

Micro periodontal surgery kit

MEDESY The art of quality

Inside:



Focus on: Russia



• Outlook on: Israel



Market Overview:
 The Baltic States

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1st-4th October 2015



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10 live clinical demos Dental exhibition



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FIS point of **VIEU**







Editorial

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In a deeply changed global "market", both for companies and consumers, Infomedix felt the need to diversify his editorial and communicative signature.

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Infodent joins Ariesdue to give you a complete range of marketing & consultancy services

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SAME TRUSTED QUALITY



On this issue



FOCUS ON RUSSIA

"Russia, the world's largest country, covers one-eighth of the Earth's surface and spans over nine time zones across eastern Europe and northern Asia. It is a federal, semipresidential republic..."



OUTLOOK ON ISRAEL

"In a recent report, Espicom forecasts Israel's real GDP to grow by 3,2% and 3.5% in 2014 and 2015, respectively. While exports are improving, led by accelerating growth in the eurozone and the US, the domestic economic growth will remain sluggish..."



MARKET OVERVIEW: THE BALTIC STATES

"The Baltic States include three countries lying on the eastern coast of the Baltic Sea: Estonia, Latvia and Lithuania. Despite they have long been perceived almost as a single block or entity, they have very different historic roots diverging ties with the surrounding nations..."



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ORAL HEALTHCARE IN EUROPE

"Although the European countries spend on average 10% of their GDP on healthcare according to the OECD, oral health conditions of the Europeans are still very unequal and in need of attention and improvement..."



WORLD ORAL HEALTH DAY 2015

"World Oral Day is celebrated every year on the 20th March. It is an international day to celebrate the benefits of a healthy mouth and to promote worldwide awareness of the issues around oral health and the importance of looking after oral hygiene of everyone old and young..."

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6



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Epoxy Resin - Based Formula

- Outstanding flow characteristics allow it to reach and seal lateral canals

Low Shrinkage and Solubility

- Low Shrinkage reduce gap between the sealer and canal wall. Low solubility makes it resistant to breaking down over time

Easy Preparation and Short Setting Time

- 1:1 paste to manual mixing system on the mixing pad and offers 1 hour working time and 7-hour setting time
- Mixing and handling is very smooth

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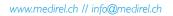
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SUN

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The KUT Diamond and Carbide Burs offers a Made in USA gold standard performance at an economical cost. They are very efficient in tooth preparation (natural diamond particles) and tungsten carbide, they cut very rapidly and continue to do so for multiple tooth preparations (ISOexceeding stainless steel shafts maintain concentricity and accuracy).

KUT Diamond and carbide Burs are priced as low cost level where a new diamond and carbide can readily be justified for every patient. They are sterile, single-packaged in dispensers of 25 individual burs.

Thus, there is no risk of cross-contamination while picking up a new bur. KUT Diamond Burs are available in numerous shapes and sizes for all types of operative procedures. All "kut" consistently well at the same low price.



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• NanoPaq – The nano composite that offers aesthetics and security.



NanoPaq is a light-curing composite with an ultra-fine, radiopaque glass filler. NanoPaq convinces by being a product completely "made in Germany" within the high quality of each of its ingredients. By cross-linking the nano particles, the physical values were optimized even further, making

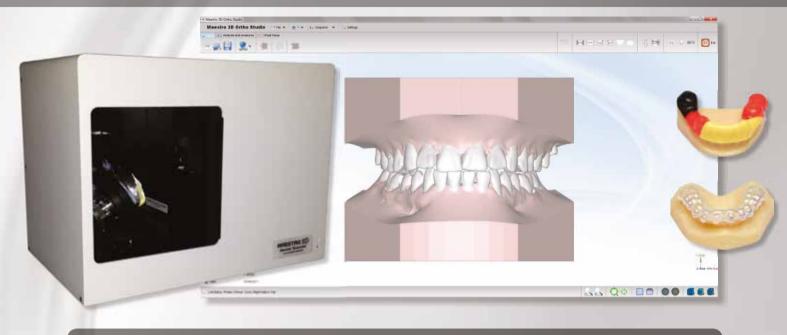
NanoPaq an excellent choice for anterior and posterior tooth restorations of all Black's classes. Different filler particle sizes make NanoPaq easy to shape and to polish. Special color pigments create highly aesthetic effects and help the restoration to blend into the natural dentition easily. This material facilitates minimally invasive fillings while preserving a maximum amount of natural tooth substance.

The outstanding physical properties of NanoPaq impress by a filler content of 83.5 % (percentage by weight), a minimized shrinkage and a very high Vickers hardness (1040 MPa), amongst others. NanoPaq is compatible with most available composites as well as adhesive and bonding systems.



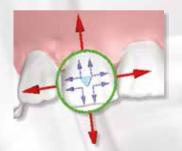


Maestro 3D DENTAL System Innovative solutions for dental applications www.maestro3d.com



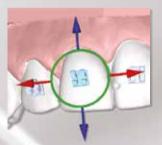
OPEN 3D DENTAL SCANNER

Attachment designer



Label designer

Brackets module



IPR Interproximal reduction



Models Builder module





Clear aligner module

Crown & Bridge





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Advertiser's Products

TRAUS SUS10 - Ultrasonic + Implant Dual Engine



SAESHIN established in 1976. SAESHIN has grown as the main leader in the field of High-precision medical device for 40 years with succeeding in sophisticated skills for Dental Handpiece. SAESHIN has been the first in Korea market as well as one of a representative in global market. Our items have been contributed to Surgical and Laboratory field for its developing.

Above all, SAESHIN has launched "TRAUS SUS10(Ultrasonic + Implant Dual Engine)" recently. Surely It is based on acquiring system certificate of ISO9001, ISO13485 and product certificate of KFDA, CE, CFDA. This unit is designed for osteo plastic amputation and including dental implant surgery. You can operate two treatments together with only one equipment. Now it is the best time to try our TRAUS SUS10. It will be a reliable partner for You.

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Maestro 3D Open Dental Scanner



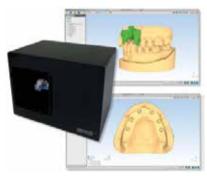
Maestro 3D is the scanner for dental applications. The system simplifies and automates the process of planning and production of personalized dental prostheses. Maestro 3D dental scanner allows the user to get in a simple and intuitive way, with a precision of 10 microns, the open STL files that will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

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WOIf Light Black Label (LED+ Plasma)



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• X-LINEAR DC



Unlike BEST X-DC, 0.7mm focus, wireless and with all functions integrated into the engine bloc, X-LINEAR DC, ergonomically designed with an oval shape and available as upmounted or downmounted (picture shows the downmounted version), is equipped with a touch keyboard switch with preset programs along the R10 scale. With a 0.4mm focus, which allows to obtain high-resolution images

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ORAL DRY clampable aspirator tips



ORAL DRY brings a unique and innovative solution to dental aspiration: made entirely of bio-compatible polymer, this new kind of aspirator tip can be fixed on a tooth during oral care, bringing both dentists and patients new level of comfort and safety.

ORAL DRY consists of an omega-shaped clamp, compatible with mandibular molars anatomy and two oblong aspiration tubes, perforated on their upper sides. The whole system is connected to a standard aspiration unit.

The system fits into any mouth and allows for continuous aspiration. The wide extraction surface, that covers all parotid, sublingual and submandibular salivary glands, provides a highly efficient saliva ejection, making cotton rolls largely superfluous.

As aspiration orifices are placed on the superior part of the aspiration tip, direction suction of the mouth floor or gum is avoided, preventing the occurrence of mucosa trauma.

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B. & B. Dental S.r.l. is a leading Italian company in the field of oral implantology, specializing in the development of dental implants and bone regeneration materials. The main dental implant lines are here described. DURAVIT EV Implant belongs to the latest generation of our implants and it is a new therapeutic solution indicated for cases involving spongy bone (D3-D4), post-extraction conditions, small diameter preparations and especially immediate loads. It guarantees

the achievement of higher primary stability and an optimal control during the implant insertion, giving also the opportunity to change its direction.

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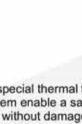
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atable position) of the entire verticulator with the models in occlusion, in order to increase the work performance and avoid problems during the realization of dentures and during jaws relations matching. Perfectly **plug&play**, DScan 3.2 comes with the **DentalCad** already installed in: the **complete CAD software for dental modeling with full functional coverage in a single license.** The newest version presents possibility to manage the verticulator, angled implant support, direct integration with software for smile design (like Digital Smile System) and a series of automated features that can improve the work performance and guide the user within the modeling constraints. **Job list:** Anatomic/Reduced/Pressed Crowns, Offset Copings, Bridges, Bars, Wax-up, Inlay-Onlay, Veneers, Telescopics, Maryland/Bite/Toronto Bridge, Multiple and single customized Implant, Attachment, Premilling Jobs. **www.egsolutions.com**

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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.

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5. Titanium curved micro scissors: like the needle-holder it has a very fine and precise tip for easy access in narrow areas.

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For more information, please visit our website at www.eped.com.tw or visit us at SINO DENTAL BEIJING, H81&H83.

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IDS 2015 Fair In Cologne



Once again MESTRA attended IDS with three objectives: to meet our international customers from 46 countries, to launch **IESTRA**[®] our new products and to get in touch with reality in the sector such as professionals, competitors, trends, innovations, etc. Also, there was the underlying desire of increasing the weight that MESTRA is acquiring year after year in the international



map of manufacturers of products for the Dental Lab.

Amongst the novelties presented by MESTRA we should mention a new aspiration unit (replacing veteran Eolo), a simple and economical tray trolley but the product that certainly arouse more interest among visitors was a new version of the boomergang dispenser with scales, significantly increasing the accuracy of the product.

At the end of the show, the management of MESTRA was very satisfied with the outcomes, and very keen on attending the next edition in the spring of 2017.

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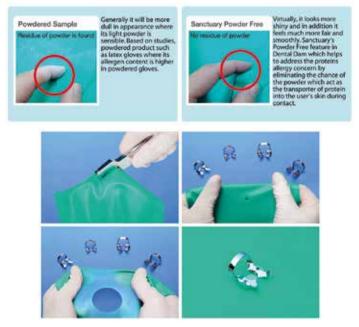
The world's first powder-free Sanctuary dental dam, Sanctuary Dental Dam offers better comfort, making it a better alternative compared to ordinary dental dam.

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Dental Dam Systems

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2. Sanctuary Dental Dam Punch is engineered to withstand the repetitive stress in application during every punch; developed for the purpose of durability in obtaining a perfect punch hole on a dental dam.

3. Sanctuary Dental Dam Forceps is light weight with easy gripping handle designed to allow for easy placement of any clamp size with infinite precision.

4. Sanctuary Dental Dam Frames are made from high grade stainless steel and come with two sizes 105 mm and 129mm.



Manufacturing Facility in Malaysia

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Focus on Russia

focus on PUSSIA

Russia, the world's largest country, covers one-eighth of the Earth's surface and spans over nine time zones across eastern Europe and northern Asia.

Author: Michela Adinolfi

Infodent International | 2 2015

verview

Russia, the world's largest country, covers one-eighth of the Earth's surface and spans over nine time zones across eastern Europe and northern Asia.

It is a federal, semi-presidential republic, divided into 46 regions known as oblasts, 21 republics, 4 autonomous districts named okrugs, 9 areas called "frontiers" or krays, 2 federal cities (goroda), and one autonomous oblast. The capital, Moscow, is a huge metropolis with nearly 10 million inhabitants.

Other major cities are St. Petersburg, the second industrial and cultural center; with 5 million inhabitants and about ten cities with a population ranging between 1.4 and 1 million: Novosibirsk, Yekaterinburg, Nizhniy Novgorod, Samara, Omsk, Kazan, Rostov-na-Donu, Chelyabinsk, Ufa and Volgograd. The low population density combined with the high urbanisation rate at 74%, makes the geographic distribution quite uneven with most of the population concentrated in the European region and especially in the areas surrounding Moscow and St. Petersburg, where about the 10% of the total inhabitants live.

According to the most recent estimates, the population of Russia is 143.9 million, with slightly more than 80% made up by people of Russian origin.

Of the 160 ethnic groups living within the country's borders, six count more than one million individuals, namely Tatars, Ukrainians, Bashkir , Chuvash, Chechens and Armenian.

Economy

Russia is the 6th largest economy in the world by purchasing power parity, with a GDP worth US\$3.6 trillion. The country has major deposits of oil, natural gas, coal, timber and many strategic minerals, whose export is the engine of the Russian economy, together with arms and high-tech military equipment.

Following the dissolution of the Soviet Union, instability and economic shocks gradually left room to a significant rise of average incomes and living standards, especially in the cities where poverty rates fell rapidly, but growth was very unequal and the conditions of rural inhabitants did not improve at the same pace.

Despite such deep inequalities, it is worth noticing how Russian middle class expanded considerably in the last two decades. Based on the OECD definition, 55% of Russian households are currently in this category, compared to 30% in Brazil, 21% in China and 11% in India, while 15% report an annual income above \$50 000 compared to 5% in Brazil, 2% in China and 1% in India. After a marked drop in the 2008-09 crisis, the economic growth is once again slowing down to a recessing trend in the first quarter of 2015. A very volatile currency, declining oil prices, and the economic sanctions imposed by the EU due to the Ukrainian conflict were all drawbacks to the economic climate that caused the majority of international financial institutions to predict a drop of nearly 3.8% of Russia's GDP in 2015.

In particular, investments are expected to suffer the biggest impact of the negative conjuncture, although on general terms state-owned economies, according to the agency "Nordea Markets", will receive enough money from the government budget to keep sustaining investment activity over the next two years. Inflation coupled with decreasing real wage growth will apparently continue weighing on household savings and consumption trends, but the effects of sanctions are unlikely to significantly affect the economic recovery on the longer term. More important to determine the path of recovery, as reported in a recent article by Russia-India Report, is the way Russian government will counteract the falling oil prices, whether it will plan structural intervention to improve the overall macroeconomic and business climate, or simply wait for prices to rise again.

According to a 2014 report by the OECD, structural reforms are precisely what Russia needs to raise potential growth and economic resilience. According to the organisation, achieving greater balance in the economy, reducing the dependency on raw exports and rents from resource extraction, requires both improving business climate and increasing productivity through focused spending on policies that support education and innovation.

The main barriers to this objective identified by the OECD are:

- Uneven law enforcement and mixed success in anti-corruption campaigns
- Transportation bottlenecks
- Regional disparities in administrative barriers

• Low level of innnovation activities and high labour turnover with weak social partnering

• Poor links between education institutions and businesses

• Poor R&D performance due to both incomplete reform of public R&D and low private spending on innovation

• Limited support for low-tech innovation and technology adoption, especially among SMEs

RUSSI2

Cover Photo

A matryoshka doll Russian or Nesting Doll. Bart Sadowski / shutterstock According to recent estimates, SMEs account for only 25% of Russian employment, compared to 50% on average in OECD countries. A further hindrance to the SMEs development is a negative attitude towards entrepreneurship, as shown by the 90% of the population that do not see opportunities to build businesses for themselves according to the latest Global Entrepreneurship Monitor report for Russia. The need to improve the conditions for businesses is also mirrored in some rankings reported in the 2014 World Bank Doing Business. Despite the considerable improvements in construction permits, getting electricity and transferring property, the required time to deal with these procedures is still very high for the international standards. Dealing with construction permits requires 297 days compared with 26 days in Singapore; obtaining electricity, instead reguires 162 days compared with 17 days in Germany, and registering property takes 22 days compared with I day in New Zealand.

Healthcare provision

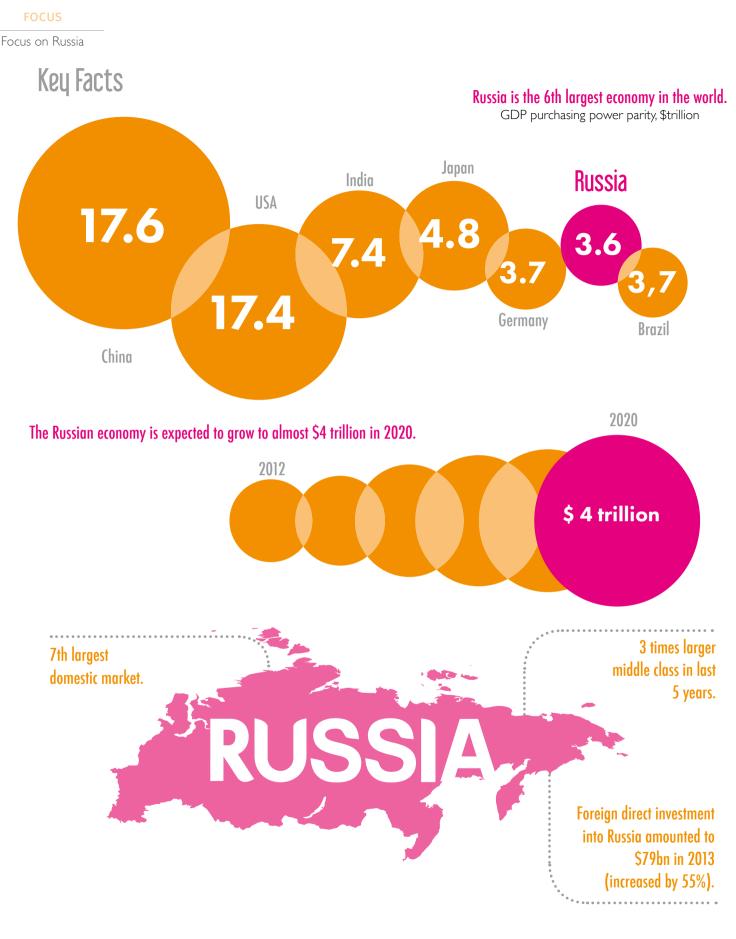
After the Soviet Union dissolved in 1991, the Russian health system inherited a highly centralized system focused on universal access to basic care. In 1993, a mandatory health insurance (MHI) model was introduced in order to replace the former financing methods. In 2006, a national project called "Health" was launched, with the aim to modernise the healthcare system by equipping hospitals and clinics and building new ones, conducting vaccination and health checkup programmes and reforming the medical technology and devices sector.

Compared to the early 1990s, the health indicators of the Russian population have improved dramatically but the marked urban – rural divide is evident in the unequal availability of healthcare services to urban and rural populations. Recently, federal health programmes have targeted primary care provision in rural areas, but they have to cope with low public health spending.

The control for healthcare budget and funding of special programs happens at the federal level, but regions provide the largest share of funding and control healthcare facilities and drug reimbursements. Despite free basic healthcare services are guaranteed under the national compulsory insurance program, the list of available drugs and services to which citizens are entitled depends on the decision of each of the 83 regions. Therefore, healthcare provision varies greatly across the country, with major centres and most specialists concentrated in Moscow and St. Peterburg.



Russia, Moscow Russia, Red Square, Winter, City Mordolff / shutterstock



Sources: IMF, Central Bank of Russia, Russian Federal Treasury, Rosstat, Moscow Exchange, UNCTAD, World Economic Forum Global Competitiveness Report

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Focus on





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Besides the compulsory insurance, approximately 14 million people (roughly 10% of the population) have some form of additional voluntary health insurance, mainly paid by employers. However, privately-financed health insurances and out-ofpocket payments are paid largely to public providers, as the private sector is very limited. According to the government's 'Health 2020' initiative, the role of private healthcare services should increase through more public-private partnerships and the creation of a unified insurance system for all citizens with harmonized and expanded benefits.

The Russian health system significantly favours inpatient care at the expense of primary care services. The hospitalization rate is reportedly much higher than in other countries of the WHO European Region and the high rate of emergency care calls account for a low efficient primary care network, which has been targeted by recent reforms.

Since last year, payment of outpatient care has been made more efficient by taking into account not only the volume of services (e.g. the number of visits) but also other characteristics (e.g. the number of patients, their age and sex, morbidity rates and the type of assistance provided).

Dental services

Traditionally, dental care services were given low priority in the Russian healthcare system and already in the Soviet era they weren't included in the basic care package that was universally guaranteed.

During the 1990s, new disciplines started to enter the Russian dental care sector, such as implantology, orthodontics, and cosmetic dentistry, bringing the practice to a more sophisticated level than the basic emergency care tasks it had performed over the former decades. As new lifestyle and models gained popularity, having healthy teeth gradually became more important and eventually raised a demand for professional, quality dental care and a more individualised approach to treatment. The patients began to expect modern clinics and equipment, in exchange for a heavy load of expenses to be paid out-of-pocket when seeking dental care. In fact, public oral healthcare is only a choice for those who cannot afford to be treated privately.

Children up to 16 years of age and elderly people living in either nursing homes or their own homes with social support are entitled to free oral care, usually delivered in municipal dental clinics or departments of general medical clinics, staffed by salaried dentists. Some orthodontic and prosthetic treatments are also included. The compulsory medical insurance is the main source of public oral healthcare financing, with budgets defined



at federal, regional and municipal level but practical arrangements determined mainly at the latter. On a secondary level, specialised dental and maxillofacial care are provided through dental hospitals and departments in general medical hospitals, also staffed by salaried dentists, and are funded directly by the state. Public dental facilities include dental polyclinics, dental departments and surgeries in outpatient facilities, but their number has decreased over the last 15 years.

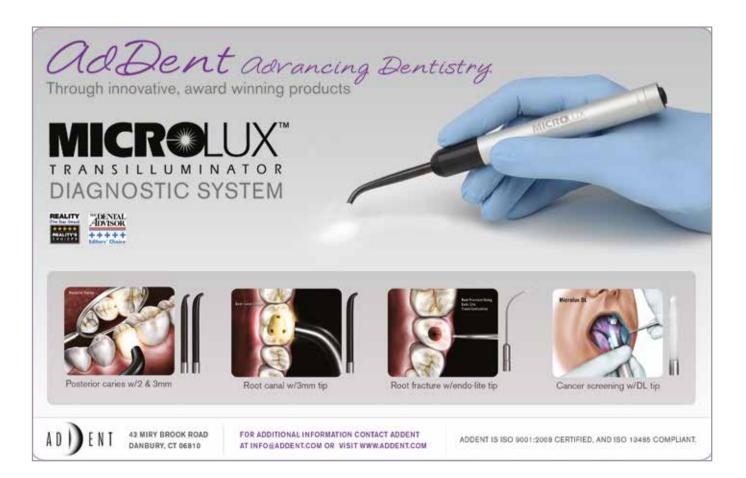
As a part of the reform programme for the healthcare system, in the next few years the provision of dental services should be organised in a three-tiered national system. The first level or local care provision will be represented by the general dental practitioner based on territorial dental districts across all regions, serving a minimum of 10,000 people, providing primary oral care, routine oral examinations (every 6 months), oral health monitoring and preventive programmes. In remote and under-populated regions, mobile dental offices should be used to provide dental care. The second level will deliver specialist oral care in dental polyclinics, while at the third level, federal and regional centres (and/or specialist departments in general medical hospitals) should provide high-tech hospital-based oral and maxillofacial care and complex prosthetics.

Currently, adult patients can receive free public dental treatments included in a list that varies from region to region, usually covering dental examinations, scaling, prophylactic and periodontal treatment, fillings, root canal treatments, simple bridges, extractions, and surgical procedures. However, the majority of the adult population seeks private oral healthcare and pays for it without any reimbursement, but in some cases they may get reductions on income tax for dental expenses, which are subject to variations since prices are not regulated.

Industry sources report approximately 11,000 state and 6,000 private dental clinics in Russia. The dental workforce is estimated to count 89,000 dentists and more than 22,000 technicians operating in the public sector and more than 21,000 dentists and 13,000 technicians working in private dental clinics. Moreover, an estimated 19,000 "tooth doctors" or zubnoyvrach, are allowed to deliver some dental treatments after taking a short three-year course in those regions where this is permitted. However, many of the larger cities including Moscow and St. Petersburg do not allow such practice.

The dental market

According to industry observers, the Russian population has become increasingly sensitive to the importance of oral healthcare. Well-off Russians often travel abroad to get quality treament, but there is also a marked growth in the attention to preventive products, partly due to the high cost of dental services. The middle-income group is adding to the consumer base, expanding the number of dental visits to over 165 million a year.



Infodent International 2 2015

A recent report by "Bricpartner.com" claimed that the Russian dental industry is becoming an important asset in the overall Russian medical market. Due to minimal public funding, the majority of dental services are provided in private dental clinics or fee-for-service departments in state dental clinics, largely located in major cities and urban areas, above all Moscow that leads the dentistry market with over 720 private clinics. Many of them concentrate on the wealthier segment, therefore, competition is less fierce in the segment of clinics that serve the middle- to low-income groups. However, the essentially private nature of the sector shields it from the problems related to the limited public healthcare financing.

There is a marked public-private price gap which is consistent with the different quality of the equipment purchased. Many private clinics buy modern and sophisticated devices such as dental lasers, modern X-Ray equipment and tooth bleaching systems, and provide high-quality implantation and oral hygiene treatments, comparable to those obtained in other European countries.

The Russian market for medical equipment and supplies is estimated at \$6 billion, and the dental sector's share is approximately \$1 billion. The demand for equipment and supplies is primarily met by imports, and almost all the largest multinational companies have a base in Russia, mainly from US, Germany, Italy, France, Switzerland, Japan, Spain, and Finland. Due to geographic proximity, European product have an advantage in the high- and mid-price range. However, there is also a significant presence of competitors in the lower-price range from Brazil, Argentina, Korea, China, Slovenia and Turkey. Domestic production supplies roughly one-fifth of the devices and products on the market.

The main import categories are:

- dental chairs, particularly sensitive to high-quality, well-designed equipment
- equipment for dental laboratories
- endodontal devices and supplies
- X-ray equipment and supplies, modern ultrasound equipment
- Anesthetics (local and topical) and syringes, with demand far higher than domestic offer and a preference for imported products
- Cosmetic dentistry, bleaching systems, a recent but promising subsector
- Hygiene and scaling instruments
- Pediatric sealants
- Removable and permanent prostheses

On the other hand, the market for implants and orthodontics is still limited in size but expected to expand. As regards used equipment, most of the demand comes from state clinics that do not share with the private facilities the concerns on offering a more sophisticated image.

The two main associations that regulate the industry are the Russian Dental Association and the Russian Dental Industry. The several regional shows and the two main nation-level exhibitions, one in April ("Dental Salon") and one in September/October



PHOTO Russia Village vnosokin / shutterstock

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Focus on Russia

(Dental-Expo), provide a set of opportunities to explore the Russian market, keeping in mind that logistics and bureaucracy may pose some challenges to market access, especially in absence of a trusted and well-established partner.

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Outlook on Israel

An outlook on Israel's healthcare system and life sciences industry

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Author: Michela Adinolfi

Economy

n a recent report, Espicom forecasts Israel's real GDP to grow by 3,2% and 3.5% in 2014 and 2015, respectively. While exports are improving, led by accelerating growth in the eurozone and the US, the domestic

economic growth will remain sluggish, with private consumption remaining at the same levels of GDP growth during 2015 and government spending on public services limited by austerity policies. Unemployment rate is expected to peak at 6.7% in 2014 and return to approximately the same average of 2013 during 2015 (6.5%).

Over the 2014-18 period, a moderation of austerity policies combined with increasing exports and low inflation are expected to rise real GDP growth up to 4%. Despite the Israeli economy is strong, some risk factors remain the tense political climate, as negotiations with Palestine proved inconclusive so far, and the lower-than-average performance in business transparency, bureaucracy and legal diligence ratings among the OECD countries.

Healthcare

Population healthcare status

According to the "Industry Report Healthcare Israel", health indicators in Israel are good, as life expectancy (81.4 years in 2013) is the highest in the Middle East region and the infant mortality rate (3.6 per 1,000 live births in 2013) is comparable with other developed economies. Nevertheless, there are significant disparities between different communities.

The Arab community shows a prevalence of diseases typical of developing economies, while the wealthier groups are increasingly affected by obesity and other lifestyle issues, such as diabetes and heart disease. Moreover, birth abnormalities are more common in certain low-income sectors of the population including ultra-Orthodox Jewish and Arab populations.

Health system organisation

Israel has a universal healthcare system with generally high quality standards. The Ministry of Health provides and co-ordinates health services, and it is responsible for the health legislation and the maintenance of medical and drug quality standards. Patients are entitled to choose their doctors, hospitals and other medical services from a list of providers, including the health ministry, the municipalities, private profit-making and non-profit bodies and the healthcare funds.

Public health services, operated by district and regional health offices, include dental care, environmental health administration, epidemiology and laboratories, food service, mother and child care, and health education.

A key advantage of the Israeli healthcare system is the high standard of primary care, due to a prioritization policy carried out over the last two decades. Patients generally use primary health clinics as first point of call and they are gatekeepers to hospitals and specialist care. 24-hour hotlines, evening and urgent care services and home visit services contribute to reduce the burden on the secondary and tertiary care level. Moreover, information technology platforms help patients suffering from chronic conditions to perform self-monitoring tasks and ensure regular check-ups.

Among the major strengths of primary care in Israel, there is the extensive range of data collected by community health facilities on nearly the entire population through electronic patient records based on the specification of a minimum data set called the Quality Indicators in Community Health Care (QICH) programme. The QICH includes basic patient demographics and 35 measures across six key areas, identifying some risk factors for poor health (e.g. obesity), monitoring the quality of care being delivered, tracking drug utilisation and measuring selected treatment outcomes.

Israel was also an early adopter of Health IT and telemedicine, with almost 20-year implementation expertise. It was one of the first countries to introduce electronic clinical decision support systems and online indicators for medical and service quality. Currently, Electronic Medical Records (EMR) are used by 99% of primary care physician in Israel, while the use of Computerized Physician Order Entries (CPOE) and E-Prescribing is estimated at 95%.

Another peculiar feature is the prevalence of healthcare teams over solo practitioners. Teamworking has been actively encouraged by the healthcare institutions by promoting larger clinics with doctors salaried by the managing health fund, and partly also through financial incentives for independent practitioners to collaborate with healthcare teams. This is a significant difference from other OECD countries' health systems where a large proportion

Cover Photo

Tel Aviv and Ramat Gan Skyline at sunset Dmitry Pistrov shutterstock

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of doctors continue to work as solo-practitioners. The average primary care clinic in Israel is staffed by the equivalent of 3.4 general practitioners, 2.6 nurses, 1.5 practice assistants and most have a practice manager.

However, despite the strong focus on primary care, the overall occupancy rate in Israeli hospitals is 97%, the highest of all OECD countries that report an average of 76%. On the other hand, the average length of stay is 4.3 days, well below the OECD average of 6.5 days.

Hospitals are divided into four main categories: general care hospitals, psychiatric care hospitals, long-term (chronic) care facilities and rehabilitation units. In 2013, there were an estimated 374 hospitals in Israel, 188 managed by the public sector and 185 by the private sector. Israel has approximately 44,000 hospital beds, with a ratio of 5.7 per thousand population, much higher than the Middle East and Africa average of 2.3; over half of these beds, as well as most preventive health services, are provided directly by the Ministry of Health and financed by the state budget with around 25% of the total for general hospitals and 50% for mental hospitals.

In 2013, there were around 1.4 million inpatient admissions to Israeli hospitals, with an inpatient rate per thousand population of 178.4, much higher than the 79.7 average for the Middle East and Africa region in 2013.

In terms of ambulatory care, there were an estimated 35.3 million outpatient visits in 2013. The outpatient rate per thousand population was again much higher than the Middle East and Africa average (4,568.3 against 3,108.1 per thousand population).

Several hospitals are run by private associations with their own health funds. The role of the private sector is expected to grow along with the efforts to cut operating deficits, most likely by turning an increasing number of hospitals into financially independent, privately-funded institutions in the future. Yet this measure, as well as the possibility for public hospitals to offer private treatment, aren't universally welcome. Moreover, both public and private hospitals attract medical tourists particularly from the US and Eastern Europe, but this caused some concerns that high-paying foreign customers may be prioritised, thus diminishing the standards of care available for Israelis.

Health Insurance

Israel has a tax-funded national health insurance that provides universal healthcare coverage. Israelis choose among four competing health insurance funds, which must offer insured people a basic package of health services. In order to access these service, all residents need to pay the health insurance tax (a progressive contribution paid out of salary integrated by state funding) and to register with one of the four non-government, not-for-profit health maintenance organisations (HMOs) that provide medical services. Each health fund receives a yearly per capita allocation from the government, adjusted for age, gender and location of the people insured. According to the OECD, the two largest funds (Clalit and Maccabi) cover around 80% of the population. The health funds may either run the clinics they own directly or by contracting with independent providers and among the four funds, Clalit runs the largest number of facilities.

The standardised healthcare package includes ambulatory care and hospital services, but around 75% of the population adds a supplementary insurance from one of the four health insurance



funds to cover services outside the basic package. The government is tyring to guarantee equitable access to healthcare, for instance it has lately extended the insurance basket to 83 medicines and medical technologies, at a total cost of US\$86.8 million.

Yet, about one third of the population buys commercial health insurance to cover extra services such as dental care, ancillary services, and to choose their private provider. A further two-thirds of the population also purchases commercial insurance for longterm care.

Healthcare funds accounted for only around 33% of total health services in 2012 (compared with 43% in 2003), with private doctors, dentists and other private medical entities and market producers providing 56%, and various non-profit institutions accounting for a further 11%.

Healthcare Spending

Unlike most OECD countries that have been facing rapidly rising healthcare costs, Israel's healthcare spending has remained among the lowest until recent times, at about 7.6% of GDP in 2013, equal to US\$20.4 billion or US\$2,636 per capita (Espicom estimate).

Around 64% of this amount is spent in the public sector, while the remaining 36% is private (a slight decrease from 2012, when it accounted for 38.3% of total health spending according to the WHO).

Of this share, out-of-pocket payments made up 65.3%, while private health insurance accounted for 26.5%. Private spending mostly covers dental care (although children are supposed to receive it for free), co-payments on medications and the cost of supplementary insurance.

With an estimated average population growth of 1.7% a year, per capita health spending is forecast to reach US\$3,759 by 2018. This means an average total health expenditure growth of 9% in US dollar term.

A pressing issue for Israeli's healthcare financing is the increasing deficit of the health funds, which amounted to US\$570 million in 2012, a 50% increase on the previous year. Further financial pressure is expected in the near future due to the extension of healthcare coverage to thousands of Palestinians living in Israel under family unification arrangements, and to the rising elderly population and incidence of chronic diseases, requiring to add more treatments to the insurance package.

PHOTO Next Page **Tasting figs at the market.**

A man shopping for fresh fruits, is tasting a fresh fig in a market stall at the famous Mahane Yehuda Market in dowtown Jerusalem. *MaestroBooks / istockphoto*



Outlook on Israel

Healthcare Personnel

In 2013, there were an estimated 23,930 physicians in Israel, with a ratio of 3.1 per thousand population. This rate is twice the Middle East and Africa average (1.5 in 2013), and it compares well with other developed countries (3.5 per 1,000). The high number of doctors and dentists partly reflects the immigration of physicians from the former Soviet Union during the 1990s. However, as these doctors reach the retirement age, there may be a potential shortage of medical professionals. This is also confirmed by OECD's estimate of 70% of Israel's licensed physicians and nearly 60% of nurses beign aged over 45.

Israel used to rank quite low in terms of young graduates (4.99 per 100,000 population, compared with an OECD average of 10.6) and nurses (4.8 nurses per 1,000 people, compared to the European average of 8.8).

Despite the efforts to improve these figures are commendable, the government needs to support healthcare personnel employment in primary care settings rather than in hospitals or specialised care, while at the same time introducing stronger measures for continuing professional development to guarantee that the skills of the older medical workforce remain current. For instance, around 55% of nurses have at least a first degree, and one-fifth of these also have a higher degree. The government is making efforts to promote further academic training, but they should be compensated by policies aimed at guaranteeing a sufficient number of nurses in community and primary care facilities, particularly in disadvantaged areas, to prevent the deepening of health inequalities.

Health system issues and challenges

• Deep-rooted inequalities. The substantial inequalities between the Jewish and non-Jewish population, which also includes the poorest groups, are generally the result of interconnected geographic, socio-economic and ethnic factors. Therefore it is difficult to tackle the related health outcomes without intervening on the roots of the issue.

The Arab population, concentrated in the northern and southern parts of the country, is the largest non-Jewish group in Israel, and generally poorer than the Jewish population. This reflects in poorer health outcomes: lower life expectancy and higher infant mortality rates, as well as in higher probability to suffer from diabetes, hypertension, heart attacks and strokes.



Deep-rooted inequalities. The substantial inequalities between the Jewish and non-Jewish population, which also includes the poorest groups, are generally the result of interconnected geographic, socio-economic and ethnic factors.

PHOTO

Jerusalem. Jerusalem at dusk, view from the Olive Mountain. Fred Froese / istockphoto

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Dubai Healthcare City, Ibn Sina Medical Complex #27, Block B, Office 203 | P.O. Box: 13636, Dubai, United Arab Emirates Tel: +971 4 3624717, Fax: +971 4 3624718 | E-mail: info@aeedc.com, Website: www.index.ae Even within the Jewish population there are great disparities, with mortality for Jews born in Asia, Africa and Europe up to 70% higher than among Israeli-born Jews, and pockets of poverty concentrated among Ultra-Orthodox Jews, who often also have distinctive health behaviours.

• Uneven distribution of health resources. The different density of health workers may be taken as an instance of the different availability of health services across the country: Jerusalem and Tel Aviv have 16.4 and 18.4 health care staff per 1,000 workers, compared to 11.2 and 10.0 in the North and the South respectively. Combined with the lower economic status, peripheral areas experience higher unmet demand for health services and lower resources. To fill this gap, the government has introduced a "remoteness factor" into the formula for allocating public health insurance funds to the four funds, aimed at rewarding health funds with population living in more remote areas. Some further actions include the establishment of a new medical school in Galilee (North) and efforts to increase the number of hospital beds in peripheral regions, as well as incentives to promote health programs among disadvantaged populations and to attract health personnel in these areas.

• Rising out-of-pocket costs. Israel is one of the OECD countries with the highest out-of-pocket expenditure as a share of household consumption. Lower incomes are much more affected by this trend which may prevent families from seeking even necessary treatments, impacting on long-term health outcomes. Areas of intervention may be the extension of the insurance basket and preventative services for households in higher need, at the same time avoiding to increase co-payments for essential health services.

Life Sciences Industry

Israel has achieved significant, internationally renown results in scientific research, medical device and bio-pharma patents, stem cell research and therapeutics, with a rich pipeline of R&D companies and multinationals such as Johnson & Johnson, Perrigo, GE Healthcare, Phillips Medical, Abbott Laboratories, Merck Serono and Sanofi. Furthermore, the technological incubator network, with more than 20 incubators throughout the country hosting up to 15 companies each, has proved to be an effective tool for encouraging research and development in the life sciences, providing start-ips with secretarial, legal and business development services. The incubator provides funding of approximately US\$500,000 for the first 2-3 years of the life of the company, helping it overcome the highest risk phase and scarce private funding. The program has been active since the early 1990s and 1000 companies had already graduated by 2012. They have reached the stage of independent, external funding and around one-third of them have already begun to generate revenue.

In 2011 life sciences exports reached US\$8.9 billion, an increase of 10% over 2010. The total value of the industry was estimated at US\$327 billion in 2013 and it is forecasted to reach US\$434 billion in 2017. Medical devices account for the largest share of the industry (62%) followed by Biotechnology and Pharmaceuticals (both 12%) and Healthcare IT and Life Sciences services (both 7%).

The Medical Device Market

Highlights

• Healthcare expenditure estimated at US\$2,687 per capita in 2013 and 7.8% of GDP.

• Population estimated at 7.7mn in 2013, with a rapidly growing elderly demographic contributing to rising healthcare costs and the burden of non-communicable diseases.

• In 2013, Israel had 374 hospitals, and a ratio of 5.7 hospital beds and 3.1 doctors per 1,000 population;

 Second largest medical device market in the region, with a strong and advanced local industry but mainly export-oriented;
 83% of the market still supplied by imports

83% of the market still supplied by imports.

According to a recent Espicom report, Israel has the highest rate of registered medical device patents per capita in the world, with cutting-edge innovations that have already been adopted worldwide and some others that are still undergoing clinical trials. Israel is the second largest medical device market in the Middle East region after Saudi Arabia, estimated at US\$1,099.4 million, or US\$141 per capita.

The market is expected to expand by around 7% annually over the next three years, reaching US\$1,570.9 million, or US\$186 per capita by 2018.

The country has a strong medical device production, estimated at around US\$2 billion in 2012. The domestic manufacturing industry is mainly export-oriented, with US\$1,738.1 million exported in 2012 (+3.7% compared to 2011), half to the USA and the rest mainly to Germany and China. Given the isolation of Israel from the neighbouring Arab countries, trade with the EU and the USA plays a dominant role in virtually all industry sectors.

The USA and Germany are not only leading export destinations, but also leading suppliers of imports to Israel, who is heavily dependent on imports to supply over 80% of the market: in 2012, they accounted respectively for 31% and 10% of total imports, for a combined total of US\$328.2 million. Other key suppliers included China, Japan and Switzerland, while the European Union as a whole supplied a third of the total at a value of US\$268.5 million. High-end products, especially electromedical and diagnostic imaging apparatus, account for the largest import share in value terms.

MARKET OVERVIEW

Outlook on Israel

Medical device market by product sector, 2013			
Sector	Market size, Us\$ mn	Market Share, %	Main supplier
Diagnostic Imaging	332,5	30,2	
Electrodiagnostic prod.	134,7		USA, China
Imaging parts/access.	48,		EU, USA
Radiation apparatus	49,7		USA, Germany
Other medical devices	284,8	25,9	USA, EU
Consumables		18	
Dental Products	77,3	7	
Instruments and supplies	70,6		EU
Drills, chairs, x-ray	6,7		USA, Japan, China, Germany
Orthopaedics and prosthetics	50,1	4,6	USA, Germany
artificial body parts	27		
artificial joints and	11,3		
Patient Aids	156,7	14,3	
hearing aids/pacemakers	112,5		USA, Switzerland
therapeutic appliances	44,2		China, Usa



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Medical Device Imports

In 2012, imports grew by 2.7% to US\$ 798.2 million, while in the 12 months ending June 2013, the value of medical device imports climbed by 3.7% to stand at US \$828.4 millioin.

This growth was fuelled by strong growth in both the consumables and diagnostic imaging categories. The pace of growth accele-rated in the three months ending June 2013, when the value of medical devices stood at US\$225.5 million, with a 16.6% increase on the same three month period in 2012.

Sector	Import value, Us\$ mn	Share of total imports, %
Consumables	159,3	20
syringes/needles/catheters	113	
Diagnostic Imaging	235,4	29,5
electrodiagnostic apparatus	106,5	
radiation apparatus	28,7	
imaging parts & accessories	100,3	
Dental Products	50	6,3
capital equipment	5, 1	
instruments & supplies	45	
Orthopaedics and Prosthetics	41,3	5,2
Patient Aids	132,7	16,6
portable aids	98,5	
therapeutic appliances	34,2	
Other Medical Devices	179,4	22,5
hospital forniture	14,9	
ophthalmic instruments	13,4	

Medical Device Exports

In 2012, after a slowdonwn period following 2009 crisi, medical exports grew again to total US\$1,738.1 million. Between 2007 and 2012, export sales had a CAGR of 5.2%. In the 12 months

ending June 2013, the value of medical device exports climbed to US\$1,768 million, a 2.5% increase on the same 12 month period ending in June 2012. Diagnostic imaging and patient aids were the only two categories to post a decline.

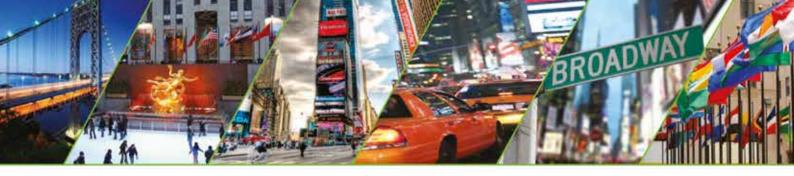
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syringes/needles/catheters	113	
Diagnostic Imaging	235,4	29,5
electrodiagnostic apparatus	106,5	
radiation apparatus	28,7	
imaging parts & accessories	100,3	
Dental Products	50	6,3
capital equipment	5,1	
instruments & supplies	45	
Orthopaedics and Prosthetics	41,3	5,2
Patient Aids	132,7	16,6
portable aids	98,5	
therapeutic appliances	34,2	
Other Medical Devices	179,4	22,5
hospital forniture	14,9	
ophthalmic instruments	13,4	

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MARKET OVERVIEW

Baltic States

The Baltic States

The Baltic States include three countries lying on the eastern coast of the Baltic Sea: Estonia, Latvia and Lithuania. All of them belong both to the EU and the NATO.

Author: Michela Adinolfi



espite they have long been perceived almost as a single block or entity, they have very different historic roots and diverging ties with the surrounding

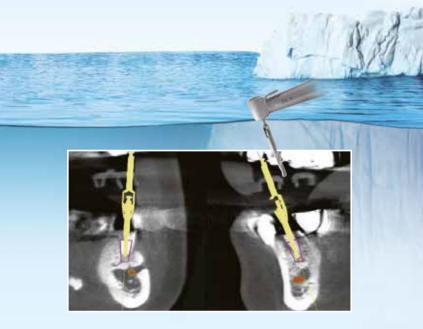
nations.

Estonia, for instance, does not share with the other two the common Indo-European origin, and its language derives from the far Uralic family. However, the linguistically closer Latvia and Lithuania haven't had close relationships with each other, but rather with opposed neighbours, since the former has shared much of its history with Estonia, while Lithuania formed a commonwealth with Poland that created one of the largest countries in Europe.

Cover Photo

Evening scenery of Tallinn, Estonia scanrail / shutterstock

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In recent times, the country has continued to privilege contacts with its traditional Polish partner, while Estonia has done the same with Finland. As a result, Latvia remained more isolated from its western neighbours.

According to the Baltic Development Forum, the current disrupted relations with Russia are creating a decrease of trade opportunities for Baltic States in the Russian region. However, apart from energy supply, their exports to Russia account for around 10% of the total, while the diminished imports weigh more, especially in Lithuania.

All of the three countries performed positively in the last few years in terms of economic growth, with the only exception of Estonia's 2013 crisis.

Baltic States GDP 2010 - 2015

Estonia

GDP (current US\$)\$24.88 billionPopulation, total1.3 millionCapital:Tallinn

Since gaining independence from the former Soviet Union, Estonia has adhered both politically and economically to western Europe, joining the EU and Nato in 2004. After the break out of the Ukrainian-Russian conflict, some tensions arose in Estonia in fear of possible westward moves of its powerful neighbor.

In a decided push towards free-market economy, Estonian governments have privatised state enterprises, introduced a flat-rate income tax, encouraged deregulation, free trade and focusing on information technology, at the same time keeping an eye on maintaining low public debt rates. As a result of

	2010	2011	2012	2013	2014 (e)	2015(e)
Estonia	2.6	9.6	3.9	0.7	2.8	3.8
Latvia	-1.3	5.3	5.0	4.0	5.0	4.2
Lithuania	1.6	6.0	3.7	3.2	3.2	4.3

Source: BDF







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the technology-driven investments, Estonia has the world's fastest broadband networks with widespread free wireless internet. Completing a process of informatisation of public services, Estonia was the first country to allow online voting in a general election.

After a peak in foreign investment following EU access, the 2008 crisis hit the economy but as soon as January 2011 it was again sound enough to join the Euro area.

The natural resources present in Estonia, mainly oil shale, forestry and the services sector are the main contributors to the economy. In 2013, export of goods and services accounted for 95% of GDP, about 70% going to European markets, particularly Sweden, Finland, Russia, Germany, Latvia and Lithuania, that are the main trade partners. Export of goods totalled \in 12.3 billion and export of services \notin 4.5 billion, while import of goods was \in 13.7 billion and import of services \notin 3.2 billion. Both in the import and export composition, machinery and equipment account for the largest share, followed by mineral products, agricultural products, and food preparations.

The favourable conditions such as equal treatment, unrestricted repatriation of profits and tax-free reinvested corporate profits attract foreign investment, with leading per capita FDI inflows (\in 15.5 billion in 2013).

The focus on e-services informs the healthcare sector as well. About 80% of the market is covered by imports, that reached US\$133.3 million in the 12 months to October 2014, representing an year-onyear growth of 11.9%. At the same time, medical device exports decreased slightly in the same period totalling US\$133.5 million, but due to previous years' growth, the balance of trade amounted to a surplus of US\$7.9mn in 2013. Domestic medical device production is estimated at US\$150 million.

Latvia

GDP (current US\$)	\$30.96 billion
Population, total	2.01 million
Capital	Riga

As it happened in Estonia, Latvia was a quick adopter of free-market policies right after its independence. The 2008-09 crisis interrupted a continued growth (50% between 2004-07) and caused a severe recession that prompted political turmoils and protests following austerity measures.

It took Latvia some more time to recover from the shock compared to Estonia, and it was able to join the Euro only last year, although the transition wasn't universally welcome. Despite the unemployment assistance measures and other social safety interventions, unemployment remained high causing a massive emigration of young people. The economy has returned to healthier outcomes but the country needs reforms to boost productivity and strengthen competitiveness in order to achieve more sustainable long-term growth. In the midst of the persisting effects of the euro area recession, the performance of Latvian economy is expected to remain quite positive with average 4% GDP growth up to 2017.

According to the Latvian investment agency, in the last 15 years there were significant efforts to improve the country's healthcare sector. In the decade 2003-13, hospitals were reduced from 131 to 39 and specialised institutions took over the control on specific functions.



Photo Historic Trakai Island

Castle illuminated at night, Trakai, Lithuania fotomem / shutterstock





Infodent International | 2 2015

The health sector is one of the largest employer, with around 40,000 workers and a 3.8% share of the services sector in GDP (2013). While public health spending is among the lowest in the EU at 3.3% of GDP (2012), private expenditure is around 40%, mostly covered by direct out-of-pocket payments as private insurance plans are little widespread. This is why the Latvian government is aiming to increase public insurance coverage and to promote private insurance plans, in addition to planned welfare investment in nursing and social care facilities.

Medical tourism is an important branch of the sector, benefiting from good connections to major cities in Western Europe, Russia and the CIS and an established reputation as a spa destination.

As regards the medical market, the percentage covered by imports is significantly high (91%), with total value of US\$136.6 million in 2013, an increase of 20.9% compared with 2012, but a negative CAGR of 0.9% for the 2008-2013 period. On the contrary, exports increased by CAGR of 16.3% between 2008 and 2013, but registered a decline of 5% in 2014 due to a sharp decrease of diagnostic imaging exports. The local medical manufacturing industry does not reach US\$100 million, but its product range is quite diversified even if not very sophisticated.

Lithuania GDP (current US\$) Population, total Capital

\$45.93 billion 3.3 million Vilnius

Lithuania is the largest Baltic state, with a historical connection to Poland to which it was formerly united. It has only joined the eurozone this year. The familiar path of financial crisis and subsequent austherity measures left a more prolonged legacy to cope with, mirrored in the slightly higher poverty rate compared to the two fellow countries. However, it is worth noticing that over the 2004-14 decade, the Lithuanian GDP rose by 38% and it has recorded a stable 3.3% annual growth rate since 2012. According to economy officials, with the access to the eurozone the country will follow the same path of Latvia and Estonia, completing the Baltic region's economic integration and becoming more attractive for foreign direct investment.

One of the major advantages of Lithuania is a well educated and skilled workforce with consistent linguistic competences (over 50% speak at least two foreign languages) that is able to attract high value added industries. Lithuania's transport network also provides a good export platform for foreign manufacturers interested in accessing the Russian and CIS markets.



MARKET OVERVIEW

Baltic States

Like Estonia, Lithuania has invested in broadband speed and fibre connection, reaching the top rank in Europe. Five integrated science and business Valleys support R&D activities in key hightech sectors including life-sciences. Given the government focus on innovation-driven economy, the Lithuanian medical devices industry has been growing impressively in recent years and it is currently the largest one among the three Baltic states. In fact, in 2013 the Lithuanian medical device market was valued at an estimated US\$257.4 million, forecasted to reach 328.7 million by 2018.

Medical device imports supply around 90% of the Lithuanian healthcare market, principally from EU countries. After having increased at a CAGR of 7.2% (US\$ terms) between 2008 and 2013, in the 12 months ending November 2014 import vaue rose by 27% up to US\$394.5 million. In the same period, exports grew by 33% to US\$419.2 million. Domestic medical device manufacturers focus mainly on the dental, orthopaedic and prosthetic subsectors, for a total estimated value of around US\$300 millio.

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Press Releases



Cambodian Dental Association

Cambodia is a country situated in the southern portion of the Indochinese Peninsula in Southeast Asia bordering with Thailand, Laos and Vietnam, with a population of sabout 15.205.539, GDP (nominal) 1.108 USD per capita, based on 2013 statistic. According to the World Bank, Cambodia Economy continues to enjoy robust growth, and an estimated growth have reached 7 % in 2014. However, the growth to be focused for 2015 and 2016 is about 6.9%.

From 1975 to 1979, Cambodia has suffered from genocide in which Dentistry was gone so Cambodian Oral Health Status has been down to Zero. Later after 1979, The Cambodian dentistry has started to recover again but with a very slow progress, due to the fact that most of human resource was deteriorated. Despite the difficulties to recover, Cambodia Dentistry has been brought back to light again and with a potential foundation to grow.

Practically, Cambodia dentistry has come a very long way back from a traditional dentistry to advanced innovative dentistry. Because of the growing economy and thanks to the betterments of education, nowadays Cambodian people has a better living standard, understanding and caring more about their Oral Health. In the last 15 years, patient's demands have remarkably increased. They focus not only on functioning, aesthetic and health that have to be restored, but even on the priority to improve the comfort of the treatment. More and more expats come to Cambodia looking for dental treatment as well, for several reasons: low cost international standard treatment, comfortable and trustworthy dental health care service, including oral health prevention, filling, esthetic veneer, orthodontics, Implant and so on, but especially for the effectiveness of timing for treatment. Hence, Dentists are upping their treatment skills along with high technology and innovative products. With this demand, the number of dentists also increase. Now there are more than 1200 dentists including fresh graduated. In the past 7 years, there was only one public dental school which produced around 20-30 graduated dentists each year. But now there are five dental schools with over 100 fresh graduated each year. The Dentistry in Cambodia, although young, is growing.

This improvement and growth of the cambodian dentistry has been realized thanks to the help of regional and international dentists. These colleagues have voluntarily contributed to our dentistry development in matter of facilities, academies, international networking and still they support us. Therefore, we will never thank them enough for their contribution.

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Besides the splendid showcase of products and technology presented by the exhibitors, over 200 top-level academic seminars and workshops will also be held during the exhibition period to introduce the most updated academic and technology development in dental field.

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G & H Orthodontics

G&H Orthodontics Launches New Brand and Product in celebration of 40th Anniversary

Franklin, Ind. (May 6, 2015) — G&H Orthodontics, a leading orthodontics company, launches a new brand focused on serving the orthodontic community with "Quality Manufacturing and Exceptional Service."The formal rebrand of G&H Orthodontics will launch at the American Association of Orthodontists Meeting, May 15-19, 2015 in San Francisco, CA, with full implementation this year.

Commemorating 40 years serving the orthodontic community, the rebranding is a significant milestone that will mark the beginning of a new chapter at G&H Orthodontics following a history of significant growth and expansion.

"In 2012 G&H acquired Orthodontic Design and Production, a manufacturer of high-quality brackets, bands and tubes, and our rebranding is a natural outcome of this successful merger. We have fully integrated our Customer Service, Sales, Marketing, Manufacturing and Distribution departments with such success that we were selected by **GE Capital as Performance Improvement Partner of the Year,"** said Kevin McNulty, President and CEO, "Our rebranding symbolizes that every team member is dedicated to deliver on our mission: **To provide our customers with a great experience achieved through quality manufacturing and exceptional service."**

Emily Frische, G&H's new Director of Marketing, shared, "We recently completed 'voice of the customer' research to truly hear and understand our customers' needs and wants. As a result, we are launching our new brand with enhancements to our website, improved delivery and support materials. We continue to deliver the exceptional quality our customers recognize as best in class, and we have added new products with the launch of **our new, improved Thermal Copper Nickel Titanium premium archwire.**"

"By offering a full line of clinical solutions, we are helping orthodontists create a masterpiece – a smile –each time a patient is entrusted in their care. With proven performance for our brackets, wires, elastomerics and practice supplies, we offer precision engineer and manufacture products essential to the success of the orthodontic community worldwide. **It's an exciting time at G&H Orthodontics," McNulty added.**

ABOUT G&H ORTHODONTICS

As a diverse global company with a local presence, G&H Orthodontics, Inc. is a leading provider of clinical solutions for the orthodontic community. G&H Orthodontics is a privately held company with 151 employees serving customers in 87 countries. With 99.9% customer satisfaction for archwires and brackets, G&H is the best manufacturer of a full line orthodontic products made in the USA including wire products, brackets, bands, and tubes, elastomerics and other orthodontic supplies. The company is headquartered in Franklin, Indiana.

To learn more about G&H Orthodontics breadth of products, visit **GHOrthodontics.com**





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Straumann

Straumann announces cost-saving measures to mitigate currency impact

Basel, 3 February 2015 – Straumann announced today that it has initiated a number of measures to mitigate the consequences of the recent sudden appreciation of the Swiss franc against the major currencies in which the Group does business – especially the Euro. The measures focus on cost reductions, including compensation adjustments, with the goals of avoiding job losses in Switzerland and maintaining profitability at an acceptable level.

Impact of Euro and other currencies on Straumann

Since 15 January 2015, the value of the Euro against the Swiss franc has tumbled from around CHF 1.20 to almost parity. Based on a general consensus, Straumann does not foresee a significant improvement for some time.

As 95% of the Group's business is outside Switzerland (approx. 40% of its revenues are in Euros) and 45% of its costs (produc-

tion and operating) are in Switzerland, Straumann was among the worst affected companies, with its share price sliding 28% in two weeks.

If the currency exchange rates in general continue at their recent levels, the negative impact to Straumann's full-year revenue could be as much as CHF -75 million, with a corresponding negative impact on EBIT of CHF -40 million.

Past initiatives were crucial

Over the past five years Straumann has reduced its Euro exposure by investing in underpenetrated growth markets in North America, Asia and Latin America. In addition, the company went through significant restructuring and headcount reductions in 2013 – mainly at its Swiss headquarters. These and solid growth ahead of the market, enabled the company to restore margins and confidence, but the demise of the Euro and all other currencies are a major financial set-back.



"Almost overnight, we were thrown back to where we were in 2012 in terms of revenue and profits. If our key strategic initiatives, restructuring and cost reductions over the past 18 months had not been effective, the new situation would have meant severe job losses. To maintain our current level of employment and to protect our competitiveness going forward, we are announcing cost reductions, including compensation adjustments in Switzerland", commented Marco Gadola, CEO.

Immediate measures to reduce costs and protect the business

In addition to the global headcount freeze and travel restrictions announced two weeks ago, the Group has identified substantial further savings that will not detract from its ability to provide innovative solutions and service excellence to customers. Straumann is asking its Swiss-based staff (excluding cross-border commuters) to forgo part of their bonus payments in 2015, cor responding to an overall compensation reduction of 5%. For senior management the reductions will be higher. The CEO will take a 35% compensation reduction, while the Board of Directors will forgo 28% of their compensation.

The company is also asking to its employees in Switzerland who are cross-border commuters, to receive their regular salary payments in future in Euros rather than Swiss francs, at a fixed rate that will balance their interests with those of the company. All these measures are precautionary and will be reviewed if the currency situation improves substantially.

"Fundamentally we are in good shape and I am very pleased that we have been able to react quickly based on the huge amount of analysis, evaluation and discussion that has gone into this over the past two weeks", Mr Gadola added.

Source: http://www.straumann.com/en/home/media/media-releas-es/2015/tag_xml_newsbox_ch2015-02-031491174digest.html



Biomet

Professor J.E. Davies* and Rob Liddell Win Top Prize for Groundbreaking Poster Presentation at the Academy Of Osseointegration Annual Meeting

Palm Beach Gardens, FL – (April 7,2015) – An electronic poster presentation featuring BIOMET 3i custom implants and carefully documenting the anchorage of bone to implant surfaces, conducted by Robert Liddell, Niloufar Khosravi, Elnaz Ajami, and J.E. Davies has taken first place at the 30th Annual meeting of the Academy of Osseointegration.

The poster entitled, "A New Parameter to Assess the Osseointegration Potential of an Implant Surface" is the culmination of animal experiments involving 244 surgical procedures over a period of three months with a post-op follow up period of up to six months. The researchers used micro- and nano-surfaced implants and measured the force to remove the implant from bone over a range of time points. By fitting their data to curves according to a mathematical equation formulated by Liddell, they arrived at a unique parameter that provides the rate of osseointegration—and thus the osseointegration potential of the implant.**

The new parameter, which they called "Tau", represents a true breakthrough in the understanding of the role played by the implant surface in the mechanisms of osseointegration, since it determines the rate of osseointegration and allows the performance of different implant surfaces to be compared.

In the study, the custom made 3i T3® implants with DCD® demonstrated significantly faster early osseointegration when compared to micro-surfaced implants. However, the longer-

term osseointegration results of both implant surface designs showed similar results, as it is reported clinically.

"Now we have a mathematical parameter that allows us to compare the osseointegration potential of different implant surfaces," Davies said. "This approach is clinically relevant and, for the first time, provides insight into the biologic significance of implant surface design."

The poster can be found at the following link: https://ao2015. sessionupload.com/ePosters/PosterViewer?r=NTk5Ng==

About BIOMET 3i

BIOMET 3i LLC is a leading manufacturer of dental implants, abutments and related products. Since its inception in 1987, BIOMET 3i has been on the forefront in developing, manufacturing and distributing oral reconstructive products, including dental implant components and bone and tissue regenerative materials. The company also provides educational programs and seminars for dental professionals around the world. BIOMET 3i is based in Palm Beach Gardens, Florida, with operations throughout North America, Latin America, Europe and Asia-Pacific. For more information about BIOM-ET 3i, please visit www.biomet3i.com or contact the company at (800) 342-5454; outside the U.S. dial (561) 776-6700.

*Dr. Davies has a financial relationship with BIOMET 3i resulting from speaking engagements, consulting engagements, or other retained services. **The study was funded in part by BIOMET 3i.





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Oral Healthcare in Europe

Access to dental care

Although the European countries spend on average 10% of their GDP on healthcare according to the OECD, oral health conditions of the Europeans are still very unequal and in need of attention and improvement.

A study conducted by the Better Oral Health European Platform reports that over half of the European population may suffer from some form of periodontitis and over 10% have severe disease. In the 60-65 age group, this rate climbs up to 70-85%, in consequence of the larger number of people that are retaining some of their teeth into old age and an increase in the prevalence of diabetes.

While non-fatal diseases such as caries are still widespread among disadvantaged and lower income groups, a major challenge is oral cancer, the 8th most common cancer worldwide. In the EU, lip and oral cavity cancer is the 12th most common cancer in men, with highest prevalence rates in Spain and Hungary, but the incidence is growing in women and young adults, too. However, the incidence of oral cancer and periodontal diseases is also strongly related to social and economic deprivation, since oral healthcare in Europe is largely provided in private practices and paid for directly out-of-pocket, except for particular groups (such as children) that receive free or subsidised services; often limited to basic conservative treatments and some preventive care.

According to the study, oral healthcare provision costs are often underestimated, primarily as far as the impact of out-of-pocket payments in a predominantly private sector are concerned, but also when considering the efficacy of public health preventive measures.

Currently, the EU spends around \in 79 billion on oral healthcare, a figure that is expected to increase to \in 93 billion by 2020, surpassing the expenditure on cancer, heart disease, stroke or dementia.

Despite large variations across Europe, there is a common trend of relatively lower access to dental care in socially and economically less well developed EU countries with little to no public dental services, compared to those who provide some form of public coverage.

Access to dental care is also uneven due to the different distribution of dentists, cost of treatments and availability of free care to specific groups, as well as the presence and coordination of preventative measures.

The European dental workforce in figures (Highlights from "The EU Manual of Dental Practice")

In the latest comprehensive study "The EU Manual of Dental Practice", the Council of European Dentists provides updated figures on the current dental workforce in Europe.

For a total population of the areas covered in the study of about 518 million in 2013, the Manual reports 361,000 active dentists, meaning that in the EU there is, on average, one dentist for 1,433 people. This figure is by no means representative of the real situation in each country, as it masks wide regional and national variations.

As regards the dental workforce, the above mentioned Manual reports that approximately 12,000 new dentists graduate each year from the 200 dental schools in Europe. With estimated 361,000 active dentists in 2013, there has been a 4.6% increase since 2008 (345,000). However, despite such increase, the uneven distribution of dentists makes it more difficult for rural residents to access dental care.

According to the CED, dental specialties such as Orthodontics and Oral Surgery/Oral Maxillo-facial (OS and OMFS) are recognised formally in some way by almost all of the EU countries, and they count respectively 14,244 orthodontists, 5,362 oral surgeons and 2,864 oral maxillo-facial surgeons.

The 681,850 registered dental auxiliaries include: 44,686 dental hygienists 149,524 dental technicians 1,659 clinical dental technicians 47,8405 assistants

Sources:

Better Oral Health European Platform, "The State of Oral Health in Europe" - http://www.oralhealthplatform.eu/sites/default/files/ field/document/Report%20-%20the%20State%20of%20Oral%20 Health%20in%20Europe.pdf

Council of European Dentists, "The EU Manual of Dental Practice" - http://www.eudental.eu/library/eu-manual.html

INDUSTRY NEWS

Oral Healthcare



World Oral Health Day





World Oral Health Day 2015

orld Oral Health Day (WOHD) is celebrated every year on the 20th March. It is an international day to celebrate the benefits of a healthy mouth and to promote worldwide awareness of the issues around oral health and the importance of looking after oral hygiene of everyone old and young.

90% of the world's population will suffer from oral diseases in their lifetime and many of them can be avoided with increased governmental, health association and society support and funding for prevention, detection and treatment programmes.

World Oral Health Day offers to the dental and oral health community a platform to take action and help reducing the global disease burden.

This year's WOHD celebrations have been championed by four global partners that have provided support around the world to ensure that the activities organised are successfull.

In recognition of this, FDI President Dr Tin Chun Wong, speaking at WOHD event organized by the Indonesian Dental Association (Persatuan Dokter Gigi Indonesia -PDGI) and Unilever, commented: "Listerine, Unilever, Henry Schein and the Wrigley Oral Healthcare Program have provided unrivalled support to make WOHD 2015 the largest celebration in terms of countries and associations participating and we thank them for their continued support."

World Oral Health Day

World Oral Health Day celebrations around the world:

Costa Rica

The Colegio de Cirujanos Dentistas de Costa Rica organized the second edition of the 'Lavatón', consisting of thousands of students from schools across the country brushing their teeth at the same time. This year, they also had the support of students from the Facultad Autónoma de Ciencias Odontológicas who taught to students how to properly take care of their oral health.

The organization Vida Volunteer also joined the celebration by organizing an oral health workshop in a local hospital.

Hong Kong

The Department of Health of the Government of the Hong Kong Special Administrative Region organized an Oral Health Carnival on the World Oral Health Day at the Shatin Town Hall Plaza with an effort to promote oral health awareness in the community. The event attracted an audience of over 2,300 local citizens.

Through interactive games, exhibitions on oral health and teeth cleaning demonstrations, the public was reminded to take care of their oral health at an early age by adopting good oral self-care habits and seeking regular professional oral care.

Iraq

The Iraqi Dental Association, together with dental students from the University of Baghdad, as well as Mustansiriya and Dijlah universities visited schools in the capital to distribute oral health materials such as toothbrushes and distributed leaflets to highlight the importance of World Oral Health Day.

Kyrgyzstan

The Stomatological Association of the Kyrgyz Republic organized two separate events to mark World Oral Health Day. First, at an event geared towards children, dentists were able to teach the 500 students present about the importance of oral health through songs and a theater play. On the 20th of March itself, many dental consultations throughout the country offered oral health presentations.

Malaysia

The Malaysian Dental Association, with the support of the Ministry of Health, the University Dental Schools of Malaysia, and Listerine by Johnson and Johnson, organized a free dental check up at a major shopping center in Kuala Lumpur.

New York City

This year's World Oral Health Day campaign has reached the big screen's at Times Square in New York City where, on the 20th March, the advertisment by Manchester City FC player Yaya Touré was projected.





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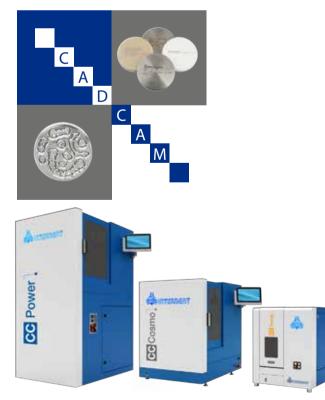
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Infodent International 2 2015

Upcoming Events

May

• 08-10/05/2015

SIDEX 2015- The 12th Seoul International Dental Exhibition & Scientific Congress

(Seoul - Korea, South)

Organized by: Seoul Dental Association (SDA) Managed by: SIDEX Organizing Committee 81-7 Songjeong-dong Seongdong-gu Seoul 133-837, Korea Tel: +82 2 498 9146 Fax: +82 2 498 9146 Fax: +82 2 498 9147 E-mail: sda@sda.or.kr Website: www.sidex.or.kr Exhibition Venue: COEX (Seoul Convertion and Exhibition Center) - Hall C, Hall D

Infodent Booth: C887



11-16/05/2015

The 106th Philippine Dental Association Convention 2015

(Pasay City - Philippines)

Oraganised by: Philippine Dental Association PDA Building. Ayala Avenue, cor Kamagong Street San Antonio Village Makati City 1203- Philippines Tel: +63 2 897 8091 // 2 890 4609 Fax: +63 2 899 63 32 Email: secretariat@pda.ph Email: pda106th@yahoo.com.ph Contacts Ms Annie Caampued Tel: +63 922 844 1391 Dr Milo I.Osias Tel: +63 932 848 7323 Dr Elizabeth Carrasco Tel: +63 91 703 0673

Venue: SMX Convention Center Add: Seashell Drive, SM Mall of Asia Complex Pasay City - Philippines www.pda.ph/



2015 Buldental

(Sofia - Bulgaria)

IEC - Inter Expo & Congress Centre I 47, Tsarigradsko shose blvd, Sofia, Bulgaria Tel: +359 (2) 9655220 Email: bulmedica-buldental@iec.bg

Project Managers Gabriela Lubenova Email: glubenova@iec.bg Tel: +359 2 9655 279 // Fax: +359 2 9655 231 //

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Venue: Inter Expo Center Add: I 47, Tsarigradsko Chaussee Blvd. I 784 Sofia Bulgaria www.bulmedica.bg/en



• 15-17/05/2015

Cortex IDIC2 International Dental Implantology Conference 2

(Punta Cana - Dominican Republic)

Organizer: Cortex dental Implants Industries Ltd. Postal address of the organizers 26 yaara street - Shlomi Israel Tel/ Fax: +972 987 3970 Email: info@cortex-dental.com

Contact person: Galit Lass Email: galit@cortex-dental.com

Venue: Hard rock Hotel Punta Cana Dominican Republic

http://www.cortex-dental.com/idic2_ punta_cana

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• **19-22/05/2015**

2015 Hospitalar -22nd International Fair of Products, Equipment, Services and Technology for Hospitals, Laboratories, Pharmacies, Health Clinics and Medical Offices

(Sao Paulo - Brazil)

Hospitalar Fair and Congress Rua Padre Joao Manuel, 923 - 6° andar 01411-001 - Sao Paulo Brazil Tel: +55 11 3897 6100 Fax: +55 11 3897 6161 Email: international@hospitalar.com.br

Venue: Expo Center Norte Exhibition Center Add: Rua José Bernardo Pinto, 333, Vila Guilherme Sao Paulo Brazil

www.hospitalar.com

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• 21-23/05/2015

58th Congress Amici di Brugg 2015

(Rimini - Italy)

Associazione Amici di Brugg Via circonvallazione, 69 47900 Rimini -Italy Tel: +39 0541774363 Email: segreteria@amicidibrugg.it Website: www.amicidibrugg.it

Exhibition Information: Promunidi srl Viale E. Forlanini, 23 20134 Milano - Italy Tel +39 02 7006 1220-9 Fax +39 02 7000 6546 E-mail: fiere.italia@unidi.it Website: www.unidi.it



Upcoming Events

June

• 05-07/06/2015

Famdent Mumbai 2015

(Mumbai - India)

Famdent Publications 7/102, Sapphire Court, Azad Nagar, Behind Apna Bazaar, J. P. Road, Andheri (West), Mumbai - 400053, India Tel: +91 22 2673 2260 / 2674 2425 Mobile: +91 98672 84470 / 99309 50880 Email: info@famdent.com Website: www.famdent.com

Venue: Bombay Exhibition Center, W.E. Highway, Goregaon (E)

•09-12/06/2015

SINO-DENTAL 2015 -The 20th China International Dental Exhibition and Scientific Conference

(Beijing - China)

International Health Exchange and Cooperation Center, National Health and Family Planning Commission Add: 65306;Rm. 703,B3 Wudongdalou, No.9 Chegongzhuang Street Beijing, 100044 P.R.China Tel: +86 10 88393917 Fax:+86 10 88393924 Email: info@sinodent.com.cn Website: www.sinodent.com.cn

Contacts: Ms Carol Kang Tel: +86 10 88393922 / 88393917 Email: kangle@ihecc.org Ms Sunny Yin Tel: +86 10 88393922 / 88393917 Email: info@sinodent.com.cn

Venue: (CNCC) China National Convention Centre Add: No.7 Tianchen East Road, Chaoyang District Beijing 100105 China 3

• 11-13/06/2015

2015 AIO - The 8th Internaional Congress of the Italian Association of Orthodontics

(Chia, Cagliari - Italy)

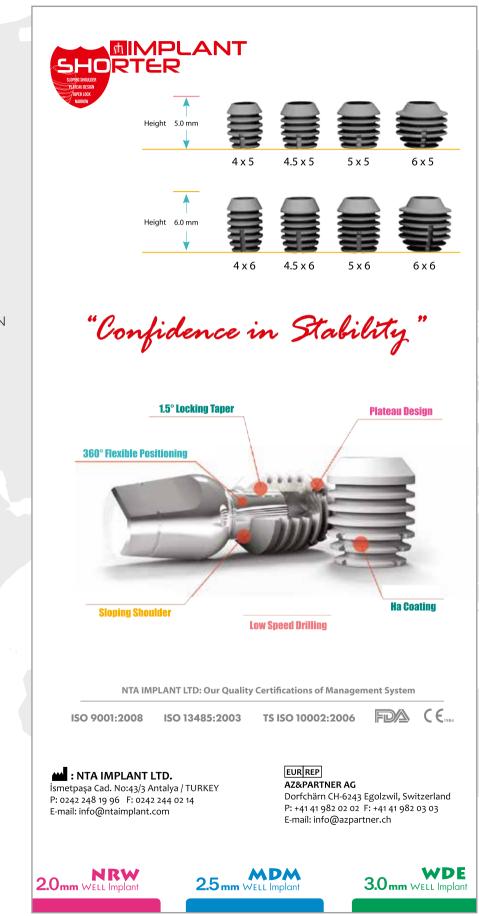
Congress Registration and Information AIO Sardegna Fax: +39 070 674561 Email: aiosardegna@aio.it Website: www.aio.it

Venue: Chia Laguna Resort Cagliari, Sardinia Italy



CALENDAR

Upcoming Events



•12-15/06/2015 MIDEC 2015 - Malaysia International Dental Exhibition and Convention

(Kuala Lumpur - Malaysia)

MALAYSIAN DENTAL ASSOCIATION Address :54-2, Medan Setia 2, Plaza Damansara, Bukit Damansara, 50490, Kuala Lumpur Malaysia Tel: +60 3 20951532 // 20951495 Fax:+ 60 3 20944670 Email : mdaassoca@mda.org.my Website: www.mda.org.my

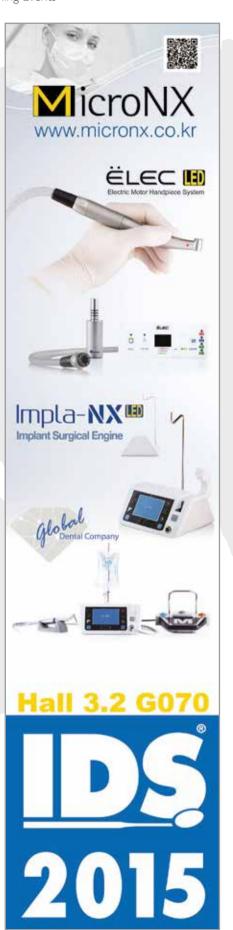
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Dr John Ting Sii Ong Email: jtso2008@gmail.com Dr Edric Kho Email: cirde77@gmail.com Dr Yong Peng San Email: dryong@smilebaydental.com Ms Hannah Lim Email: hannahlim.mda@gmail.com Puan Razana Abdul Karim Email: razana.mda@gmail.com

Venue: Kuala Lumpur Convention Centre

CALENDAR

Upcoming Events



July

• 01-04/07/2015 The 25th Congress of International Association of Paediatric Dentristry (IAPD)

(Glasgow - United Kingdom)

IAPD 2015 Congress Secretariat C/O Meeting Makers Block 4, Unit 4, Kelvin Campus West of Scotland Science Park 2317 Maryhill Road Glasgow G20 0SP UK Tel: + 44 (0) 141 945 6880 Fax: + 44 (0) 141 945 6899 Email: iapd2015@meetingmakers.co.uk

Venue: Scottish Exhibition and Conference Centre (SECC)

www.iapd2015.org

• 24-26/07/2015

2015 Delhi Dental Show

(New Delhi - India)

Indian Dental Association (Head Office) Sane Guruji Premises, Block No. 6, 1st Floor, 386 Veer Sawarkar Marg, Opposite Siddhivinayak Temple, Prabhadevi, Dadar(W),Mumbai - 25, Maharashtra, India. Tel: +91 (22) 43434545 // 43434535 Fax: +91 (22) 23685613 Email: info@delhidentalshow.org.in Website: www.ida.org.in

Venue: Pragati Maidan New Delhi India

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n° 2/2015 May - June issue

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Publishing House/Casa Editrice: Infodent S.r.l. Str. Cassia Nord Km 86,300 01100 Viterbo - Italy Tel: +39 0761 352 198 – Fax: +39 0761 352 133 www.infodent.com - infodent@infodent.com

Printer/Stampa: Graffietti Stampati Snc S.S. Umbro Casentinese Km. 4,500 Montefiascone (VT)

n°2/2015 - aut. trib. VT n°496 del 16-02-2002 Trimestrale di informazione tecnico scientifica Poste Italiane s.p.a. - Sped. in A.P. - D.L. 353/2003 (conv. In L. 26/02/2004 n°46) art. 1 comma 1 DCB VITERBO Costo copia - Euro 0.77

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