

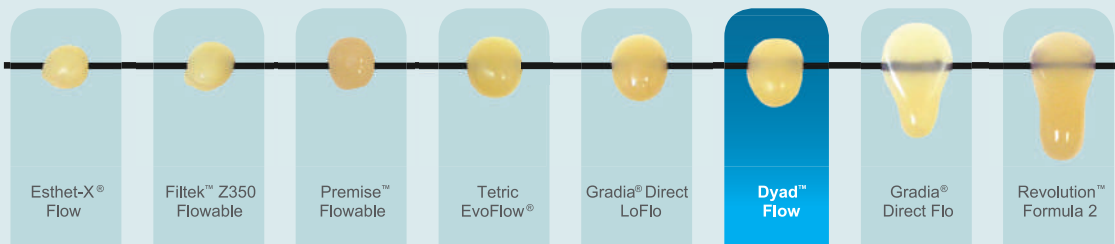
Dyad™ Flow

Self-Adhering Flowable Composite with OptiBond Technology

Viscosity of Various Flowable Composites

The flowable composites were allowed to flow on a vertical paper for 1 minute, then light-cured.

The viscosity of Dyad Flow is ideal for both small cavities and lining large restorations.



Liner for Large Restorations (Class I, Class II)



1 Prepare cavity. Wash thoroughly with water spray and air dry at maximum air pressure for 5 seconds.



2 Dispense Dyad Flow into prep with a dispensing tip.



3 Brush a thin layer (<0.5 mm) of Dyad Flow onto entire cavity wall and beveled area with moderate pressure for 15-20 seconds. Remove excess material around margins with the provided brush, if necessary. Light cure for 20 seconds.*



4 Build restoration with a universal composite such as Premisa™ or Herculite® Précis.



5 Light cure each increment of universal composite according to manufacturer recommendations.



6 Finish and polish restoration (HiLuster^{PLUS} polisher shown).

Indications include:

- Liner for Large Restorations (Class I, Class II)
- Small Cavities (Class I, Class II)
- Pit & Fissure Sealants
- Porcelain Repairs

*For A3.5 and Universal Opaque shades, light cure each increment for 40 seconds. Refer to Directions for Use for complete instructions.

定價NT\$1,900/2g/盒
特價NT\$1,350/盒 | 10盒以上NT\$1,250/盒

Refills Contains: 1 Syringe, 10 Dispensing Tips, 10 Brushes, Technique Guide, Directions for Use

34383 A1 34385 A3 34387 B1 34389 Universal Opaque 34397 Translucent
34384 A2 34386 A3.5 34388 B2 34390 XL



2024-2025 第十六年度 貝多芬 矯正精修班

時間：週二上午 09:00-12:00

地點：金牛頓教育中心（新竹市建中一路 25 號 2 樓）



上課日期：

2024 4/16、5/21、6/18、7/9、8/13、9/10、10/22、11/5、12/10

2025 1/14、2/18

- ▶ 09:00 ~ 10:00 精選文獻分析
- ▶ 10:00 ~ 10:30 精緻完工案例
- ▶ 10:50 ~ 12:00 臨床技巧及常犯錯誤分享

全新的第十五年度 2024-25 貝多芬精修班，是由國際知名講師張慧男醫師主持，並偕同貝多芬牙醫團隊住院醫師群共同主講。

每月一次的課程之中，包含了：

1. 精選矯正權威期刊 AJODO 的文章做文獻分析與評讀。
2. 精緻完工 ABO 案例報告，其中因應數位矯正的世界趨勢，Insignia 與 Invisalign 病例為課程探討的主要內容之一。
3. 分享臨床上常犯的錯誤以及解決方法。

2024-25 貝多芬精修班內容豐富精彩，讓您經由每個月一次的課程，在面對各式的臨床案例時，更能游刃有餘、得心應手。

學習目的：

研讀最新趨勢文章可以窺知世界文獻公認的治療方式，而藉由評論文章的優缺點不僅能夠訓練判斷與思考能力，更可以清楚比較作法上的不同，達到完整理解治療方向、內容與穩定性的目標。



報名專線：03-5735676 #218 陳小姐

About Peer Review

In fact, being a peer reviewer is not as difficult as imagined. You only need to add a little more active critical thinking as you normally do when reading papers. Personally, I think reviewing an article is a good opportunity of thinking training, which can reversely be applied when writing academic articles in the future.

Below are three recommended principles to keep in mind during the reviewing process:

1. Fairness and impartiality: Put aside your personal clinical and academic habits, as well as likes and dislikes, and review as objectively and comprehensively as possible. As Dr. Chris Chang said: "Being a reviewer has certain social responsibilities."
2. Be soft-spoken but hard-hearted: Respect the time and effort the authors have put in, and try to be friendly and tactful in the tone when giving suggestions and feedback. At the same time, do not compromise the standards you hold in mind. While what you wish to see in the article as a reader must be put forward, the requests should be reasonable.
3. Focus on the big, and let go of the small: Even though you may want to nitpick and make as many modifications as possible, prioritizing your suggestions according to the level of their importance is critical. The key points should be mentioned first, and minor details that do not affect the overall contexts can be omitted. As for the grammatical and formatting errors, feel free to leave the responsibilities to the editorial department. There is no need to include them.

The following aspects are worth considering when reviewing an article. You are welcome to add some more:

1. Does the title hit the central idea of the content?
2. Does the Introduction provide enough background knowledge to lead the subsequent discussion?
3. Are there any omissions or errors in the diagnosis?
4. What other treatment options are there, and are the reasons for not choosing the alternatives reasonable?
5. Are details of the key treatment process clearly described? Is there anything unreasonable? (For example, the cutout for Class III elastics in an article under review is on the mesial-buccal sides of the upper molars, but there is a large space in the front to be closed.)



Lexie Y. Lin

Resident, Beethoven Orthodontic Center

6. Are the figures sufficient to support the authors' statements? If you have any doubts, ask for more relevant information (such as cephalometric tracing of specific tooth position, ClinCheck superimposition in a certain view, difference between planned and actual tooth movement, etc.)
 7. Does the Discussion clearly grab the central ideas and discuss in depth the key steps of treatment? Are there any other aspects that can be added?
 8. Are there enough corresponding references to support the discussion?
 9. Does the Discussion highlight some parts that could be improved throughout the treatment, and provide the possible ways?
 10. The Conclusions must be based on the entire argument process in the Discussion, rather than just citing similar articles.
3. The Confidential comments to editor section can be written if there are some relatively sensitive issues that need to be reported to the editor. Otherwise, one can skip this part in general.

I think the key to giving a good peer review is to put yourself in the right place. Since it is "*peer*" review, you must adjust your mindset to an equal state with the other party. The fact that you are invited to be a peer reviewer is a qualification and affirmation in your profession. You are not less than others, but nor are you much better than others. Fulfill your professional duties. Avoid being too humble or too arrogant. Understand that the purpose of hard work is for your own improvement and for the collective advancement of this specialty.

Finally, when it is time to fill out the rating form:

1. Avoid giving mediocre scores, for example: marking 2 out of 3 in all the criteria.
2. Unless it is an extremely good or bad article, generally we do not "accept" or "reject" directly. There will always be things that need to be modified (in different degrees).

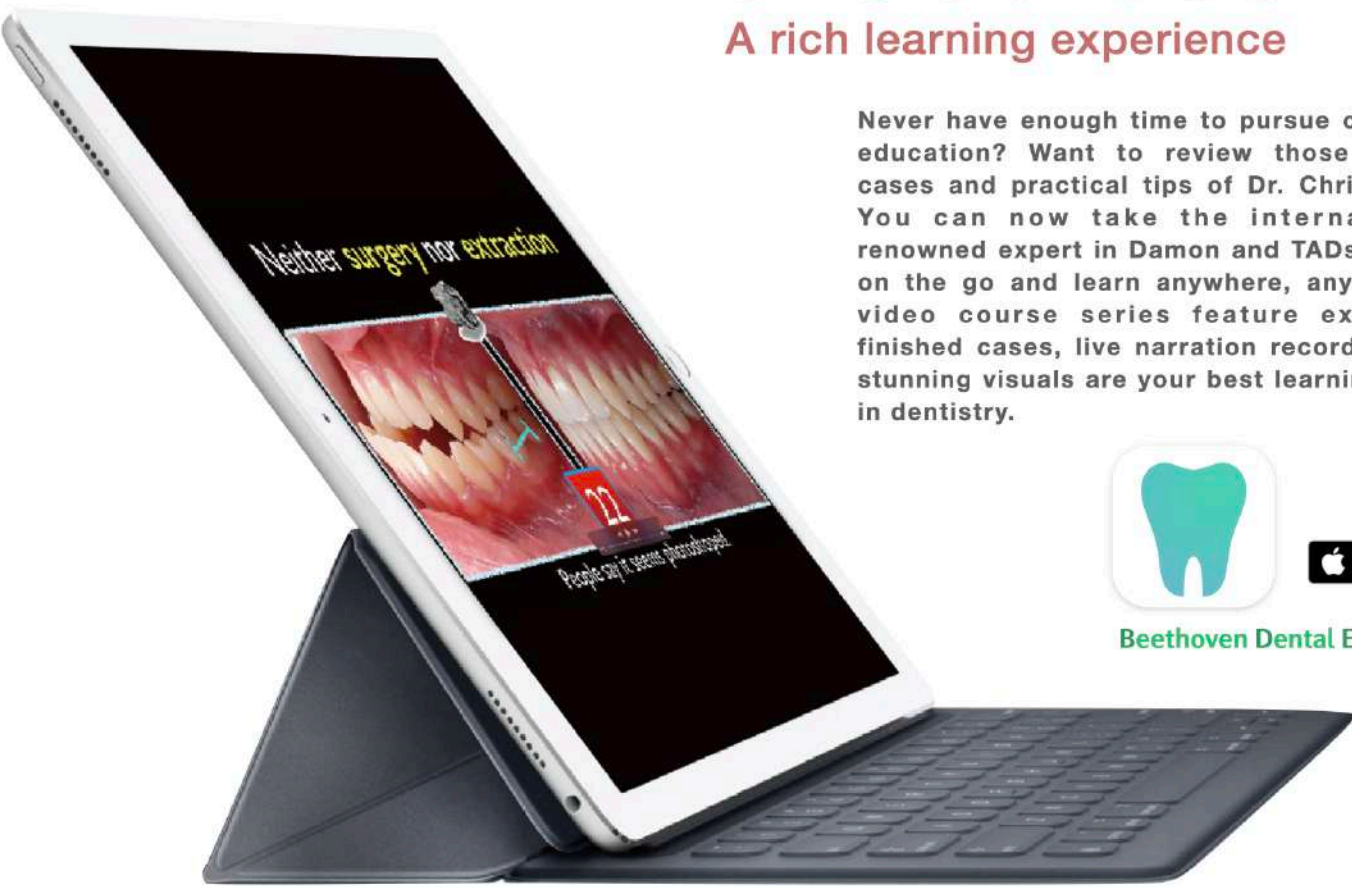
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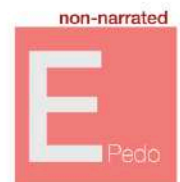
Assistant



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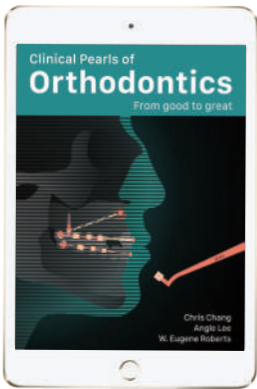
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1. Most video courses are available in both English and Chinese and are sold separately.
2. Damon Master and OBS (TAD) are renewed annually and each renewal is to be purchased separately with a 50% discount.

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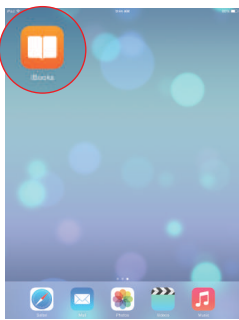
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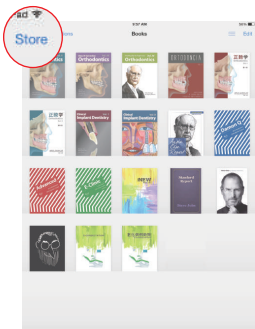
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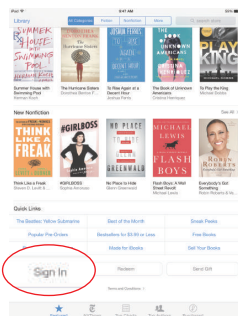
Step-by-step Instructions



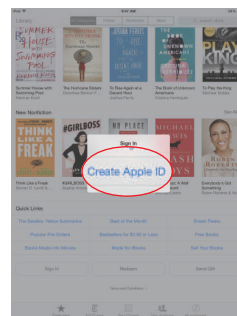
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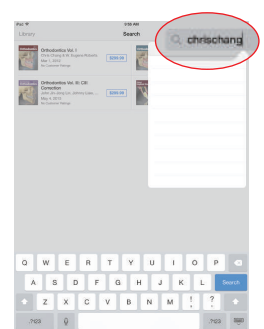
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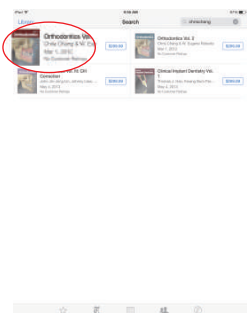
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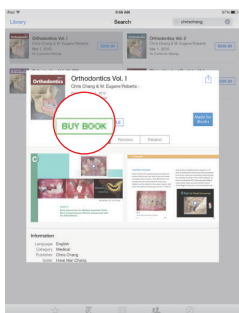
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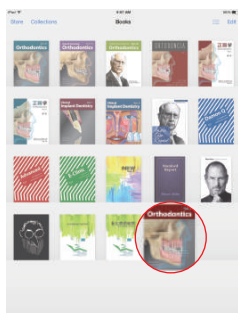
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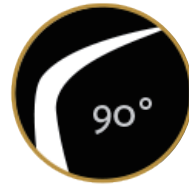
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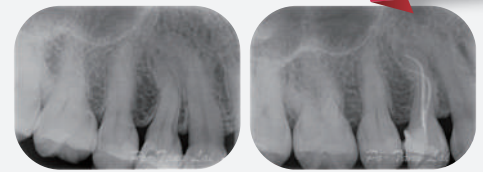
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2 EdgeFile® X7

Heat-Treated FireWire™ NiTi / pkg of 6



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(使用產品：EdgeFile X7)



3 EdgeTaper™

Non-Heat Treated NiTi / pkg of 6



4 EdgeGlidePath™

Heat-Treated FireWire™ NiTi / pkg of 4



5 EdgeSequel Sapphire™

Heat-Treated FireWire™ NiTi / pkg of 4



6 EdgeOne Fire™ GlidePath

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7 EdgeOne Fire™

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