the Chinese household registration system as regards social security and benefits. On the other hand, living standards, literacy rates, life expectancy and health indicators have all risen considerably in the last three decades.

The global crisis of the last three years, however, showed how the economy's dependency on exports, government spending and foreign capitals is no longer an advisable pattern for China's future development. Domestic economy is now targeted as the main driver to enable sustainable growth over the long term. As incomes of a large part of the population remain below \$1,000 per year, redistribution of wealth has become a pressing issue for Chinese policymakers.

Facts & Figures

Total
population:
1,34 billion

Life
expectancy
at birth:
74

Population
aged
over 60:
13.7%

Population
aged 15-59:
70%

Literacy
rate:
92.2%

Population living
in urban areas:
51%

Urban-rural
income gap:
US\$2,355

Source:
National
Bureau of Statistics

China does not only need to achieve economic sustainability; the massive industrial exploitation turned it into the most polluted country in the world, with soil and waterways contaminated by factories and chemical plants, and cancer arisen to the first cause of death. To face this serious situation, the government is investing in renewable energies and China is now the world's largest manufacturer of solar panels and wind turbines.

Highlights

- World Bank projects China to be no. 1 economy by 2020, with an estimated GDP of US\$29 trillion
- Chinese Middle Class is currently about 400 million, expected to reach 500 million by 2015
(More than 100 million people join the middle class every 5 years)
- Per capita annual income in 12 inner provinces now reaching US\$20,000-25,000

From export-led to domestic-led growth

China accounts for 1/5 of global manufacturing. Low salaries, high productivity and market-oriented reforms introducing profit incentives and liberalization attracted foreign capitals and fuelled the economy during the booming years, recording double-digit GDP and export growth rates supported by undervaluation of the Chinese currency (yuan).

A group of households in the **middle-income range** of 60,000 yuan to 500,000 yuan per year (approx. US\$9,500 to 79,500) has emerged and is **now accounting for 23% of China's population**, according to the National Bureau of Statistics.

This group is not yet strong enough to propel the shift from an export-led to a domestic market-led growth model, since its purchasing power is still weakened by inflation and lack of extensive social security, but it is expected to **nearly double (up to 500 million) by 2020**, creating a huge consumer market.

The government is devising policies aimed at reforming income distribution, **reducing the gap between urban and rural residents** and stimulating consumption by rising wages and providing more extensive support for social security and medical expenses. According to premier Wen Jiabao, the target to reach over the next two decades is to bring middle-income families form the backbone of Chinese society.

Inland cities gaining momentum

According to a recent analysis by the Economist, labour costs in China increased by 12% to 20% a year in the last decade, and the trend is not going to change in the near future: China Briefing forecasts that combining together salary and welfare payments, and taking into account the country's plan to raise the minimum wages, China's average labour cost is set to become the highest in Asia after Malaysia by 2015, with minimum wages reaching over \$4,500.

Such trend questions the usual approach to China as low cost manufacturing base, opening up new perspectives on the future developments of Chinese economy. It is expected, in fact, that a relevant percentage of export-driven manufacturing activities move to lower-cost

Asian nations, although the lack of a structured supply chain poses serious difficulties.

However, a positive factor coming along with the increased salaries for average Chinese workers is the expected rise in disposable income for consumption, that is shaping companies' strategies on how to increase their sales in China's domestic market by establishing new manufacturing bases in the inland cities.

The greatest cities on the southern areas and eastern seaboard have long been the main clusters targeted by foreign investors due to tax advantages and efficient infrastructure, but the rising labour costs, together with better enforcement of labour laws and environmental regulations, are impacting on the flows of capital and workers, driving more foreign investments towards the inner provinces.

Cultural changes in new generations of educated Chinese citizens are shaping new ways to address political, social and economic issues.

China's inland is also experiencing an increase in labour costs, but the pace is slower, and although high shipping costs from the interior to the ports make it less convenient to use these areas as manufacturing bases for export activities, when it comes to targeting the local market, the potential is stunning.

According to the World Bank, China's 20 fastest-growing cities are located inland, with per capita incomes that are rapidly catching up with coastal cities. Metropolis are drawing in people from the hinterland, while local governments have conducted extensive interventions to upgrade transport infrastructure, as they are eager to attract investment.

According to China Briefing magazine, compared to major, long-established industrial areas of Yangtze River and Pearl River Delta where Shanghai, Guangzhou and Shenzhen are located, or Beijing's area, other cities such as Wuhan, Chengdu and Chongqing are competing to attract foreign-invested companies and R&D centers.

It is also worth noticing that several provinces in interior China recorded over US\$200 billion GDP in 2011.

Healthcare system

The Ministry of Health drafts laws and policies related to public health, oversees the administration of Traditional Chinese Medicine and administers China's rural health insurance system. Provincial Health Bureaus are the administrative authority that determine the implementation of centrally planned policies. Along with a system of national, provincial, municipal and local facilities, the MOH regulates a network of industry and state-run hospitals. The government controls prices, provider rates and hospitals' access to medical technology. According to MOH's

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Health Statistics Yearbook 2011, China had 13,850 public hospitals and 7,068 non-public hospitals in 2010. However, the majority of these non-public healthcare "hospitals" are not hospitals in the strict sense, but rather medical centres for elective procedure check-ups or dental offices. Traditional Chinese Medicine (TCM) is the preferred treatment option for many and is integrated into the national health care system and training for health care practitioners.

The majority of Chinese residents receive care at government-owned public hospitals, with the aid of public insurance, but it only offers partial cover. Generally outpatient costs are not covered and only 60% of inpatient hospital bills are compensated, which means that people have to pay the rest out of pocket by using their savings or borrowing. Low-income and rural households face significant barriers to access affordable care and medicines and it is unfortunately common that health bills plunge families into poverty.

Urban-rural gap

China's healthcare system has long been affected by unbalanced investment focused in urban areas, where the number of medical hospitals and beds grew by about 25% between 2000-2008. Rural health centres and primary care facilities have therefore been neglected both by policymakers and patients, who usually consider them less qualified and end up in long queues at local or urban hospitals even for minor diseases.

Inequalities in healthcare delivery and insufficient public funding for hospitals are the core challenges to Chinese health system, marked by a persistent gap between the country and the cities. Such duality is a legacy from the years of the economic boom when re-

forms privileged development in sectors other than public health, and the previous rural cooperative medical care, based on health personnel compelled to move to the countryside and a community-based insurance system, was reduced by migration and shifting policy priorities to cover only 10% of rural population in 2003. To address this problem, a pilot new rural cooperative medical care system was adopted in 2008 and now covers 96% of rural inhabitants, as part of a more general effort of China's government to transform and modernize the country's healthcare system.

Healthcare system and reforms

Healthcare reform

The health reform plan launched in 2009, with US\$125 billion budget, is the first step in government's plan to achieve comprehensive universal health coverage by 2020.

Main goals of the health reform:

- Develop a national health insurance system providing universal coverage for basic health care
- Shift to a market-oriented healthcare system encouraging foreign and private investment
- Increase financing to health providers and improve public health infrastructure
- Prioritize prevention and primary care
- Redistribute financial and human resources to poor regions

Achievements so far:

- Insurance coverage of New Rural Cooperative Medical Scheme (NRCMS) has reached 95%
- Reimbursement rate for getting treatment in primary care rose to average 60%-80%.

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- Construction of Primary Healthcare network of 5,500 community health centres and 230,000 community health stations.
- Cooperation network between 1100 hospitals in urban areas and 2,139 county hospitals
- Essential Drug System reduced drug prices by average 30%

Challenges:

- Waste, inefficiencies in public hospitals, relying on drug prescriptions to generate revenues, and accepting under-the-table payments from patients to ensure best doctors
- Weak regulatory system and lack of third party, outcome-based monitoring and evaluation as well as resolution mechanisms for medical disputes and corruption issues
- Delayed financial coverage especially in rural areas
- Dominance of public entities in the healthcare market and comparatively small size of the private market

Profile of the dental sector

Generally, dental care in China is delivered in **government-managed hospitals** and clinics that account for **more than 85% of all dental care services in China**, but due to underinvestment and staff shortages, the demand far exceeds availability. There are also about 15,000 private dental clinics, mainly concentrated in the more developed areas, mostly targeting higher income young population.

Oral health status: The need for extensive coverage of oral health care is huge: over 97% Chinese people suffer from dental diseases and about 50% of the adult suffers from periodontal diseases, with incidence rate of decayed teeth at 37%, meaning estimated 500 million decayed tooth patients. Currently, there are not adequate numbers

of dentists to provide the necessary oral health care for people living outside metropolitan areas.

Dental coverage: According to a report by the organizers of Dental South China International Expo, there are **110,000 dentists and 110,000 dental lab technicians in China, with a dentist to patient ratio of 1 : 12,636, down from 1 : 25,000 in 2005**. However, distribution is very uneven, with density up to ten times lower in remote provinces compared to main urban areas.

Moreover, compared with other developed countries with ratios ranging around 1 : 1000~2000, the current figure is still too low and **goal is to bring it to 1 dentist every 4000~5000 persons by 2030, which means a five-fold increase in the number of hospitals and clinics over the next 20 years**.

Education: High school graduates take a nationwide entrance examination to apply for dental school, of which there are more than 50 in China. A four year dental education leads to the BDS degree. Dental school graduates must then pass the nationwide licensure examination to practise dentistry.

The market for dental devices and supplies

The Chinese dental market is valued at US\$600 million and forecasted to **grow at an average rate of 15% over the next three years**. In 2012, growth is forecasted at 11%, driven by the increasing number of Chinese with higher disposable income and awareness about their oral health who seek for better professional dental care.



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The higher openness of the healthcare network towards foreign investment will also allow more private providers of dental services to operate in the market and address the expanding Chinese consumer market. As the access to services increases along with the expansion of coverage brought by the health system reform, **more and more Chinese, especially in the educated middle and higher-income groups, are willing to take better care of their oral health conditions.**

The domestic market is already providing great opportunities for consumer products such as toothpaste, whitening products, dental floss and dentures, accounting for about three-quarters of overall Chinese dental product demand.

Professional dental product demand is also being boosted by an increasing number of dental visits per year, as patients and professionals' choices shift from repair and restorative products to cosmetic procedures using more aesthetic material. As income levels rise, such procedures are growing popular among Chinese consumers as well as **orthodontic products.**

Although there are many Chinese manufacturers of dental equipment, **high quality devices and products are still preferably imported from America, Europe and Japan**, especially by private clinics and specialty hospitals. Chinese dental industry in the high-end sector is challenged by lower quality and R&D capability, as well as low product performance and services.

Factors boosting the market

• Healthcare reforms and deregulation of dental services

In 2010 the state council of China announced an allocation of US\$123 billion as part of its new medical reform plan to improve health care through 2011. The plan would cover 90% of China's population under a universal health care system to significantly improve health care facilities and expand health related infrastructure.

• **Consumers' desire for better health care and higher quality dental services** has resulted in rapid expansion of dental clinics, which are expanding beyond basic dental care to offer higher value added services.

• There are more than 1,000 dental laboratories in China with production permits and **more than 50% of all dental lab equipment and materials are imported from overseas.**

• Health care facilities, including those offering oral healthcare, need to be **newly equipped** with advanced dental technologies as 60% to 70% of current equipment is from the 1970s or 1980s.

Trade and investment issues

Trademark protection

Although the risk for trademark infringement in China has decreased over the years, and it is now more focused in patent infringements rather than brands, **trademark protection remains a serious issue for companies looking to access the Chinese market.** In a recent article by China Briefing, some basic elements to correctly devise a trademark protection strategy were outlined:

1- **Separated jurisdictions in Mainland China, Hong Kong, Macau and Taiwan.**

Although it may not be always necessary to register a mark in each jurisdiction, it could be when a company plans to manufacture in China to sell to an area under a different jurisdiction.

2- **Trademark registration in the United States, European Union or elsewhere does not provide any protection in China.**

3- **China is signatory to International agreements** stating that if a mark is registered in multiple jurisdictions it may automatically obtain international recognition in other countries, but this may depend on other factors such as whether the mark is registered with countries employing the same protocols, or even whether the applicant's country has diplomatic relations or not.

Economy in Figures, 2011



Source:
World Bank;
World Factbook, CIA

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4- Even if a mark enjoys international coverage under such agreements, **local registration is advisable to protect it in China**, since filing procedures and documentation are issued in Chinese language and this might be a significant support in case of any dispute.

5- **Trademark registration in China is not expensive, but often time consuming (up to two or three years)**, therefore it is advisable that it be carried out at an early stage when planning to enter the Chinese market.

6- **Trademarks are organized into different categories identified in 45 different classes**. Business activities may often fall into more than one category and trademark should be registered in all of them.

7- **Domain names and other derivatives should be secured, as well as country prefixes**.

Legal Structures for Foreign Companies

If a company needs to establish an operational base in China, tax-based considerations and legal structure issues must be taken into account. There are two main types of legal structures that foreign companies may use to operate in the Chinese market:

Representative Office (RO) operate as a liaison office only between parent company and China. They may not invoice, but are allowed to carry on marketing, sales facilitation, quality control work and on-going support roles for the China end of business.

Recent regulations have increased the tax liabilities of these entities, but nonetheless an RO can be a useful and relatively low-cost facility to have.

Limited Liability Company (LLC), allowed to invoice. Foreign investment in LLCs can be done through:

Foreign Invested Commercial Enterprises (FICE)

- Mainly for trading, franchising and import-export businesses, not for manufacturing;

- Low registered capital requirements are relatively low and they can also be used to invoice local customers in RMB;
- Corporate income tax and other taxes applies to profits but 100% foreign ownership is permitted.

Wholly Foreign Owned Enterprise (WFOE)

- Used mainly for manufacturing, possibly also for trade or services, advisable if wishing to combine imported parts with China domestically sourced parts to provide an end-product;
- Attention needed for taxation: value-added tax, customs duties and profits taxes apply.

Joint Venture (JV)

- Categorized as LLCs with a Chinese and a foreign partner;
- Useful for better guarantee of supply or manufacturing if sourced from China, as well as of parts of the supply and distribution chain;
- To be discussed in detail with expert legal and tax counsel in China.

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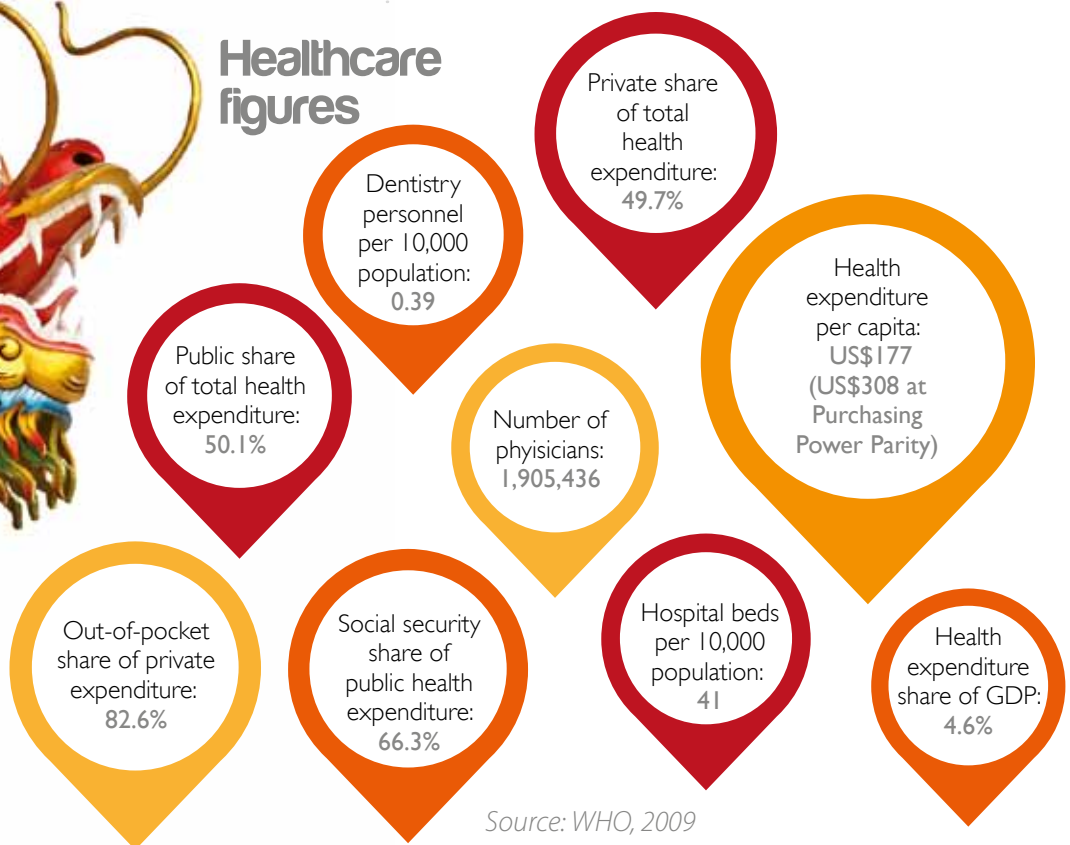
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Healthcare figures



Source: WHO, 2009

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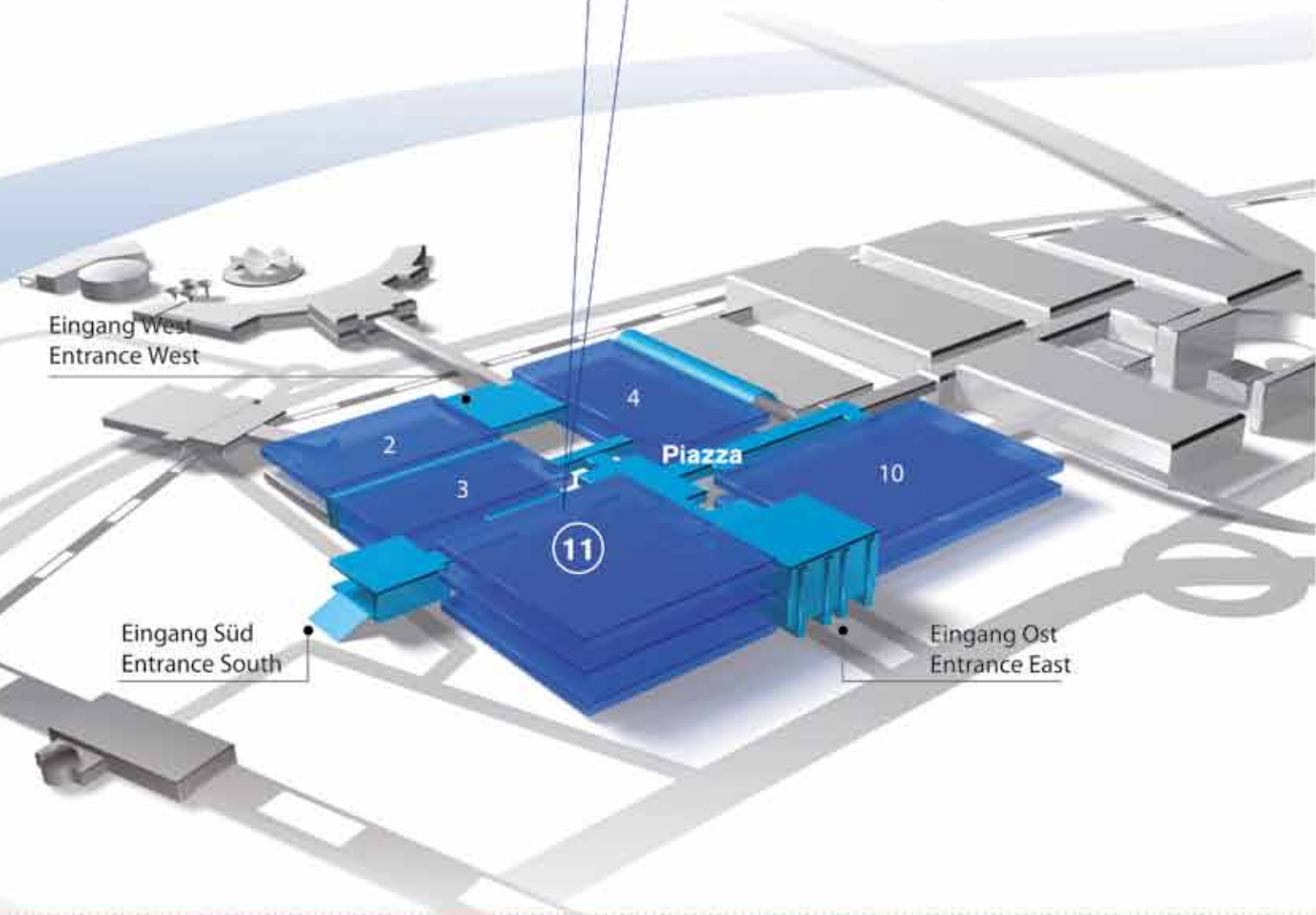
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Focus on U.S.A.

The main indicator of the ability of US citizens to afford adequate healthcare services is the profile of health insurance coverage.





Basic Figures

Main export destinations:
Canada,
Mexico,
China

GDP, 2012,
current prices:
US\$ 15.609 billion

Area:
9,826,675 km²

Main import sources:
China, Canada,
Mexico

Population:
312,4 million

Capital:
Washington, D.C.

GDP growth,
2012 (forecast):
2.4%

GDP per capita,
2012, current prices:
US\$46,600

Government:
Federal
presidential
republic with
50 States

Issues in Medical Coverage in the USA

The main indicator of the ability of US citizens to afford adequate healthcare services is the profile of health insurance coverage. According to an early release of estimates from the National Health Interview Survey, approximately 45.1 million US population was uninsured in the first half of 2012. Compared with the same period of 2011, the number decreased by about one million. The share of uninsured Americans has therefore dropped slightly, from 15% to 14.6%, although about 25 million people are still uninsured because their insurance does not provide sufficient financial protection. However, it is worth mentioning that as a result of the new insurance rules introduced by the so-called Obamacare health reform, in the first half of 2012 the percentage of uninsured adults aged 19–25 reached the lowest level since 1997 (26.2%), after having topped 33.9% in 2010.

More than three-quarters of the uninsured are individuals and families with incomes below the federal poverty level of \$22,050 for a family of four. They are often adults who have limited eligibility for Medicaid compared to children, but cannot afford private insurance or benefit from coverage provided by an employer. Lack of coverage for medical bills exacerbates the financial burdens of the unemployed and leads lower income people to delay even urgent treatments to satisfy other essential needs, and in worse cases, the impact of medical expenses especially when an emergency intervention or a chronic disease occurs can easily force a household into poverty.

Public coverage rates increased both for children and adults aged 18–64, although the higher growth was reported for children coverage that has more than doubled from 20% in 1998 to current 41.5%. The share of private healthcare coverage, instead, has shown a generally decreasing trend. About half Americans under 65 obtain health coverage as an employer benefit, while the federal social assistance programs, Medicare and Medicaid, are responsible for coverage of elderly, children and lower income groups, together with other state-subsidized insurance programs. Starting from 2014, it will become mandatory for each individual to buy a health insurance, supported by income-based subsidies, and both Medicare and Medicaid coverage are planned to be expanded.

The reform of the healthcare system, that aims to expand insurance coverage to the majority of the American population, has to deal with the necessity of tighter fiscal policies and budget cuts.

Furthermore, there are important economic, employment and health disparities across states and communities. Patients living in poor inner-city and rural areas are the less favoured, and many in the lower income groups seek treatment in community health centers (CHCs), free clinics and public or nonprofit hospitals that treat low-income patients. Some of them are located in such underserved, depressed rural and inner-city communities, and they also take care of providing patient outreach, case management, health education and referrals. However, the current economic conditions have caused a rising demand while funds and other forms of institutional support are often declining.

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* Based on a survey of Australian dentists July 2006. Number of respondents = 400. Results prepared by Micromer - an independent marketing research company.



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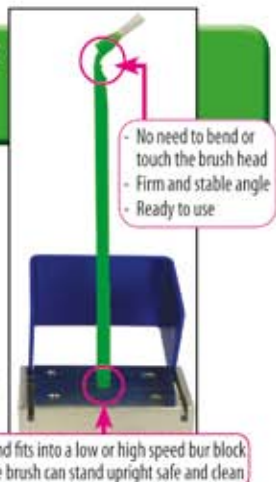
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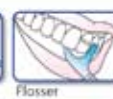


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On the other hand, according to the Association “AmeriCares”, the safety net of Medicaid and the Children’s Health Insurance Program (CHIP) has played an important role in preventing a larger increase in the uninsured and, in particular, in safeguarding children from fully paying the consequences of the economic turmoil.

Oral healthcare delivery

Access to oral health services highly depends from an individual’s ability to get and keep dental insurance. About 98% of Americans with private dental coverage have it separated from their medical policy, and also provided by a different carrier, due to the peculiar characteristics of dentistry and dental services as compared to general health care delivery.

Medicaid and the federal Children’s Health Insurance Program (CHIP) program cover comprehensive dental benefits for children, but child-only policies are rarely offered in the private market and about 30% of children with private health insurance still lack dental coverage. Moreover, coverage is subject the different state policies. Medicare provides very limited coverage only for dental services that are an integral part either of a covered procedure (such as reconstruction of the jaw following accidental injury), or for extractions done in preparation for radiation treatment for neoplastic diseases involving the jaw, and oral examinations, but not treatment, preceding kidney transplantation or heart valve replacement, under certain circumstances.

Several recent reports highlight that the picture for dental coverage in the USA is all but rosy:

- *“About 23 million elderly people are completely edentulous and about 12 million are edentulous in one arch”* (source: American College of Prosthodontists).
- *“130 million Americans lack dental insurance”* (source: US Senate report “Dental Crisis in America”).
- *“About 1 in 4 children have untreated tooth decay, with higher rates among low-income and African American and Hispanic children”* (source: Kaiser Family Foundation).

According to the American Dental Association, the Affordable Care Act (ACA), signed in 2010 by President Obama, is expected to improve access to oral health by expanding the Medicaid and Medicare program and providing premium subsidies to make private insurance more affordable for households below specific thresholds in federal poverty levels. With the upcoming expansion of Medicaid eligibility, the number of children and non-elderly adults covered by this public program is expected to rise within a range of 11 to 24 million, depending on states’ policies. Over 3 million children are expected to gain dental benefits through the new mechanism of private insurance purchasing called “Health Insurance Exchanges”, resulting in a 5% increase in the number of children with private dental benefits.

Overview of the Dental Market

According to the American Dental Association, there are nine recognized dental specialties in the U.S.: orthodontics, oral and maxillofacial surgery, pediatric dentistry, periodontics, prosthodontics, endodontics, dental public health, oral pathology, and oral and maxillofacial radiology.

Approximately 85% of dental care is provided by general dentists in an office setting, usually by a solo practitioner. About 81% of dentists are general practitioners.

Dental workforce figures

Total dentists: 195,941
General dentists: 157,228
Orthodontists: 10,032
Oral surgeons: 6,885
Pedodontists: 6,276
Periodontists: 5,524
Endodontists: 4,982
All other specialists: 5,014
Dentists per 10,000 population: 6
Number of accredited dental schools: 62

Source: KFF

According to a market analysis released by Brocair Partners, there are 120,000 office-based dental practices in the USA, which are supplied by dental distributors. The biggest dental distributors in the U.S. are Henry Schein, Inc. and Patterson Companies, Inc., holding about 40% and 32% of the market share respectively. The manufacturing industry is described as more fragmented, with ten companies accounting for approximately 50% of the market.

About 98% of Americans with private dental coverage have it separated from their medical policy

Several industry reports estimate a total volume of the US dental market ranging from US\$9 to 11 billion. The largest segment is restorative and preventive dentistry, considering that the groups requiring the greatest share of these services, children and elderly, are backed to a certain extent by the Medicaid or CHIP programs. Dental consumables, including sundries and small equipment such as sealants, anesthetics, bone grafting materials, handpieces, ultrasonic scalers and polishers, are valued at roughly \$4 billion, while the market for dental equipment, including high-tech products such as CAD/CAM systems, digital radiography, 3D imaging systems, and lasers, was estimated at \$1.8 billion in 2009. The implant market currently represent 15-20% of the total market, with 55-60 dental implants on average placed per dentist annually.

The demand for dental services is expected to be supported in the long term from the expansion of medical coverage envisaged by the health reform. Furthermore, US population is growing and the elderly segment is one of the fastest growing groups. According to the US Department of Labor, these demographic trends will increase the demand for dental care since many members of the baby-boom generation are going to be in need of treatment in the coming years, and elderly people are more likely to retain their teeth and require dental care.

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The Straumann report "How Will Dentistry Look in 2020" forecasts that the trend towards a decline of single-owner practices and the rise of group practices (including dental chains) will become evident in the US as in Europe, estimating the number of single-owner practices as likely to drop from 70% to 50-60%. According to a report by Millennium Research Group, although the modest economic growth expected for the next few years, the dental market could benefit from technological innovations and improved training for practitioners for minimally invasive procedures that offer improved aesthetic results with shorter treatment lengths. Moreover, automated and digital technologies that increase laboratory production capabilities and digital dental imaging are gaining importance as a good number of practices chooses to shift to digital and to upgrade or replace dental softwares.

Regulations affecting the Dental Market

FDA is responsible for the registration of any dental device or product to be sold in the USA territory, and it does not recognize any other certification. The marketing process of a medical device depends on its classification: FDA can either "clear" a medical device after reviewing a Premarket Notification known as 510(k), or "approve" it after reviewing a premarket approval (PMA) application. Classification of medical devices is based on three risk levels: Class I, Class II and Class III, the highest risk class.

A small number of Class I devices and almost all Class II medical (or dental) devices requiring clearance for US market entry must follow a pre-market notification procedure known as 510(k), from the number

Several industry reports estimate a total volume of the US dental market ranging from US\$9 to 11 billion.

of the related section of the Federal Food, Drug and Cosmetic Act. A 510(k) submission is based on comparison of the new device with devices already legally marketed in the USA. Medical device manufacturers are required to submit a 510(k) if they intend either to introduce a device for commercial distribution in the USA for the first time, or to reintroduce a device that has been substantially modified. Class I devices and some Class II devices that do not require FDA review are considered "510(k) exempt", but they are still subject to general controls on suitability for intended use, packaging and labeling, establishment registration and device listing forms and manufacturing quality system, except for a few class I devices that are subject only to complaint files and general recordkeeping requirements.

Class III medical devices need instead a Pre-Market Approval, that requires the submission of clinical data in support of the application. For high risk devices introduced after 1990 manufacturers are required to have procedures for post-market surveillance, Quality Systems (QS),



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also known as Good Manufacturing Practices (GMPs) and Medical Device Reporting (MDR) for adverse events in place. Besides marketing clearance, basic Pre-market Requirements are labeling in accordance with FDA regulation, establishment registration with the FDA and medical device listing in the FDA Unified Registration and Listing System (FURLS).

In particular, foreign manufacturers that export electronic products that emit radiation to the USA are subject to the requirements of the FD&C Act, Subchapter C - Electronic Product Radiation Control, including performance standards, labeling, and submission of radiation safety product reports. Importers may submit these reports on behalf of manufacturers.

All medical devices that are imported into the U.S. must meet Bureau of Customs and Border Protection (CBP) requirements. The importer submits entry information to the local CBP district office, or asks "filers", domestic customhouse brokers, to fill these forms electronically on its behalf. Filers have access to the Operational and Administrative Systems for Import Support (OASIS), the FDA computerized import system serving as interface between FDA and the CBPs Automated Commercial System (ACS).

When an entry is filed with CBP, a copy is also provided to the local FDA district office which determines if the product complies with FDA requirements. FDA may detain a product that appears to be out of compliance with the FD&C Act, and the FDA office will issue a

Selected dental trade figures, 2010

| Commodity Group | Import value, US\$ million | Export value, US\$ million |
|--|----------------------------|----------------------------|
| Preparations for oral hygiene | 84,4 | 203,9 |
| Dental floss | 81 | 27,9 |
| Dental drill engines | 71,4 | 37 |
| Dental instruments/apparatuses, excl. drills | 573,7 | 421,3 |
| Artificial teeth | 95,9 | 137,1 |
| Dental fittings excl. teeth | 261,6 | 396 |
| X-ray apparatuses for dental uses | 157,9 | 98 |

Source: United Nations Commodity Trade Statistics Database

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Several industry reports estimate a total volume of the US dental market ranging from US\$9 to 11 billion.

"Notice of FDA Action" specifying the nature of the violation to the owner or consignee, who is then entitled to an informal hearing to submit evidence that the product is in compliance. If he fails submitting such evidence, FDA will issue another "Notice of FDA Action" refusing admission to the product, that has to be exported or destroyed within 90 days, under penalty of an assessment for liquidated damages for up to 3 times its value.

Entering the US market

Some important factors may help to correctly approach the US market.

1. **Market Analysis:** it is essential to understand that US market requires simple, safe, efficient, cost-effective solutions. This is particularly true for the medical and dental domain. A clear understanding of US pricing structure is part of this analysis.
2. **Pre-market Approval:** obtaining FDA clearance can be a relatively complicated process, companies entering the market for the first time are advised to get support from a third party that can help dealing with the legal requirements.
3. **Building up the distribution/sales network:** accurate research and selection of dealers is essential, but not enough. Post-sales assistance and the provision of adequate promotional material and training are equally important. The US market requires an in-country representation and a well structured logistic management, as the territory is too wide for just one or two distributors.

Sources:

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 National Association of Dental Plans - www.nadp.org
 Food and Drug Administration - www.fda.gov

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Dental South China 2013 18th Dental South China 2013 Feb. 29 - Mar. 2 2013 Guangzhou, China Booth No. Q32, Q33 Hall 3

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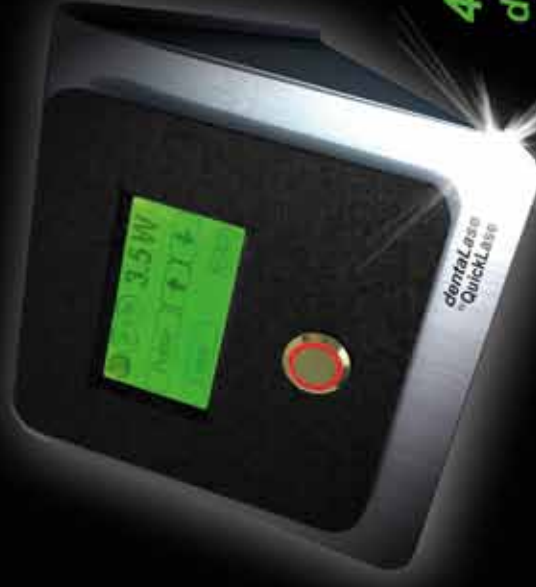
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The technological innovations that led to the fastest, safest, most comfortable and most efficient teeth whitening system

Smartbleach International (SBI) and its academic partners have been enhancing the science and technology behind tooth whitening for over 10 years. With the development of photodynamic bleaching and the consequent introduction of the Smartbleach treatment in 2001, a milestone in the history of tooth whitening was set. Today, Smartbleach is recognized as the most advanced tooth whitening system. Numerous independent academic studies have proven its efficiency and safety. Green lasers such as a **KTP** or an **Argon laser** were used to trigger the photodynamic reaction in the fuchsia gel. The specific green light of 532nm (wavelength) is also unique in that it possesses the power to directly destroy stains by a process called photo-oxidation. It is the only wavelength (other than UV light) that can destroy hard-to-remove stains such as tetracycline stains. The combination of **photodynamic and photo-oxidative bleaching** gives the most powerful and fast working tooth whitening approach available.

The new **SmartLight 3LT** light source made the Smartbleach treatment available for non-laser users. This advanced device captures the power of green lasers by a technology called "**Laser-Like-Light Technology**", emitting high energy green $532\pm 5\text{nm}$ light. The revolutionary **full-mouth illuminator** enables the device to deliver this high energy green light equally to all teeth (see Figure 1). Today, the research team at Smartbleach International (SBI) is setting yet another milestone: **the first ever light-stimulated in-office tooth whitening system with only 6% hydrogen peroxide**. As of November 1st 2012, new European regulations dictate that the use of the main active ingredient for tooth whitening, i.e. hydrogen peroxide, is limited to 6%. This concentration is much too low for conventional power bleaching systems (i.e. other light-stimulated in-office tooth whitening system) to be efficient. Scientists at Smartbleach International (SBI) were able to alter the chemistry of the bleaching gel in such a way that the photodynamic reactions create **hydroxyl radicals and singlet oxygen** (the two most powerful bleaching agents, much stronger than hydrogen peroxide – see Figure 2) out of water and oxygen.



Fig.1

The use of the Smartbleach Power Gel with only 6% hydrogen peroxide together with the SmartLight 3LT light source yields a very powerful tooth whitening approach with four inevitable benefits:

FAST: one dentist consultation, one gel application, 27 minutes bleaching time

SAFE: no demineralization, no heat or peroxide burns, no swallowing of gel

COMFORT: easy treatment, no sensitivity, no pain

WHITE: extraordinary results, tackles difficult stains, long-lasting results. Multiple independent studies have shown that the Smartbleach treatment is not harmful or painful in any way. The green light does not heat the teeth because it is not absorbed by hydroxyapatite. The fuchsia gel conserves the enamel structure so that no demineralization takes place (consequently no materials such as amorphous calcium phosphate are needed to repair damages).

Beautiful whitening results can be reached after just 27 minutes under controlled circumstances and supervision of a dentist (see Figure 3). The efficiency of the Smartbleach technique was quantitatively proven by Prof Laurence Walsh of the University Of Queensland, Australia (by a technique called DOTCAM analysis – Walsh, et al. 2004). Recent studies have shown that the new Smartbleach Power Gel with only 6% hydrogen peroxide has a tooth whitening efficiency that is at least equal to the 36% hydrogen peroxide and the KTP laser. (see Figure 4). Strong science and technology are the foundation of Smartbleach. White teeth can now be obtained fast and easy in a safe and painless manner. Tooth whitening has never been more fun and exciting.



Light-Stimulated In-Office Teeth Whitening

The **first** with only **6% HP** (conform to the new European law)

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SAFE



COMFORT



WHITE



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Photo-dynamic
Photo-oxidative

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Focus on Colombia

Major economic reforms were crucial to turn Colombia into a more attractive place to target for foreign companies

Figures

Total
expenditure
on health as
% of GDP
(2009):
6.4

Capital
City:
Bogota

Population
Growth
Rate:
1.43%

Country
comparison
to the world:
53

GDP -
per capita
(PPP):
\$10,100
(2011 est.)

Total
expenditure
on health
per capita
(Intl \$, 2009):
569

Average Life
Expectancy:
72.2

GDP -
real growth
rate:
5.7%
(2011 est.)

Total
population:
45,660,000

GDP (official
exchange rate):
\$321.5 billion
(2011 est.)

Economy

For over 40 years, Colombia has endured a domestic conflict between the government and armed guerrilla groups, more recently involving drug traffickers, which caused a high rate of violence and mortality and also the displacement of entire parts of the population, hindering for many years the country's economic and social development.

The Uribe administration (2002-2010) achieved considerable results in controlling the violence and restoring an acceptable degree of security. Together with major economic reforms especially aiming to attract foreign investors in the oil, gas and mining sector, these results were crucial to turn Colombia into a more attractive place to target for foreign companies, bringing investment to be around 28% of the country's GDP in 2011, higher than both Brazil and Chile. Free trade agreements are in place with the EU, Turkey, Panama, South Korea, Japan, Switzerland, Canada and the United States, and other trade agreements with Mexico, Chile, Central America, the Andean Community of Nations, and Mercosur.

The estimated GDP growth for 2012 is between 4% and 5% in 2012. Per capita GDP has doubled since 2002, while unemployment fell from 12% in 2009 to 9.2% in November 2011.

Social issues

Despite the improvements in Colombia's economy, as well as the improvement of development indexes, the country still has a high rate of poverty (37.2%) and one of the highest levels of income disparity in the world.

International observers also point at the fact the Colombia's economic growth in the last decade took place at a disproportionately high social cost, concentrating wealth and power in the richer sectors of the population, committing abuses in the fight to control the territory and leaving rural communities, especially the indigenous groups, without many possibilities besides going to cities where they may hope to find a job and get better access to basic healthcare and education.

A problem with the development pattern followed by Colombia lies in the little role played by the manufacturing sector, that now accounts for 15% of GDP from 25% in 1975, while resource extraction, extensive agricultural plantations and are the key target of government policies, with little benefit to the majority of population.

The new president, Juan Manuel Santos, has claimed to be addressing the problem of inequality, which in Colombia has risen since the 1990s, while it has fallen in the rest of Latin America. In a country of just under 50 million people, about 20 million live in poverty, 10 million of whom are said to be extremely poor, and more than 40% of the urban workforce is in informal employment.

Although the government plans to include more lower income groups in development strategies, it is targeting only the extremely poor and this might affect the efficacy of such interventions.

Healthcare

The General System of Integrated Social Security was created by Law 100 of 1993 and transformed the central government's old system health care into a social security system focused on administering the insurance and service providers, with a solidarity component to finance disadvantaged citizens.

The State coordinates healthcare through:

- Ministry of Social Protection, Health Regulatory Commission-CRES
- National Council of Social Security in Health (CNSSS)
- National Superintendence of Health

The estimated GDP growth for 2012 is between 4% and 5% in 2012. Per capita GDP has doubled since 2002, while unemployment fell from 12% in 2009 to 9.2% in November 2011.

Insurers are health promotion companies (EPS), pension fund administrators (AFPs) and insurance professional risks (ARP).

Healthcare providers are classified in four categories to address the degree of complexity and the types of medical procedures and interventions required.

Every citizen must be affiliated to the Colombian social security system (SGSSS) within the following schemes:

- **Contributive (about 51% of population):** for Individuals with a labor contract and their families, public servants, retirees, and independent workers which have the financial means to pay the contribution. The Health Care Promotion Companies (EPS in Spanish) offer insurance under this regime. The contributive system covers the Compulsory Health Plan (POS in Spanish), a mandatory plan that can be complemented with additional health plans (PAS, in Spanish), privately purchased, such as prepaid medicine programs, supplementary health plans and prepaid ambulance plans.
- **Subsidized (about 39% of population):** finances health care of individuals and their families that are not able to cover the health care cost by own means. Potential beneficiaries must register with the health branch address that will make the selection by the Selection System of Beneficiaries (SISBEN in Spanish). Prosthesis, orthodontic and periodontal treatment in dental care are excluded.

The System for the Selection of Beneficiaries of Social Programs (El Sistema de Selección de Beneficiarios para Programas Sociales), that identifies beneficiaries for social subsidy, classifies the population into 6 socio-economic levels, from 1 (extreme poverty) to 6 (highest level of affluence).



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Welcome to China

Most of the social subsidies and public health programs are focused in the 1 and 2 strata. Although this measure is meant to advantage the poorest strata of population, fraudulent expedition of low level SISBEN carnets is a current issue in the healthcare system and prevents subsidies from fully reaching their original target.

About 10% of the population still hasn't got any form of insurance. The set political agenda for 2019 is achieving universal coverage amongst the Colombian population.

Workforce

Colombia has the highest density of physicians in the Andean area with 16 doctors per 10,000 inhabitants, and 8 nurses per 10,000 inhabitants, which means 1 for every 2 doctors.

According to the magazine "El Pulso", the number of dentists in Colombia is expected to increase from 24,873 in 2010 to over 57,000 in 2020. The dentist per capita ratio as well is estimated to increase from 1 : 1,061 to 1 : 886. Compared to WHO recommended rate of one dentist per 3,500 inhabitants, the density is too high and rises the unemployment rate for the profession.

The market for medical and dental equipment

The market for medical devices and equipment consists mainly of imported products (US\$ 661.6 million), while the domestic production of medical devices, instruments, equipment and furniture is not significant, mainly coming from multinationals established in Colombia and exported to Venezuela and Ecuador. Dental products manufactured locally are instruments and prosthesis, teeth, articles and dental prosthetic devices and syringes.

The local medical device industry as a whole counts 35 industrial establishments employing 2,200 workers. The gross national output of devices, instruments, equipment and surgical furniture registered in 2007 was close to \$73 million (\$32 million in intermediate consumption and 41 million in added value).

Among the main multinational companies operating in Colombia there are 3M, Baxter, Fresenius and Johnson & Johnson de Colombia. The import market for equipment and instruments is dominated by US, Germany, Japan, Switzerland and China. Netherlands, Belgium and Italy are other suppliers.

**In a country of under
50 million people,
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The set political agenda for 2019 is achieving universal coverage amongst the Colombian population.

Medical tourism is an important component of the country's industry, expanding at a rapid pace due to competitive costs and high quality hospitals present in the main cities.

Registration of Medical Devices

DECREE 4725 of 2005 establishes the technical and sanitary standards for medical and biomedical equipment.

Medical devices are classified into 4 risk-based categories:

Class I: low-risk;

Class IIa: moderate-risk medical devices, subject to special controls in the manufacturing stage;

Class IIb: high-risk medical devices, subject to special controls in the design and manufacture;

Class III: very high risk medical devices, subject to special controls.

Companies engaged in manufacturing, partial manufacturing, packing and packaging medical devices, must obtain the Certificate of Compliance with Good Manufacturing Practices for Medical Devices (Certificado de Cumplimiento de Buenas Prácticas de Manufactura de Dispositivos Médicos - BPM), while importers and marketers of medical devices must obtain the Competence in Storage and/or Care (Certificado de Capacidad de Almacenamiento y/o Acondicionamiento - CCAA).

Both certificates are issued by the National Institute of Food and Drug Monitoring, (Instituto Nacional de Vigilancia de Medicamentos y Alimentos - INVIMA), that verifies their implementation and compliance by regular inspections. In Colombia it is possible to import, acquire or donate used biomedical equipment type I or IIa, while it is not authorized for used biomedical equipment of classes IIb and III.

Further information on medical device registration is available on the website www.gobiernoenlinea.gov.co (section: "Tramites y Servicios") and on INVIMA website <http://web.invima.gov.co>

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www.periodicoelpulso.com

OSEC – "Colombian Market Report for Medical Devices and Pharmaceutical Products" - www.osec.ch

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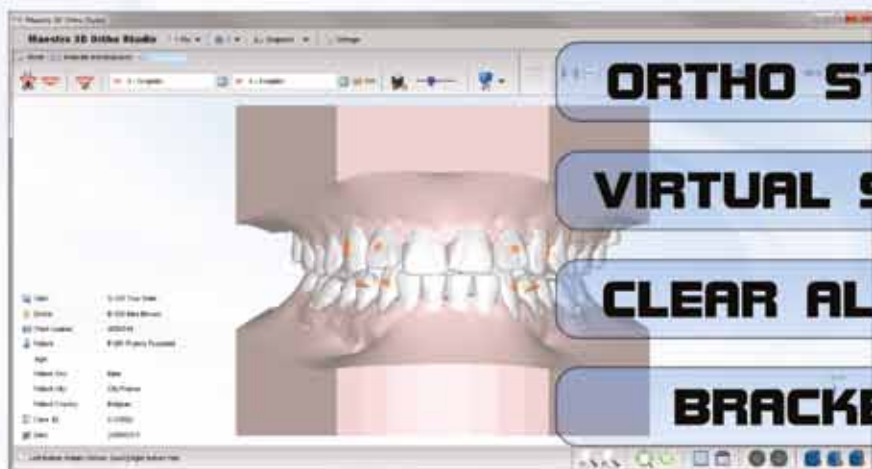
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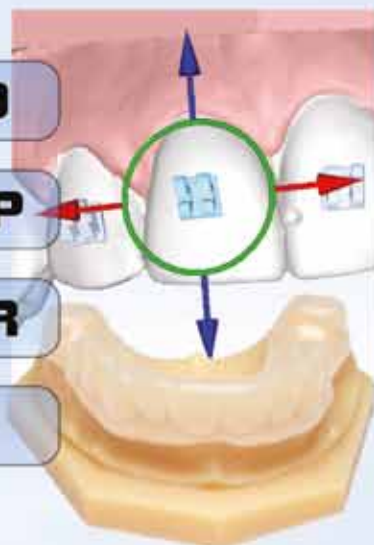


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In-House Design & Development

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In-House Manufacturing Capability to ISO 13485:2012

OEMdental has extensive experience in the manufacture of high quality dental materials to the highest standards. It manufactures to the demanding ISO 13485:2012 specification which is a quality system standard designed specifically for the manufacture of medical devices. This standard covers many requirements to include process control, design control, retention of records, accountability, traceability and more. Because **OEMdental** meets all of its requirements it is able to supply medical devices that will meet all of your customers' expectations and comply with all of your regulatory requirements.

OEMdental's manufacturing expertise includes vast experience in the processes of grinding, mixing, extruding, moulding and binding. OEMdental's expertise in grinding, mixing and blending of powders means that its acrylic and glass ionomer cement powders are always

manufactured to a consistently precise and predictable standard, with a highly consistent grain size and chemical composition. The same applies to its expertise in mixing, blending and filling of liquids for its acrylics, glass ionomer cements and cross infection control products. This means that all of the chemical and physical properties of its acrylics, glass ionomers and cross infection control products are maximised for optimum predictability and performance; qualities that you can in turn pass on to your customers.

OEMdental's expertise in casting, rolling, moulding and extruding plastics and waxes means that you can offer your clients the very best in modelling (baseplate) waxes. Each sheet will have a precise consistency, thickness and size to the nearest μm . This means your customers will always be happy and you won't receive any complaints about quality and performance. When you offer your customers products manufactured by **OEMdental** you know they are the best. This gives your customers total peace-of-mind. They will be consistently happy with the products handling properties and performance, whichever batch you send to them. There will be no variations in quality and performance from box to box, batch to batch, year to year!

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OEMdental has a long standing relationship with reliable freight forwarders, including expertise in all forms of documentation and ex-works delivery, which means they can deliver worldwide via any form of transport. **OEMdental** has the experience and knowledge to get your Own Label Products to you in pristine condition, wherever you are.

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- The moulding and extruding of plastics and waxes
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Monetary
unit:
1 Nigerian
naira

Life expectancy:
52 years (men),
53 years (women)
(UN)

GNI per capita:
US \$1,180
(World Bank,
2010)

Major languages:
English (official),
Yoruba, Ibo, Hausa

Largest city:
Lagos

Main exports:
Petroleum,
petroleum
products,
cocoa, rubber

Population:
162.4 million
(UN, 2011)

Major
religions:
Islam,
Christianity,
indigenous
beliefs

Source:
National
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Dealers welcome

The Federal Republic of Nigeria lies in Western Central Africa, on the Gulf of Guinea. It became a democracy in 1999 and it is Africa's biggest oil producer and most populous country with 160 million inhabitants and more than 250 ethnic groups. The northern part of the country is mainly populated by Muslim while Christians live predominantly in the South-Eastern states. Part of the population still belongs to traditional African religions. Poverty is a pressing issue as it affects 70% of population, 37.5% of which is categorized as living in extreme poverty.

Moreover, security concerns arise from ethnic and religious tensions as well as separatist claims that often burst into violent conflicts and attacks, especially in Northern Areas where the imposition of Islamic law forced thousands of Christians to move out of the region.

Economy

According to the Economist, Nigeria's economy may become Africa's biggest economy in 2016.

The latest "Economic Outlook" released by the Nigerian Statistical Office shows encouraging GDP figures:

- after several years of sustained growth at 7-8%, the country's GDP is projected to grow by 6.5% in 2012 (a decline from 7.6% recorded in 2011)
- over 7% average growth rate in the period 2013-2015

Nigeria is one of the world's richest countries in natural resources:

- 12th largest oil producer
- 8th largest oil exporter in the world
- 7th largest natural gas reserve

However, the oil sector suffers the lack of adequate infrastructure and refining industry, and it is subject to corruption and mismanagement; it also arises contestations among activists that claim a greater share in revenues from this sector that generates wealth only for a small part of the local population.

Inflation is another problematic issue, even though the average rate decreased from 13.8% in 2010 to 10.9% in 2011. The projected inflation rate in 2012 will be 13.5%, and it is expected to remain around 12% until 2015.

In an interview at the 2012 IMF World Bank Spring Meeting in Washington D.C. Mrs Ngozi Okonjo-Iweala, Nigeria's Finance Minister, claimed that some steps in this direction have already been done with higher **investment in agriculture and infrastructure** development, and support programs for young entrepreneurs.

The Minister stated that current government focus is on investing in sectors that are **job-creating**. As the oil and mining sectors are more capital-intensive and do not provide enough employment to benefit large shares of the population, agriculture and manufacturing are the two sectors that can better serve this purpose.

According to the Manufacturers Association of Nigeria, **manufacturing** contributes less than 5% to the country's GDP and industrial capacity is between 35% and 40%, but the sector is growing at annual 10%, despite challenges such as power supply interruptions, high financing costs, poor transport infrastructures and a complicated import tariff regime.

The strongest manufacturing segments are food and beverage (22%), cement, textiles and household chemicals, while most electrical consumables are imported from Asia. The manufacturing sector is mainly concentrated in greater Lagos, while heavy industry complexes and chemical, pharmaceutical and engineering conglomerates are located in South-Central and South-East Nigeria.

Moreover, several tertiary sectors are developing: telecommunication registered 34.7% growth in 2011, while wholesale and retail, building and construction, hotel and restaurants and real estate all grew between 10-12%. Reducing the dependency on oil and developing job-creating sectors is therefore crucial to make growth more inclusive by extending it to rural areas that experience significantly higher poverty rates than the cities.

Nigeria's government has set the ambitious goal to become one of the top 20 economies of the world by the year 2020.

Investment incentives

Mineral resources and agricultural products are the traditional sectors of investment in Nigeria, but leather and textile industry are also expanding. As a result of debt reduction agreements, Nigeria was the first African country to fully pay off a debt of about \$30 billion. Although high import tariffs and import bans were introduced due to protectionist and import-substitution policies, Nigeria is relieving taxes on several import products while at the same time trying to encourage local source of raw materials to be processed in the country and re-exported.

The Nigerian government is adopting measures aimed at attracting foreign investment into the country. As reported by the Ministry of Foreign Affairs, the Companies Income Tax Act has been amended to the purpose and the current **income tax rate** in all sectors except for petroleum. Other tax measures include the Pioneer status tax holiday which is currently granted to 69 pioneer industries (including medical manufacturing industries) located anywhere in the Federation and the "Seven-year tax holiday" for industries located in economically disadvantaged Local Government Areas.

In particular, a pioneer industry located in one of such areas has 100% tax holiday for seven years plus additional capital depreciation allowances. Moreover, investments in R&D are encouraged as **120% of R&D expenses are tax deductible** if carried out in Nigeria related to the business generating the revenue.

Since the Nigerian Investment Promotion Commission Act was approved in 1995, foreign investors may own 100% shares in any company and repatriate their profits and dividends net of taxes through an authorised dealer in freely convertible currency.

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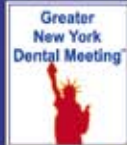
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Double taxation agreements with a number of countries allow tax payable in Nigeria on profits of a Nigeria company being remitted into the country to be reduced by the amount of "foreign tax" paid abroad. Nigeria has DTA with UK, France, Netherlands, Belgium, Pakistan, Canada, Czech Republic, Philippines and Romania; negotiations are in progress with other countries like Turkey, Russia, India, and Korea. Companies investing in Nigeria are obliged to register with the Corporate Affairs Commission which has recently established regional offices.

Healthcare

According to a report released last year by the UN Industrial Development Organization, Nigeria's health indicators are still too poor to meet most of the targets for the Millennium Development Goals (MDGs) set for 2015.

The main challenges in Nigeria's healthcare system include:

- fragmented health service delivery
- inadequate and inefficient financing
- weak health infrastructure
- inefficient distribution of the health workforce
- lack of management and poor coordination amongst key players
- low motivation among health workers
- frequent stock-outs of essential medicines and supplies

Despite the existence of numerous primary health centres and a relatively high level of investment in health, good-quality basic health services are not easily available to poor people as their distribution, as well as the referral system, is insufficient.

Primary healthcare is under the responsibility of Local Government Authorities in charge of providing basic care, education and prevention, diagnosis and treatment for most common diseases. They refer complicated cases to secondary care centres such as comprehensive health centres and hospitals treating minimal complex cases in medical, surgical, paediatric and obstetric care, while more complicated cases are referred to the tertiary or specialist hospital.

As reported in the paper *"Infrastructural distribution of healthcare services in Nigeria: An overview"* (Journal of Geography and Regional Planning, 2009) the comprehensive health centres are often privately owned (such as Gold Cross Ikoyi in Lagos, Victory Hospital, Ijebu-Igbo) whereas general hospitals are owned and funded by government (such as Ijebu-Ode, Ikeja, Ilesha, Oluyoro in Ibadan, Abeokuta). Primary health centres are mainly associated with rural and semi-urban environments or mixed population, while general hospitals are located in the state capitals and a few other big towns.

A tertiary or specialist/teaching hospital handles complex health cases either as referrals from general hospitals or on direct admission to its own. Teaching hospitals also conduct researches and are often university-based (such as Lagos University Teaching Hospital, [LUTH], University College Hospital (UCH), Ibadan, The National Orthopedic Hospital, Igbobi Yaba, The Psychiatric Hospitals in Aro, Abeokuta and Yaba in Lagos, National Hospital in Abuja, University of Nigeria Teaching Hospital, Enugu, etc.). Tertiary hospitals are controlled and funded by the Federal Government and by some states that have and run state universities, so they are mainly urban-based. As they need to be accredited for teaching purposes, such hospitals must meet international standards in terms of equipment, specialists and auxiliary staff.

The advertisement for Max Steam dental services features a central logo with a stylized tooth and the word "SPIRIT". Surrounding the logo are eight circular icons representing different services: "FINISHING" (a dental chair), "QUALITY" (a CE mark), "SERVICE" (a dental procedure), "EXPERIENCE" (a circular seal with "since 1966" and "made in Italy"), "PARTNERSHIP" (a group of people), "MODEL PREPARATION" (a dental model), "MODELLING" (a dental model), and "DUPLICATION" (a dental model). A stamp in the top left corner reads "IDS 2013 see you HALL 3.2 B48-C49". At the bottom, the text "max steam" is written in a stylized font, followed by "by maxsteam since 1966". The contact information at the bottom reads: "MAX STIR SRL - VIA DEL CANALE 11, 42025 CAVRIAGO (RE) ITALY TEL. +39 0522 371903 FAX + 39 0522 577436 info@maxsteam.it www.maxsteam.it".

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Dr. Olumuyiwa Odusote, Chairman of the Lagos State Medical Guild, recently recognized that 70% of healthcare services in Nigeria are provided by private hospitals, and therefore not accessible to many Nigerians who cannot afford to pay for them, while public health institutions are under-staffed and ill-equipped to meet demand. This remarks the need to increase the implementation of the National Health Insurance Scheme as only 10% of the population can benefit it. Maternal and child health are a particular concern due to the high rate of infant mortality and the difficult access to proper healthcare for the majority of population also accounts for low life expectancy still registered in the country. Moreover, the burden of diseases such as malaria and HIV is also high.

Other categories of healthcare services that have been given high priority include non-curative components of primary health care, such as sanitation health education, national preventive campaigns against childhood diseases and free compulsory immunization programs. The main problem of the Nigeria's health system is the uneven distribution of healthcare services, favouring the urban areas where the majority of educated Nigerians, government functionaries and richest groups live, while rural population remain largely underserved.

According to the World Bank that is allocating \$150 million for the Nigeria State Health Investment Project, the country's government has started addressing the issues that prevent poor people from accessing basic healthcare. Some Nigerian states such as Adamawa, Nasarawa and Ondo are introducing changes at the health center level based on so called "Results-Based Financing", a performance-based incentive approach, currently focused on maternal and child health.

The World Bank has destined \$21.5 million to fund, among other things, an impact evaluation to test the success of the approach in the three pilot states and its applicability to the other states of Nigeria.

The role of the private sector

The limited ability of the public health system to meet the demand for healthcare of the whole Nigerian population implies as a possible solution an increased role played by the private sector. It could act as a partner in providing quality health services, especially to rural, lower-income, and remote populations that are currently finding more barriers to access them. A study conducted by USAID on the potential outcome of a greater engagement of the private sector in Nigeria's health system shows some interesting figures on this topic:

Number of private medical professionals

Doctors: 20,000 (roughly the same as in public sector)

Nursing staff: 60,517 (about 50% of public)

Laboratory staff: 8,456 (42% of public)

Pharmaceutical staff: 2,202 (16% of public)

Total private medical staff: 111,587 (288,061 public)

Source: USAID

This means that a urban resident has access to nearly three times as many public sector doctors and four times as many private sector doctors compared with a rural resident; moreover, he or she also has access to twice as many nurses/midwives overall. Rural residents have therefore access to much fewer numbers of doctors and nursing staff compared to urban residents across both the public and private health sectors.



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According to the study, private health facilities attract new graduates (doctors as well as nurses) at a higher rate than public health facilities. Despite being concentrated in few geographic zones, and lower in number compared to the public sector, private facilities employ more than their proportionate share of Nigeria's doctors. USAID estimates that by assuming current entry/exit rates, the stock of private sector nursing staff will be almost constant in the future, while the total number of private of doctors will grow over time, potentially widening the gap with the public sector.

Telemedicine is seen as a promising instrument to favour rural and semi-urban communities that lack access to healthcare facilities. As part of Nigeria's agenda for universal access to primary healthcare services that aims at providing access to a form of healthcare service within 15 kilometers to every Nigerian by 2015, technology infrastructure development, capacity building and training for healthcare personnel are all priority areas for health investment. The Society for Telemedicine and e-Health in Nigeria (SFTeHIN), is encouraging adoption by of telemedicine by hospitals, public agencies and private healthcare operators including social entrepreneurs who work in rural communities.

In May 2007, the Nigerian Communications Commission (NCC) issued third generation (3G) licenses to four telecommunications companies to pave the way for high speed voice, data and video transmission networks.

Supply of medical equipment

Most of medical equipment and pharmaceuticals in Nigeria need to be imported as local production is limited to peripheral items such

as hospital beds and gurneys due to lack of infrastructure and know-how to produce more sophisticated medical equipment. As malaria is one of the most common diseases especially among young children and pregnant women, equipment for preventing and treating malaria cases is particularly needed.

According to a market insight by Global Impact Consulting, demand for medical equipment derives both from public and private sector which also account for much of the imports and informal exports to West Africa. The private sector is also the main purchaser of refurbished and used medical equipment. The same report highlights the opportunities for professional training and environmental services to address the lack of specialist expertise in many specialized fields and the current shortage of cutting-edge technology application in most healthcare institutions in Nigeria.

Another market analysis from Frost & Sullivan estimates that revitalisation and new hospitals' market, valued at \$125.4 million in 2010, is going to reach \$149 million by 2017. The emerging Nigerian middle class is said to be adopting more Western lifestyles that impact on the increase of non-communicable diseases and lead the richest part of the population to seek private care in order to access better quality and avoid long waiting lists that are common in the public sector.

The rising demand for specialist healthcare services is driving the construction of new hospitals although the high costs due to the necessity to import most of the machinery and materials except for those that can be sourced locally. Moreover, power and water supply may be an issue.

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Public-private partnerships are usually a good way to invest in the health sector as it expands available financing while improving efficiency and enhance quality of health services through more rapid investments in infrastructure and new medical technology, which in turn holds the potential to attract and retain more expertise and better performing staff. On the other hand, the private sector may benefit from under-utilised government operating theatres, equipment, and buildings.

Oral Health

In an article released by the Nigerian magazine "Vanguard", an evaluation of Nigeria's oral health indicators shows that preventable conditions such as dental caries, periodontal diseases, oral cancers and oral manifestations of HIV infection are increasing and the need for treatment remains largely unmet. In his lecture entitled "Current Trends in Oral Health Care in Nigeria: Forging the Way Forward", Dr Bimpe Adebisi, Head of Dentistry Division and Chief Dental Officer at the Federal Ministry of Health, identified some of the reasons for the poor oral health profile of Nigeria:

- low oral health awareness among policymakers and the population
- misconceptions about oral health
- absence of framework for oral health financing
- inadequate consideration for oral health in the primary healthcare system

Although the Ministry of Health has devised a new oral health policy, there is still enormous work to be done to overcome such obstacles, especially as regards the low awareness of the importance of oral health which is common even among educated Nigerians, while the majority poorer and non-educated people don't even ever go seeing a dentist.

The National Oral Health Policy acknowledges the need to integrate oral health in the general health system and particularly with primary healthcare services, together with the implementation of an effective referral system. The government aims at providing accessible, efficient and sustainable oral health to the Nigerian population, with special focus on prevention, early detection and prompt treatment of oral diseases especially for infants, children, adolescents. The number of dentists and dental technicians is estimated at 2,482.

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Focus on France

Economic analysts forecast that the country will experience modest growth in 2013.

Facts & Figures

Percentage of
population
below 40:
65%

2012
estimated
GDP
growth:
2%

GDP
(current US\$):
2.477
trillion 2011

Population:
196.7 million
2011

GDP per capita
at purchasing
power parity:
US\$12,820

Urbanization
rate:
85%

Source:
World Bank

France is made up of a metropolitan territory covering part of Western Europe and a collection of overseas islands and territories that were once part of the former French colonial empire. They include five “overseas departments” enjoying the same status as the metropolitan departments (Guadeloupe, Martinique, French Guyana, Réunion and Mayotte), “overseas collectivities” with a high degree of autonomy, a territory with special status (New Caledonia) and “overseas territories” including French Southern and Antarctic lands.

The French economy is going through a stagnating period due to common problems of the Euro area such as the efforts to reduce sovereign debts, bringing in fiscal tightening to face high public expenditure, high unemployment rate (10%) and pressure put on governments to introduce reforms that may incentive investments by reducing the cost of labour and bureaucracy.

Moreover, the country is striving to reduce its budget deficit by both freezing spending and selecting some tax measures that might also be on a temporary base. Economic analysts forecast that, although France is likely to begin the 2013 in the midst of a mild recession, the country will experience modest growth in 2013, estimated at 0.8% according to French president Mr Hollande.

Healthcare in France

The social insurance system - Healthcare in France is mainly delivered through a public social insurance system (SHI), requiring all French citizens to pay income-based contributions for health insurance. The SHI was introduced in France right after the World War II, and currently covers about 95% of the population with three main schemes based on occupation: the general health insurance scheme for employees in commerce and industry and their families and civil servants; the agricultural scheme; and the national insurance fund for self-employed people.

The patient bears the initial cost and is then reimbursed for 75%-80% by the public insurance fund on the basis of a benefit package including specific procedures and technologies for hospital care, ambulatory care and prescription drugs, while minimal coverage is provided for outpatient vision and dental care. Covered outpatient services are stated in three official lists of reimbursable health care procedures, drugs, and devices.

In 1999 the Universal Health Coverage Act (known as CMU, *couverture maladie universelle*) established universal health coverage by creating a special CMU Fund based on residence in France that extended the traditionally work-based SHI coverage to include people with income below a certain level and not eligible for SHI allowing them to receive free public coverage. The state also finances health services for illegal residents who have applied for residency through the *Aide médicale d'état* (AME).

Voluntary health insurance – as part of the expenses borne by patients are not reimbursed by the SHI, 92% of the population have a voluntary health insurance (VHI) covering part of the co-payment share to top up the social insurance coverage. VHI is provided mainly by not-for-profit, employment-based mutual associations (*mutuelles*), that increase the level of coverage for services on the SHI list on the basis of contractual agreements.

Extra billing - Self-employed professionals (GPs, specialists, dentists, nurses, physiotherapists, midwives, ambulance personnel, speech therapists, orthoptists and laboratory technicians) provide the vast majority of outpatient services and a large proportion of services in private hospitals. They are paid directly by patients on a fee-for-service basis partially reimbursed by the SHI or VHI at a later stage, on the basis of a reference price set after negotiation with the providers or, in the case of drugs and devices, by the governmental national pricing committee.

Doctors and dentists may charge above this reference price, which is known as extra billing, according to their level of professional experience. The extra amount is charged to the patient and it may be covered by complementary private health insurance, depending on the contract.

According to the European Observatory on Health Systems and Policies, extra-billing has reached around €10.6 billion in 2008 and half of the population pays at least one extra-billing charge per year, with significant cross-sectoral variations:

- **Outpatient sector:** €1.5 billion in 2008; frequent, ranging from a few euros to a few tens of euros.
- **Inpatient sector:** extra-billing ranging from a few hundred to a few thousand euros, increasing if patients are not covered by VHI.
- **Medical devices sector:** €8.8 billion in 2008 in an overall medical device market of €19 billion. About 50% is covered by VHI, but with great variations according to medical devices and contracts.

Physicians - primary care physicians or specialists who are not working in public or not-for-profit facilities are office-based or based in private, for-profit clinics (or both). Office-based physicians are self-employed. According to the Commonwealth Fund report "The French Healthcare System 2011", self-employment, which averages 59%, is more prevalent among general practitioners (68%) than among specialists (51%). Both categories are mainly in solo practice and do not employ nurses. Self-employed practitioners are paid on a fee-for-service basis. The cost per visit is identical for specialists and GPs, and is based on negotiation between the government, the public insurance scheme, and the medical unions. Depending on the duration of their medical training, physicians may charge above this level. Hospital physicians in public or not-for-profit facilities are salaried.

Health inequalities - There are some issues that concern the ability of patients in remote rural areas or with limited financial capacity to choose their providers. In particular, some difficulties were reported

in regions with a low density of professionals in getting an appointment with a physician who does not extra-bill on the official SHI-covered fee. Patients that cannot afford to pay extra-fee are too often refused by private physicians, specialists or dentists and the cost of specialist and dental care is still too high for a relevant part of the population. Despite universal coverage and access to health care, in fact, health inequities are a significant issue in France. The extent of reimbursement varies by income group, as wealthier people are

The country's expenditure on health was 240 billion euro in 2011, that accounts for 12% of GDP.

more likely to be covered by VHI and pay higher premiums that offer better coverage for, among others, optical and dental care. A special fund was created in 2000 to provide VHI to 4.3 million people low-income individuals and their dependents known as CMU-C. The fund provides vouchers that can be used to obtain coverage from a variety of insurers, although most opt to obtain this additional coverage from SHI. However, access to care differs between patients covered with commercial VHI contracts and beneficiaries of CMU-C: 21% of CMU-C beneficiaries did not seek eye or dental care, versus 14% of patients with commercial VHI and 30% of patients without any supplemental insurance.



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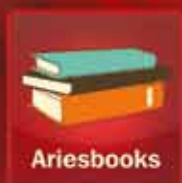
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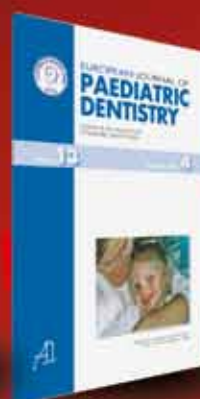
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According to the French Ministry of Health, the country's expenditure on health was **€240 billion in 2011**, that accounts for **12% of GDP**. This share has remained fairly stable across the last decade, as it was **11% in 2002**. About **75% of health expenditure** are expenses for treatment and medical goods, that totalled €180 billion, an increase of **2.7% on 2010** that shows a slowdown from the **+3.3% registered in that year on 2009**.

The average price for hospital treatments and medicines has slightly decreased compensating the growth of outpatient treatment average prices. Outpatient care in 2011 was valued at **€45.7 billion**, accounting for over a quarter of the total consumption of medical goods and services.

In 2011 the public insurance system covered **75.5% of the costs**, while **13.7% was covered** by other institutions and **9.6% was composed** of out-of-pocket payments, whose share has remained unchanged since 2009. **51% of out-of-pocket expenditure** is accounted for by medical goods, 13% by hospital care and **36% by payments** to self-employed health professionals.

The public hospital system registered consumptions for **€63.8 billion in 2011**, with a decreasing trend compared to the first half of the 2000s. On the other hand, in the private hospital system the figure was **€19.8 billion**, registering a slight increase. As regards outpatient care provided by general practitioners, it was valued at €19.2 billion (excluding external consultations from public hospitals and fees paid in private institutions).

Outlook on the medical industry

• France accounted for **18% of European health expenditure** in 2009 (**1.78 trillion US\$**), and for **20% of the European medical technology sales** (**€95 billion**).

• France spends less than **3% of its GDP** on medical devices, below the **European average of over 4%**

• **Market size** US\$8,280 million (2011 estimate)

• **Imports** US\$10.3 billion (2009)

Main Suppliers (%)

| USA | Switz. | Germany | Belgium | Italy | Ireland |
|------|--------|---------|---------|-------|---------|
| 22.2 | 21.9 | 11.6 | 5.6 | 3.7 | 3.1 |


• **Exports** US\$9.2 billion (2009)

Main destinations (%)

| Neths. | Germany | USA | Italy | Spain | Belgium |
|--------|---------|-----|-------|-------|---------|
| 17.6 | 14.4 | 9.1 | 8.2 | 7.0 | 6.8 |

Source: EUCOMED

In a study published by an interministerial agency (PIPAME), the French medical industry is described as a prevalently small and middle-sized one, with **94%** of the companies involved employing less than **250 people** and **45% less than 20**. Almost **64,900 people** work in the medical device supply chain with a total market size valued at **€19 billion**.



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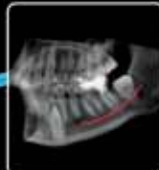

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Healthcare Expenditure

Health resources trend over the last decade

| | 2002 | 2010 |
|--|-----------|------------|
| Health expenditure per capita | US\$2,485 | US\$4,691 |
| Share of health expenditure on GDP | 11% | 12% |
| Share of private health expenditure on GDP | 2% | 3% |
| Share of public health expenditure on GDP | 8% | 9% |
| Public health expenditure as share of government's expenditure | 16% | 16% |
| Share of public health expenditure on total health expenditure | 80% | 75% (2011) |
| Share of out-of-pocket expenditure on private health expenditure | 34% | 33% |
| Physicians per 1,000 people | 3 | 3 |
| Hospital beds per 1,000 people | 8 | 7 |
| Nurses and midwives per 1,000 people | 8 | 8 |

Source: ADA, US Department of Labor



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The industry counts **1,079 companies**:

- **820** conducting manufacturing and/or R&D activities;
- **259** manufacturers carrying on sales and commercialization exclusively in France (90% are branches of large multinationals and 10% are French manufacturers sub-contracting R&D and production);
- **350** sub-contractors;
- **354** distributors.

France is the 4th country in the world for number of medical device manufacturers.

The French medical manufacturing sector enjoys relevant expertise in the field of implants and prostheses, technical aids, minimally invasive surgery, imaging diagnostics, radiology and electromedical equipment and in-vitro diagnostics, **with a total turnover estimated at €15 million**. The domestic demand is significant due to the size of the population, exceeding 60 million inhabitants, and the ageing demographic trend. However, such demand is met for a relevant part by imports coming from the USA, UK and Germany, and also by sales of branches of the big multinationals such as Johnson & Johnson, GE Healthcare and Becton Dickinson. Although there is also a consistent export-oriented production towards Germany, UK and Japan, the trade balance for medical device and consumables is negative.

It is worth mentioning that **France is the 4th country in the world for number of medical device manufacturers**. On the other hand, unlike Germany, France does not have any particular research and industrial cluster specifically dedicated to the medical device sector.

Among the 71 cutting-edge industrial centres, R&D projects in the medical technology domain are carried on in 8 centres for healthcare research and 14 comprehensive centres (including health, micro- or nanotechnologies, logistics, materials). In particular, the competitive centres System@tic, Medicen Paris Region et Cap Digital decided to establish a network to joining their work on health IT in order to cluster together the most innovative players in telehealth research.

Medical manufacturers by sub-sector:

- **696 manufacturers** of medical devices for individual use, including single-use disposable materials, reusable materials, active and non-active implants, ophtalmic and optical materials, dental materials and technical aids;
- **229 manufacturers** of medical equipment including anaesthetic and respiratory devices, electromedical apparatuses, hospital equipment, diagnostic x-ray equipment and therapeutic devices, medical IT products;
- **151 manufacturers** of in-vitro diagnostic devices;
- **27 manufacturers** of e-health equipment and products.

Medical manufacturers by origin:

- **790 companies originally from France**
- **285 branches**, about 80% of which belong to companies from USA, Germany, Switzerland and Japan.

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Regional distribution of medical manufacturers:

- Île-de-France, Rhône-Alpes, Provence – Alpes – Côte d'Azur, Alsace are the four main regions for concentration of medical manufacturers;
- Île-de-France and Rhône-Alpes host more than half of the total medical manufacturers in France and concentrate 80% of the business generated.
- Rhône-Alpes, Lorraine, Franche-Comté and Champagne-Ardenne host the majority of sub-contractor carrying more than 50% of their activity in the field of medical devices;

Source: PIPAME

A profile of the dental sector

Oral healthcare is only partly covered by the reimbursement schemes under the various social, voluntary and complementary insurance schemes. The vast majority of dentists work as self-employed practitioners paid on a fee-for-service basis.

In the dental sector, consumption has increased by 3% in 2011 reaching €10.3 billion, the lowest rate registered since 2002. 24% of dental expenses go for conservative and surgical treatments (caries, extractions, devitalisations) while 62% for prosthetics. The remaining expenditure is on consultations, orthodontics and x-rays. Conservative dentistry, surgery and consultations are generally reimbursed by 70% on a fixed tariff established by the "convention nationale dentaire". However, it must be noted that medical insurers have significantly reduced their coverage in the dental sector, as shown by the share of dental treatment in medical insurance expenditure that decreased from 6.9% in 1960 to 2.7% in 2010.

When it comes to the costs for accessing dental services, giving up treatment for financial reasons is more common than in other areas of healthcare. According to the Ministry of Health, among the 15% of adults that cannot access medical services because of financial barriers, 10% of them give up dental care and only 4% and 3.4% renounce to optical treatment or other medical consultations.

The reason lies in several factors, such as the prevalence of dental practitioners establishing their own fees and the low level of insurance coverage. In fact, people give up dental treatment more frequently in those departments where fees are higher, and people who do not have any complementary insurance give up treatments included in the general scheme twice more than the others.

Demographic profile of dentists, ONCD, 2011:

- 40,061 dentists
- 64 dentists per 100,000 inhabitants
- 36,126 independent practitioners (90%)
- Slightly less than 4,000 are salaried professionals (10%)
- 2029 are specialists (5%)
- Average age: 48
- 40% are female
- 5% are older than 65 years old

Source: ONCD



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Dental prosthetics market and issues

Market figures:

- 3,950 laboratoires
- 17,550 employed
- 13,200 salaried
- €1,165 billion turnover (2010)
- 30% import market share by volume
- 12.5% import market share at current prices
- 62% (€5.6 bn) share of fixed prostheses on total turnover
- 30% share of mobile prostheses on total turnover

Source: UNPPD

There is currently a debate on whether the absence of a mandatory ceiling to fees imposed by dentists on prosthetic treatments threatens the ability of patients to access such treatment, provided that dental prosthetists aren't recognized as medical professionals and therefore cannot put in place the prostheses they produce.

Prosthetic treatment is reimbursed by 70% like other types of treatment on the basis of a tariff fixed by the "Convention Nationale" between dentists and insurance providers, which is often inferior to the real cost borne by the patient, as only treatment included in the references provided by the "nomenclature générale des actes professionnels" (NGAP) is reimbursed.

Therefore, treatment such as implants, which have a higher cost but are on a growing trend. **Out-of-pocket payments for prosthetics range from €212 to €527**, depending on type of VHI and contract. However, the Ministry of Health reported that for an average expenditure on dental prostheses of €970.7 per patient in 2007, the average reimbursement rate was 20.1%, with an average overspending of 71.7%.

Figures of the dental industry

According to Comident, the syndicat representing French companies involved in the **dental industry, the dental industry in France is composed of 130 companies**, prevalently small and middle sized enterprises, employing about 4,500 people.

In particular, the dental materials segment has 58 manufacturers employing 1,535 people and totalled €234 million revenues in 2010.

The target market is represented by the 42,000 dentists, 95% of which are self-employed, and almost 4,000 laboratories, for a global turnover of €1 billion registered in 2010, with about 85% of the demand coming from dental offices. Only 10% of dental companies register annual revenues over €10 million, while 55% of them make less than €2 million.

Although the expenditure constraints and the crisis, the dental market has kept an attractive margin especially in sectors such as implantology and CAD/CAM. **France obtains secretariat of ISO technical committee on Filling and restorative materials.** Starting from 3rd April 2012, **France was assigned the secretariat of the technical committee ISO TC 106 SC1**, with the responsibility to manage the rules for dental filling and restorative materials after 40 years of Canada's governance.

For further information:

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Ordre National des Chirurgiens-Dentistes - www.ordre-chirurgiens-dentistes.fr

Fédération Française des Industries de Santé - www.fefis.fr

Comident - Comité de coordination des activités dentaires -

www.comident.asso.fr

Author: Michela Adinolfi



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Focus on Australia

The Australian dental industry is small, but benefits from an average annual growth rate of 3.8%.





The dental system

Australia has a predominantly private dental system with only a residual public dental service.

States and territories are the current providers of most public dental services and are responsible for water fluoridation. They provide emergency dental care and general dental treatment to eligible adults and school aged children.

For adults, access is largely determined by eligibility for concession cards allowing access to public dental services from age 18, with the exception of Queensland where eligibility is above the tenth year of age. The type of concession card and the amount of co-payment varies from state to state. There are up to approximately 400,000 patients on public dental waiting lists and although the figure has been decreasing from previous years, the waiting time has been increasing; in South Australia, for instance, preschool children may wait up to two years for general anaesthetic for dental treatment in public hospitals.

Children are seen as a matter of priority for emergency and general services with no significant waiting periods for care. Their eligibility criteria, co-payments, models of service delivery and level of clinical services available also vary across the states and territories. For example, Western Australia, Queensland and South Australia have dedicated school dental programs. The Northern Territory uses a hybrid model consisting of community-based services and school dental programs. New South Wales, Victoria, Tasmania and the Australian Capital Territory rely predominantly on community-based clinics.

Commonwealth government subsidises benefits for patients with chronic diseases under the "Enhanced Primary Care" plan from a general practitioner, accessing diagnostic and treatment services and supply of prostheses, including dentures, to a benefits cap of \$4,250 over two calendar years (with a rebate of up to \$220 per year). However, the current Government plans to stop this program in order to redirect funding towards providing assistance to concession card holders by contracting the states to provide additional public dental services.

States and territories are the current providers of emergency dental care and general dental treatment to eligible adults and school aged children.

The Commonwealth also provides up to \$163.05 per eligible teenager towards an annual preventative dental check through the Medicare Teen Dental Plan (MTDP) and supports several other sectors such as cleft lip schemes, defence, army and veterans, university education of dental practitioners, dental training and service provision in rural areas, a 30% tax rebate on private health insurance, dental services for Aborigines and in Christmas and Cocos Islands and other more.

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All non-concession card holders, included low income people, and those ineligible for Commonwealth programs, must fund their own dental care and may access it only through the **private sector** that offers a comprehensive range of services including emergency and general dental as well as more complex and costly treatments such as orthodontic and endodontic services.

Private health insurance covers 50% of adults and slightly less than half children up to 12 years old. Concession card holders also tend to access private dental care, with approximately two thirds visiting private dentists and 26.8% having a private insurance. A further 35%

of the population do not have private health insurance but use the services of private dental practitioners.

In 2011, the average benefit paid by insurers for dental treatment was 50.3%. General dental coverage offered by insurers typically includes dental services such as cleaning, removal of plaque, x-rays and small fillings, while a second level of coverage includes major dental treatments such as orthodontics, wisdom teeth removal, crowns, bridges and dentures. **People with private health insurance generally visit the dentist more often than the others. 70% of privately insured are likely to visit for a check-up compared to 43 % of uninsured people.**

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The average visits for the majority of the population is below the adequate standard as lower income people cannot afford private services and concession card holders often do not receive early treatment due to lack of funding. The Australian Institute of Health and Welfare (AIHW) reports that in 2009-2010 total expenditure on dental services in Australia was \$7.69 billion, so divided:

- \$4.69 billion by individuals
- \$1.25 billion by the Commonwealth Government
- \$1.07 billion by private health insurance premiums
- \$628 million by State and Territory Governments

61% of total expenditure is funded by individuals, accounting for the dominant role played by the private sector in the Australian dental system.

The government has recently announced an investment of over \$500 million for dental care over the next four years. In a media release, ADA President, Dr Shane Fryer, stated that although "What has been outlined is a fraction of what is needed to address Australia's dental health shortfalls," "it does create a solid foundation for the ongoing improvement of the oral health of Australia's disadvantaged."

Such investment is expected to help reducing long waiting times, but considering the overwhelming majority of dentists working in private practice, Dr Fryer stressed that the government needs to devise more measures to broaden access to private services. However, improvements in infrastructure and the employment of more dentists and other dental practitioners will help Australians access dental care earlier.

The other pressing issues remain the **need to invest more in education** to raise better awareness about the importance of good oral hygiene habits, as well as to provide financial incentives for dental professionals moving in rural and remote communities that are currently underserved. Within this framework, the Voluntary Dental Graduate Year Program introduced in 2011 Federal Budget might be used as a recruitment drive for rural dentists and dental practitioners in the public sector by providing a "significant educational component that will improve the graduate's skills," added Dr Fryer.

The ADA has also proposed a **Dental Access** scheme to address the need for equitable dental care to Australians by targeting funding for dental care to people who have the greatest financial and oral health need. It is outlined as a program focusing on the 30% of Australians who cannot access appropriate dental care, by directing more funds towards this particular group of disadvantaged people rather than allocating a thinner amount of resources for the entire population. Financing mechanisms devised include personal funding caps rather than narrow schedules of services, with a bias towards preventive and restorative dental care and improved funding and for community oral health promotion based on individual responsibility.

Dental Workforce

The dental labour force comprises dentists, dental specialists and allied practitioners, including dental hygienists, dental therapists, oral health therapists (dual-qualified hygienists and therapists) and dental prosthetics.

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Dentists (general practitioners)

| | |
|-----------------------------|--------|
| Share of dental workforce | 67% |
| Total practicing | 11,900 |
| Share in the private sector | 4/5 |

Dental specialists

| | |
|---------------------------|-------|
| Share of dental workforce | 9% |
| Total number | 1,440 |
| Orthodontists | 39% |
| Maxillofacial surgeons | 13% |
| Prosthodontists | 12% |
| Periodontists | 12% |
| Endodontists | 10% |
| Paediatric dentists | 6% |

Allied dental practitioners

| | |
|---------------------------|-------|
| Total number | 3,800 |
| Share of dental workforce | |
| Dental therapists | 8% |
| Dental prosthetists | 7% |
| Dental hygienists | 6% |
| Oral health therapists | 4% |

As a whole, the density of dentists (including dental specialists) grew in the last decade from 46.9 to 54.1 practising dentists per 100,000 population. Supply was highest in the Australian Capital Territory and lowest in Tasmania and the Northern Territory, with all other states around the national average. Capital cities have more dentists per capita than other areas, tripling that in remote areas. However, between 2000 and 2009 these areas registered an increase up to 40%.

The dental industry

According to the Australian Dental Industry Association (ADIA) 97% of dental equipment and consumables on the Australian market is imported, with the value of imports estimated at \$417 million in 2009, mainly from USA, Germany, Thailand, Switzerland and Ireland accounting all together for 62%.

ADIA reports that the sale of dental equipment, product and services reaches \$800 million per year, excluding over-the-counter (OTC) retail sales to the general public of toothpaste, toothbrushes and other consumer dental products.

The average firm in the Australian dental industry is small, with average revenue estimated at just \$800,000. However, industry benefits from an average annual growth rate of 3.8% in revenues from private dental services, as estimated by IBIS World's market analysis.

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Author: Michela Adinolfi



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Interview

“Success never results from a single factor, it was a combination of professionalism and trust”
Hisham Tinaoui

Name: Hisham Tinaoui

Born: Dubai (UAE), 16 February 1970

Citizenship: Czech

Education: Medicine, at Ludwigs-Maximilian-Universitaet (Munchen)

Experience: Castellini – Area Manager Middle and Far East; D&A CLINIC – Commercial Director; CEFLA – Territory Manager

Languages: Arabic – English – Italian – German – Czech

1. What is the receipt of your success in Middle East?

Success never results from a single factor, it is rather a mix of different things. In my case, it was a combination of professionalism and trust: I have been able to personally create and transmit a strong tie between the company and the customers that allowed us to gain their loyalty and put the basis to become a market leader. On the other hand, this was made possible by the great trust and support I have received from the company and its management, which helped us adapt our company's policy and structure to the market. That was necessary to follow market variations and adapt to changing conditions. Other important factors were the good market knowledge, long personal experience in this sector, my mixed European and Middle-Eastern origins as well as believing in my capabilities and in the future potentiality of such markets.

2. What markets have you been and are you dealing with, and which ones do you think present the most interesting opportunities?

In the past I have worked in markets such as the Far East and countries of the former Soviet Union while I was working with CEFLA. Currently, I am responsible for the Middle East, Turkey and Africa.

As far as opportunities are concerned, the most interesting scenery is developing in Turkey, Gulf countries and even some areas of North and Central Africa, despite the risks present in such regions including the lack of political and social stability.

3. How does the trend for the equipment sector in the next few years look in such countries?

Compared to Western markets that are quite saturated at the moment, the market for equipment in these areas is remarkable since it isn't mainly driven by replacement, but it is rather supported by development and new investments. Rising culture and education,

especially among young people, are boosting growth for the whole health sector. If we consider the high population growth rate, due to high birth rates and young average age, a positive outlook can be easily predicted for the next few years, and even extended to the next 10 to 15 years. For instance, by 2020 Gulf countries' total population is forecasted to reach 53.5 million inhabitants, 30% up from 2000 level. About 45% Saudi citizens are below 25 years of age and 31% are below 30. Furthermore, the demand for consumer goods and services is also increasing due to increased inflow of tourists and investments.

4. Why do you think the UAE and North African crisis hasn't heavily influenced the sales turnover?

It isn't easy to provide an explanation for Middle-East, Turkey and Africa having gone through the international economic crisis without registering a really bad impact on sales, at least by now. We've been facing a two-faced crisis: the economic slowdown, as it happened in the UAE (and Dubai particularly) and the socio-politic turmoil, that mainly invested North Africa and some countries in the mediterranean Middle-East. I believe that in both cases the demographic and cultural growth has strongly contributed to balance the expected loss.

5. What is your opinion about opportunities and risks for the great distribution in the equipment sector in these markets?

I am aware that the great distribution sector understands the value and the future sales prospects of these areas, although it is difficult to predict an immediate success, mainly because the same organization model that is widely used in Western markets is hardly applicable in such cultures. In my opinion, such model has to be revised according to the specific conditions of each country and adapted to customer's needs in order to prove successful.



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Prosthetics & Implantology

Highlighting collaborative surgery at the International Dental Show (IDS) 2013

Cooperation between dentists and dental technicians — new, networked production paths — backward planning helps create successful concepts — zirconium oxide further boosts flexibility — a focal topic at IDS

Dentists and dental technicians have to work together very closely so that prosthetics and implantology can be successfully combined. The dental industry supports such combined dental surgery-lab teams by providing them with a steady stream of new developments in all areas of the two disciplines. Examples of this include enhanced software, innovative materials and improved interfaces. From 12th to 16th March 2013, the International Dental Show (IDS) in Cologne will enable visitors to experience the manufacturers' innovations at first-hand.

For some time now, there's been a strong trend towards digitisation, involving planning software, drill templates made with the aid of computers and CAD/CAM-produced implant superstructures. Today, these techniques greatly simplify processes during implantological and prosthetic surgery and also allow dentists to increasingly involve patients in the planning process. All of this ultimately leads to high-quality results in line with the patient's wishes and financial means.

Navigated implantology and backward planning are the key buzzwords when preparing to insert implants. Key manufacturing techniques can often be used today for prosthetics that are directly screwed on to implants. What's more, their cost efficiency has recently been improved further. Bridges and bridge superstructures, for example, can now be created on the basis of a single dataset. Following consultation with the responsible dental technician, specialized planning or cutting centres can supply labs with precise shapes that serve as an ideal basis for creating aesthetically perfect implants.

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If a patient wants to have aesthetically outstanding dental crowns and bridges, many dental technicians like to use zirconium oxide, particularly since this material ensures a high level of flexibility. Zirconium oxide's versatility enables dental technicians to offer price-coordinated solutions. Depending on the patient's financial means, dental technicians can either create fully anatomical solutions or dental work with full or partial veneers. The large number of variants also helps to win over new target groups for prosthetic implants.

The dental industry is supporting this growing trend with a steady stream of new developments for prosthetics as well as for implantology. Every two years, manufacturers present the current state of the art at the world's biggest and most important trade fair for the sector: IDS in Cologne. This not-to-be-missed event for dentists and dental technicians features around 2,000 exhibitors on 150,000 m² as well as a comprehensive supporting programme that includes numerous product presentations and specialist lectures.

"It's particularly enjoyable to head to Cologne as part of a combined team of dentists and dental technicians. That's because the cooperation of people from labs and dental surgeries is particularly important when dealing with prosthetic implants," says Dr. Markus Heibach, President of the VDDI. "IDS contributes substantially to making this dialogue a success. The fair brings the various members of the dental sector together on equal terms and at the same time serves as a stage for innovations that promote collaboration between labs and dental surgeries."

Source: www.ids-cologne.de





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Current Trends in Alloys

The proof of the pudding is in the eating

The proof of the pudding is in the eating, especially when it comes to alloys — get a close look at International Dental Show (IDS) 2013.

There are some things that you can rely on. One of these is dental restoration using high-gold alloys. No other material can match gold's record of clinically proven success over decades — and that's one reason why even today a large part of the work of many dental laboratories is carried out using high-gold alloys. In addition to their proven safety, these materials deliver exceptional stability along with elasticity and perfect compatibility — to name just some of the of the precious metal's advantages. But the development of its price is every bit as reliable as the material itself: The cost of gold has rocketed skywards, especially in the last five years. This trend poses problems for dentists and dental technicians, for despite the material's ideal properties, it is becoming increasingly difficult to successfully offer precious-metal alloys. Many patients simply cannot afford to stay on the gold standard — the dental industry, however, offers appropriate alternatives for such cases.

In view of the price trend described, the ECO alloys with reduced gold component are currently gaining in importance. These alloys can provide the advantages of gold alloys including good compatibility with ceramics and, at the same time, offer a price advantage that can be passed on to the patient.

With more than 1,000 alloys available on the market, and new innovations appearing all the time, it's not always easy to keep an overview and make the right investment decision

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If, however, the restoration has to be “as economical as possible,” then base metal remains the material of choice. It can be utilized to realize exactly fitting and price-oriented solutions, especially when used in combination with modern methods of networked production. For example, SLM (selective laser melting) processes that ensure a homogeneous surface and an overall passive fit can be used to make the framework. Alongside this non-precious-metal work, silver-palladium and palladium-based alloys are also making a comeback.

“Anyone who wants to stay current in this fast-moving sector will find the best conditions at the International Dental Show in Cologne. Ever-increasing visitor numbers emphasise the importance of IDS as an essential link between the dental industry on one side and the practices and laboratories on the other.”

With more than 1,000 alloys available on the market, and new innovations appearing all the time, it's not always easy to keep an overview and make the right investment decision. That's why the International Dental Show (IDS) is firmly established as part of the decision-making process in just this area for dentists and dental technicians. The decisive advantage of the largest leading trade fair in the dental sector is that it brings together manufacturers from all around the world in one place and provides an opportunity for those interested to experience new developments live and hands-on.

“The constantly growing area of alloys gives a good impression of the dental industry's delight in innovation,” says Dr. Markus Heibach, President of the VDDI. “Anyone who wants to stay current in this fast-moving sector will find the best conditions at the International Dental Show in Cologne. Ever-increasing visitor numbers emphasise the importance of IDS as an essential link between the dental industry on one side and the practices and laboratories on the other.”

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Ceramics & Aesthetics

The natural look at the International Dental Show (IDS) 2013

New possibilities for ceramic dental work — pre-coloured materials — translucent framework materials and corresponding veneer materials — a focal topic at IDS

Bright, natural-looking smiles have always been considered beautiful. It's therefore only logical that ceramics with their white basic colouring are the material of choice for many dental patients. In recent years, highly translucent framework materials and veneer materials that are especially coordinated with them have opened up completely new possibilities for prosthetics experts. **What's more, research and development departments are creating new products in this area all the time. No matter whether ceramic dental work is supposed to be visible, partially visible or invisible, it can be effectively used in many cases to create everything from fully anatomical solutions to dental work featuring partial or full veneers.** Depending on their aesthetic requirements and financial means, patients can thus receive an offer that is adapted to their individual needs — a key factor for ensuring customer loyalty.

With the help of special material variants of this high-performance ceramic, it is possible to achieve a dynamic light effect that creates a very natural look.

At the moment the trend is clearly towards highly translucent materials, whereby zirconium oxide is especially popular. With the help of special material variants of this high-performance ceramic, it is possible to achieve a dynamic light effect that creates a very natural look. However, to ensure the teeth can be given the desired colour even more quickly and precisely, framework materials are also available ex works in a range of pre-coloured versions. Dental laboratories are also supplying new techniques in the broad field of colouring, including

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ceramic infiltration with suitable dying liquids and painting systems with new primer liquids or special applicators. Naturally, there are also coherent ceramic systems for the conventional layered technique. In all of these cases, the objective is always to select the most effective and economical solution from a variety of methods.

Every two years, the dental industry demonstrates the enormous potential of the emotionally charged topic of aesthetics at the International Dental Show (IDS) in Cologne. Here, manufacturers present their latest developments, dental technicians and dentists discover innovations, and everyone benefits from sharing their knowledge. A special feature of the fair is that products and processes are demonstrated here live and can be examined up close. An item's real utility is therefore immediately obvious, and visitors can easily determine if an innovation will benefit their workflow or not.

"Ideally, IDS visitors will draw up a plan of the manufacturers that are of interest to them and that they wish to go to at the fair," says Dr. Markus Heibach, President of the VDDI. "When it comes to aesthetics, it's crucial that you can directly experience the products because the visual impression is what really counts in such cases. The International Dental Show in Cologne provides an ideal opportunity to do just that. After all, where else do so many representatives of the dental industry come together to present their research and development achievements?"

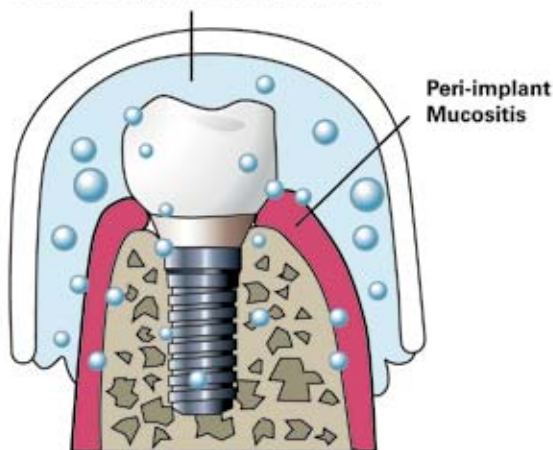
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CAD/CAM Technology

Digital developments on show at the International Dental Show (IDS) 2013

Innovations in the CAD/CAM sector — Extending the digital process chain — Advances in intraoral scanners and planning software — a key topic at IDS 2013.

Since the 1980s, digital technology has been finding its way into dental medicine more and more. In the beginning, computer-assisted methods were used to manufacture glass-ceramic inlays and crowns. Later, stereolithography was used to make guides for navigated implantation. Today advances in the development of CAD/CAM (computer-aided design / computer-aided manufacturing) have reached just about every aspect of dentistry and in some cases caused significant changes. The state-of-the-art in CAD/CAM will be on display at the International Dental Show (IDS) in Cologne from 12th to 16th March 2013.

While not everything is digital and conventional techniques are certainly still justified, progress continues to advance at a rapid pace. This momentum is something to be embraced. After all, it's always a good idea to stay well-informed about the latest developments. That's the

only way to determine which innovations are important for one's own work. At IDS, dentists will discover how the possibilities of CAD/CAM technologies can optimise daily work in their practices — regardless of whether the practice already uses integrated digital processes or plans to do so in the future. In some cases, dental technicians have been benefiting from change for years. As far as they are concerned, the innovations that will be presented at IDS represent an opportunity to expand the range of services they offer at their own laboratories.

Regardless of whether the issue is computer-aided manufacturing processes, new materials or advanced milling machines — high tech is becoming an increasingly important factor in lab work. Planning and preparation processes are becoming more detailed and goal-oriented. The virtual process chain actually starts with the dentist's chair. First, digital impressions of the patient's teeth are made using an oral scanner. The data is then transferred, a virtual design is made using CAD planning software and finally a precise visualization of the functional and aesthetic results are displayed. And all this takes place before the first steps in treatment!

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These techniques not only affect collaboration between the practice and the laboratory but also result in an immediate benefit for the patient. Intraoral scanners, for example, are very popular because they eliminate the need to take impressions using a moulding compound — a process that is rather uncomfortable for some patients. In particular, for patients who are especially anxious, this could be the decisive criteria that enables them to overcome their fear of a visit to the dentist. The intraoral scanner market is diverse. Thanks to different functional principles and different ways of handling the instrument, the no-contact impression technique seems to have enormous potential. In addition to generating patient loyalty, it also makes collaboration between dentists and dental technicians particularly efficient. The latest planning tools also contribute to successful dentist/technician cooperation. With these tools, a virtual preview of the planned dental prosthetic can be created. In other words, an important decision-making aid is now in the hands of the patient. After all, it's easier to convince someone of the benefits of a particular treatment, if they have the desired results before their eyes. The appropriate software can thus provide valuable assistance during consultations, which is an advantage for both the dentist and the technician.

"Developments in the CAD/CAM sector are making great strides," says Dr. Markus Heibach, Executive Director of the VDDI. "Whether it's materials, software, CAM modules or the networking of the individual components and processes, all of the relevant innovations will be presented at the International Dental Show in Cologne. In addition, visitors will have the opportunity to go directly to trade fair stands, where they'll get first hand information and be able to discuss important issues with manufacturers and experts."

Source: www.ids-cologne.de



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Endodontics:

Successful tooth preservation even in older patients — a central theme at IDS 2013

The state of the art in endodontics — Modern concepts in diagnostics and therapies — A core theme at IDS

The success story of endodontics continues. **Nowadays dentists have a large arsenal of instruments at their disposal to treat bacterial infections of the root canal.** The standard equipment for dentists practicing endodontics includes magnifying spectacles with optimised LED lighting or, in more demanding situations, dental microscopes to assist them in visualizing the working area, which in most cases is very small. In addition, modern imaging methods make it possible to know the exact state of the root canal anatomy and to establish the conditions necessary for a targeted and comprehensive therapy. That's why the long-term and sustainable preservation of teeth through endodontics is benefiting our aging society more and more. This makes possible the preservation of potential abutment teeth even in advanced old age.

Over time, modern endodontics has been integrated into the spectrum of therapy offered by many general dentists. **This includes manual or mechanical root canal preparation, efficient flushing**

methods for disinfection and modern instruments and materials for three-dimensional obturation. Even crown-to-root fractures of incisors are endodontically treatable thanks to advanced root canal post systems. The use of highly developed diagnostic and treatment regimens allows today's practitioner to prepare and disinfect all accessible root canals all the way to the apex.

In particular, mechanically rotating systems of files have contributed to this advance. These complete systems, which consist of only a few files, offer dentists a reliable instrument. Mechanical root canal preparation using rotating — sometimes reciprocally rotating — instruments is increasingly regarded as an alternative to preparing root canals by hand. Modern nickel-titanium alloys provide an extremely high level of fracture resistance. NiTi file systems which use disposable files are becoming increasingly popular, and in 90 per cent of cases, only one file is needed for patient preparation. High-performance, electronically controlled drive units with optional reciprocating motion and torque control help to almost completely eliminate fractures when using the mechanised files.

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At the same time, modern methods provide for the chemical-mechanical disinfection of the root canal using ultrasonic principles or hydrodynamics. They ensure a guaranteed reduction of the number of germs present even in lateral canals. Composite-based sealer adhesives and cements as well as modern thermoplastic gutta-percha systems — for vertical condensation — are also available for a subsequent bacteria-tight three-dimensional obturation. These free-flowing and fully sealing materials permit the reliable filling of even complex canal structures. All of the latest innovations in endodontics will be on display for trade visitors at IDS, the International Dental Show in Cologne, from 12th to 16th March 2013.

Revision of root canals and apicoectomy are among the more challenging areas of endodontics. **Specialists in endodontics have at their disposal everything from minimally invasive microsurgical concepts to treatments for complex endo-periodontal lesions.** The material of choice for the files they use is a nickel-titanium alloy. It goes without saying that procedures are performed, at the very least, with the aid of lighted magnifying spectacles. For the specialist, a surgical microscope provides such crucial assistance that no one wants to do without it. After all, these aids make a substantial contribution to a high level of reliability in the results. "The impressive scientific and technological progress in the field of endodontics can now ensure long-term preservation of teeth to an advanced age and meets the demand for a prophylactic and conservationist approach to dentistry," summarizes Dr. Martin Rickert, Chairman of the Board of Directors of the Association of German Dental Manufacturers (VDDI).

Thanks to the intensive cooperation between a large number of endodontic specialists and companies in the dental industry, fully developed diagnostic methods have come into being. With these procedures, lesions of the root canal can be identified more precisely and subsequently treated more effectively. For example, modern imaging techniques can deliver an exact visualization of complex multiple-root canals all the way down to the finest or obliterated places. Likewise, they not only make possible endodontic measurement of the root canal all the way to the apex, but also provide exact control of the file position during canal preparation. Digital X-rays, digital volume tomography (DVT) and computer tomography (CT) are all essential tools in the highly specialized world of endodontics. Diagnoses made using these devices can also be saved and used for time-saving online documentation of the course of treatment.

At IDS, endodontic specialists representing well-known companies from the dental sector will present the latest treatment strategies and procedures to an audience of trade visitors.

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Technological advances have also become apparent in other areas of endodontics. Traditionally, X-rays were generally used to determine the working length of a root canal. Today, modern electronic measuring methods which don't involve additional exposure to radiation can be used. For anyone wanting to get acquainted with the entire spectrum of new developments in endodontics, the 35th IDS, which will take place in Cologne from 12th to 16th March 2013, will be a particularly valuable source of comprehensive information. At IDS, endodontic specialists representing well-known companies from the dental sector will present the latest treatment strategies and procedures to an audience of trade visitors. In talks and discussions with experts, dentists and dental assistants will get a unique overview of the current state of endodontics. The world's largest trade fair for dentistry offers a multitude of stimulating topics on subjects ranging from endodontic procedures in private practice to the integration of complex treatment systems at the expert level. Successful endodontic treatment increases the long-term chances of tooth retention and makes for satisfied patients, even in times of tighter financial resources in the healthcare system.

"In our population, the desire to keep one's own teeth into old age is growing. This trend is taken into account at the International Dental Show in Cologne. From 12th to 16th March 2013, the world's largest trade fair for dental medicine and dental technology will offer dentists and their assistants who are interested in endodontics the best opportunity to talk with specialists from exhibiting companies and experienced users in discussions about the whole spectrum of modern endodontic concepts and the current trends in treatments and diagnostics," says Dr. Markus Heibach, Executive Director of the VDDI.

Source: www.ids-cologne.de



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Laser technology in the spotlight

Innovation and information at IDS 2013

Applications for monochromatic light in the practice — The latest trends in the various equipment classes — Integrating laser technology into the existing concept of a dental practice — One of the main themes at IDS

Non-contact, often almost free of discomfort, and suitable for a wide range of applications — these and many other advantages make the laser a future-oriented therapy concept. **More and more dentists are already relying on the achievements of dental laser technology and are thus making use of a technology that offers immediate value for their patients.** But how does a dentist enter this attractive area of technology, or deliberately build it up into the focus of his or her practice? Dentists who are interested in the therapeutic application of monochromatic light should ask themselves the following questions: What do I want to use the laser for in the first place? Which speciality distinguishes my practice, and how can the new technology be used to support this speciality? When it comes to answering these questions and to the subsequent search for the right laser, interested dentists will find the concentrated expertise of the innovative dental industry and the associated trading companies presented at IDS 2013 in Cologne.

There is no such thing as a universal laser that covers all indications equally well in the field of laser dentistry. **Instead, the sector offers a wide range of different units for specific areas of application. Differentiating features include the respective characteristic wavelength, the medium and the form of signal produced by the laser.** For example, there are solid-state lasers, gas lasers and dye lasers. Within these groups, the lasers can be further classified into pulsed and continuous beam lasers. As far as wavelength is concerned, the spectrum of light emissions extends from the ultraviolet over the visible region all the way into the far infrared.

The CO₂ laser, a gas laser, opens up completely new possibilities in soft-tissue Page surgery. Its applications include frenectomies, vestibuloplasties and hyperplasia removals, where it is used as a minimally invasive scalpel replacement. Furthermore, it can also be used to smooth scars resulting from an apicectomy.

Dentists looking for a laser for hard-tissue applications will turn to an erbium:YAG laser. This can be used both for caries removal and enamel conditioning and for oral surgery procedures. Such applications include, for example, incisal ridge defects, lesions due to cleaning and



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multilayer constructions of dentin adhesives. The erbium laser also represents a worthwhile investment for a practice that is active in the field of paediatric dentistry, as it can be used for minimally invasive therapy of an incipient caries. What's more, unlike drilling, which is often painful and associated with disturbing sounds and uncomfortable bone-conducted noise, the laser works without physical contact and with minimal discomfort to the patient.

The International Dental Show (IDS) is a must for anyone in search of a comprehensive overview of the current state of laser dentistry.

sDiode lasers can be used to carry out both gingival surgical procedures and endodontic treatments. Multimorbid patients in particular profit from this form of therapy, which is why this technique provides an additional benefit for a practice, especially in the light of ongoing demographic change. Patients suffering from diabetes are much less frequently affected by wound-healing impairments after laser therapy, and the majority of patients receiving Marcumar can also be treated without the need for the internist to make changes to the blood-thinning medication.

The International Dental Show (IDS) is a must for anyone in search of a comprehensive overview of the current state of laser dentistry. Dentists and dental assistants will be able to optimally gather information and get comprehensive advice from expert manufacturers during the show, which runs from 12th to 16th March 2013.

"Trade visitors from practices and laboratories will have a unique opportunity during the International Dental Show, the world's largest trade fair for dental medicine and dental technology, in Cologne from 12th to 16th March 2013. Here they can gain a comprehensive overview of the spectrum of modern laser technology in discussions with specialists from the exhibiting companies and experienced users.

Source: www.ids-cologne.de



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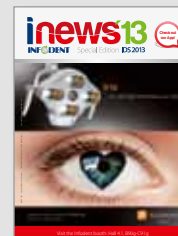
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