
NEW
Dr Waterlase
Skin Resurfacing
Restorative
Endo
Soft Tissue
Implant
Perio
Waterlase iPlus
Waterlase iPlus
PREMIER EDITION™

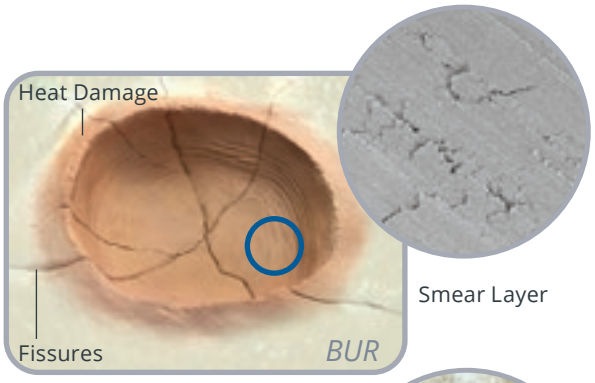
Waterlase iPlus PREMIER EDITION

Why Waterlase® & YSGG

Introducing Waterlase iPlus Premier Edition™, the industry-leading all-tissue laser system designed to revolutionize dental procedures with its unparalleled precision and versatility. Waterlase is capable of rapid, precise, and clean removal of target tissues — without heat damage, fractures, and no smear layer.

- With **over 80 FDA-cleared indications**, Waterlase promises a versatile and patient-friendly solution tailored to every dentist's unique needs.
- Waterlase's **proprietary Er,Cr:YSGG 2780 nm wavelength** has optimal absorption in both water and Hydroxyapatite for cool and efficient cutting in both hard and soft tissue. This is the therapeutic **"Goldilocks" zone**.
- Minimally invasive and kinder to the tissue, with **little to no anesthesia** necessary for many procedures

Waterlase vs. Traditional Methods



HARD TISSUE

- **Reduced heat damage,** and **does not create a smear layer** with fewer microfractures when compared to traditional handpieces[1-3]
- Precise removal of tissue **conserves more natural tooth structure**, while maximizing site visibility
- **Decreased post-operative sensitivity** and reduces dentin hypersensitivity in most cases[4-6]

SOFT TISSUE

- Less post-op discomfort with **accelerated healing,**[7] and excellent patient-reported outcomes.
- **Reduced bleeding** for improved site visibility.[8]
- Efficient cutting with better hemostasis, deeper coagulation and less bleeding.[9]

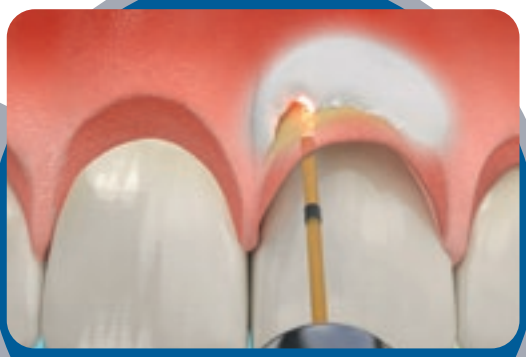
Waterlase iPlus PREMIER EDITION

From Residency to Retirement

Upgrade your dental practice with the cutting-edge Waterlase iPlus Premier Edition. We listened to your feedback and made technological improvements that not only modernize your workflow with easier daily maintenance, but also enhance the overall dental experience for you, your staff, and your patients.

- **LARGER DISPLAY AND NEW USER INTERFACE**
  Immerse yourself in a visually stunning experience with a new larger touchscreen display and improved graphic user interface featuring modern aesthetics and intuitive controls that redefine sophistication.

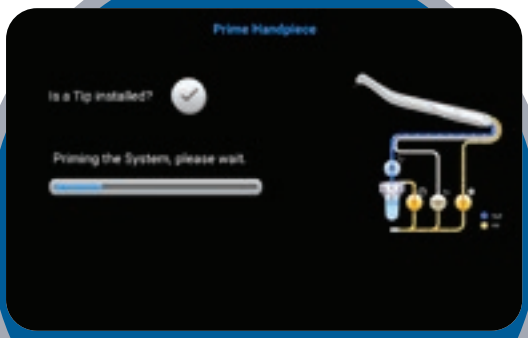
- **STEP-BY-STEP TECHNIQUE ANIMATIONS FOR TURNKEY, PREDICTABLE RESULTS**
  Elevate your skills with high-definition animated technique videos guiding you through dozens of procedures. Enhance training, reduce learning curves for associates, and ensure predictable results with precision.



Waterlase Clinical Animation

✦ START-UP AND SHUT DOWN WIZARD

On-board step-by-step wizards for start-up and shut-down processes make daily set-up and maintenance a breeze for your staff.



On-board Start-Up Wizard

✦ BUILT-IN WIFI AND REMOTE DIAGNOSTICS

WiFi connectivity enables remote diagnostics for efficient troubleshooting, ensuring your practice receives rapid assistance to run smoothly and minimize downtime.

Soft-Tissue Module

✦ MODULAR SOFTWARE DESIGN

Custom tailor your Waterlase iPlus capabilities cost-effectively, focusing on the procedures that matter most to your practice needs.

- Soft-Tissue
- Restorative
- Perio
- Implant
- Endo
- Skin Resurfacing

✦ BRASS SMART PROCEDURE REPORTING SYSTEM

BIOLASE Remote Access Software System (BRASS) tracks your procedures, allowing us to offer personalized assistance and consumables recommendations. Benefit from tailored support based on your practice's unique needs.

✦ SOFTWARE UPGRADES AND VIRTUAL PROTOCOL GUIDES

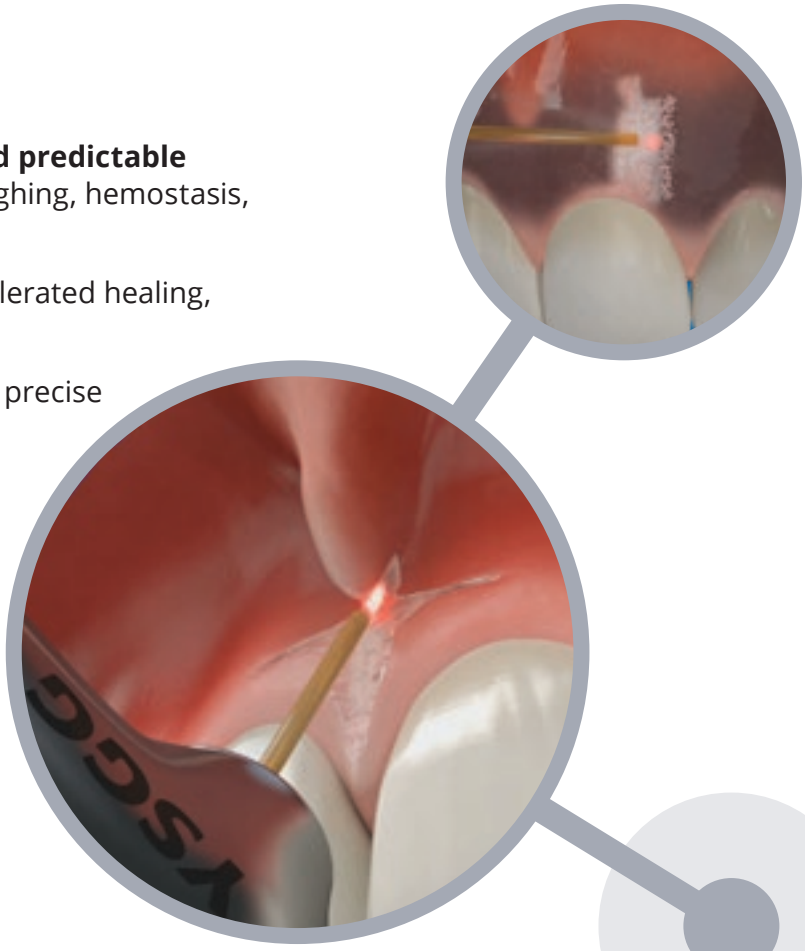
Wifi connection allows for automatic access to the latest protocol guides, keeping your practice up to date.

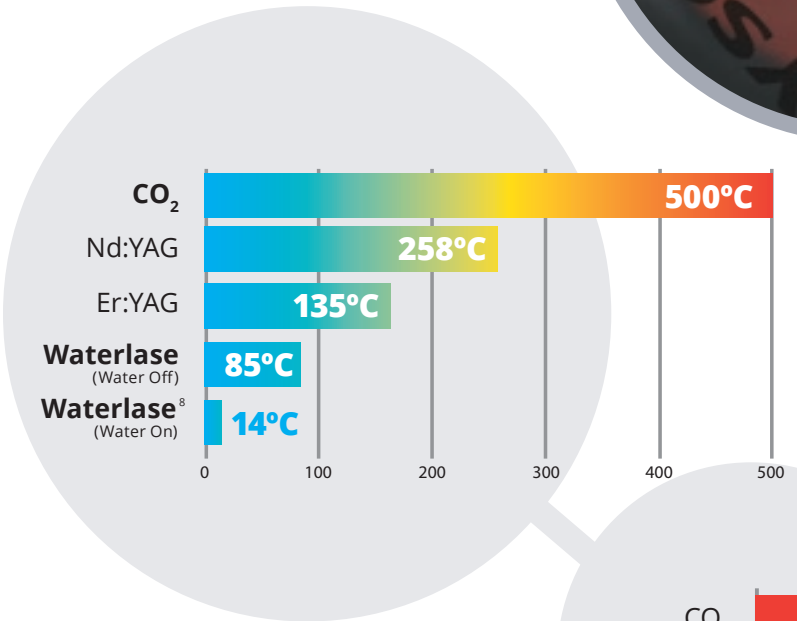
The Waterlase iPlus Premier Edition's revolutionary **modular design** allows you to focus on the procedures that matter most to you, with minimal investment. Each module provides a clear path for practice growth. As your skills and experience grow—Waterlase grows with you.

Soft-Tissue

Start performing **minimally invasive and predictable** gingivectomy, gingival recontouring, troughing, hemostasis, biopsy and lesion excision.

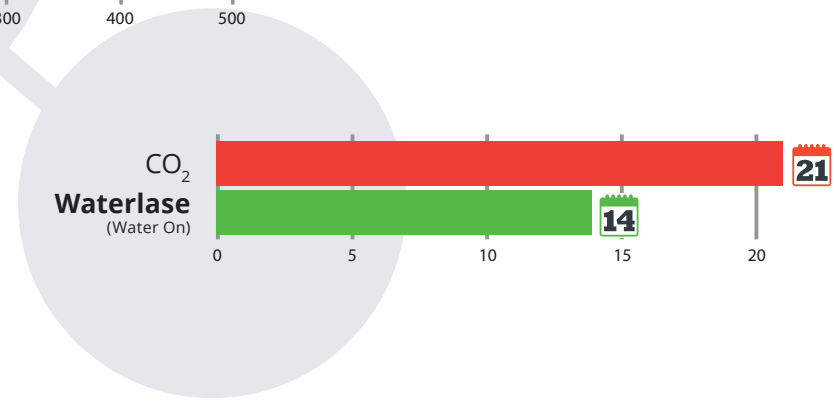
- **Less post operative discomfort**, accelerated healing, reduced bleeding & swelling.[9-11]
- **Stop packing cord** and save time with precise and easy troughing for restorations.
- NEW minimally invasive and easy to perform esthetic procedure— **Waterlase Gum Depigmentation**.





WATERLASE VS. CO_2

Waterlase produces lower thermal effects — even with the water turned off, CO_2 is over **five times hotter than Waterlase!**[12]



Faster recovery times — **Save a Week with Waterlase!**[13]

Restorative

Waterlase creates less microfractures, removes smear layer to aid in bond strength, and reduces micro leakage resulting in longer lasting restorations.

- **Precise and predictable** Class I-V restorations, deciduous restorations.
- **Conserve more natural tooth structure.** Waterlase favors the ablation of caries due to its increased water content.[14-15]
- **Less pain/discomfort** — with little-to-no anesthesia required for many procedures.[16]
- **Better control** near pulpal membrane to reduce exposure

NEW incredibly fast and easy to perform procedure—**Crown and Veneer Removal**.

- Get 30 mins of your life back! Remove veneers in **<1 minute**, crowns in **<5 minutes**
- **Eliminate excess heat** from cutting with multiple, expensive diamonds
- Ability to **save the veneer and crown** for re-use in most cases

Waterlase iPlus PREMIER EDITION

Perio

Minimally invasive Waterlase REPAIR Perio™ protocol achieves superior patient reported outcomes (less swelling, bruising, and bleeding) and faster procedure times — with equivalent clinical results to the latest open flap techniques.

- **Superior patient reported outcomes**, with less bleeding, swelling & bruising. [17-18]
- FDA Cleared for **Cementum Mediated NEW Attachment**.
- **Faster** procedure times.[17-18]
- Results backed by **landmark, first-of-its kind clinical study** designed to meet the stringent AAP Best Evidence Consensus standard, published in the Journal of Periodontology.

Waterlase not only achieves superior patient-reported outcomes (PRO) to traditional techniques, but even **better** PRO's than Minimally Invasive Surgical Technique (MIST)![17-18]

POSTOPERATIVE ICE PACK USE

Waterlase
17%

MIST
62%

POSTOPERATIVE SWELLING

Waterlase
46% DAY 1 **4%** DAY 3

MIST
81% DAY 1 **47%** DAY 3

POSTOPERATIVE BRUISING

Waterlase
0%

MIST
15%

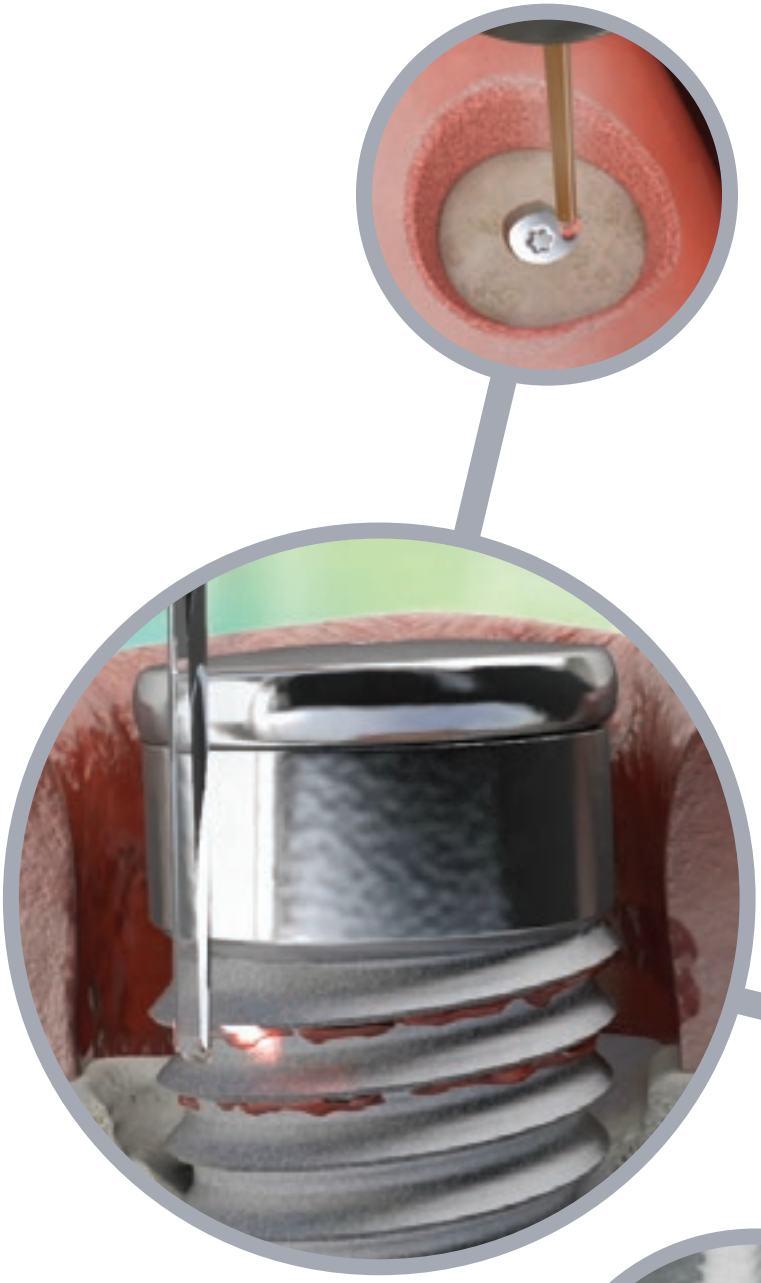
PROCEDURE TIME SAVINGS

Clinicians save **up to 15 Minutes** per procedure using Waterlase compared to MIST.

CHANGE IN CLINICAL ATTACHMENT LEVEL (CAL)

Waterlase **1.27 ± 1.16 mm**

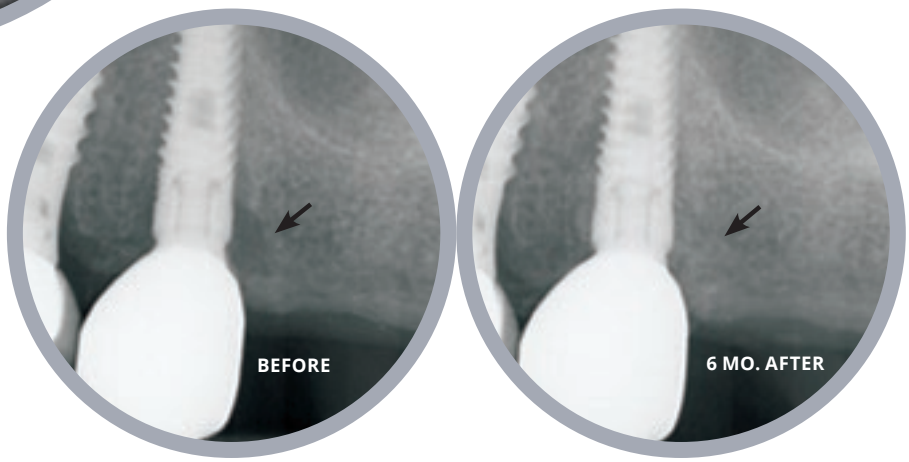
MIST **1.27 ± 1.57 mm**



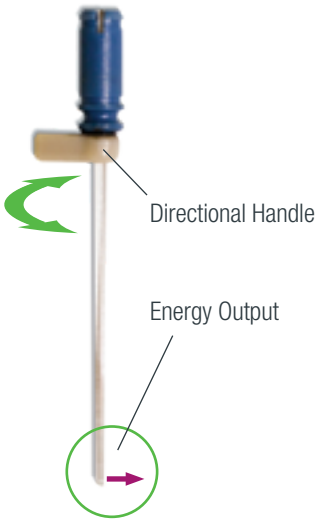
Implant

Waterlase REPAIR Implant™ allows for minimally invasive implant surface de-contamination and de-cortication to achieve re-osteointegration.

- Achieve definitive **degranulation of inflammatory lesions** with photo-acoustic laser energy.
- Gain effective subgingival access for **decontamination of implant surfaces and in-between threads** with the Waterlase Side Firing Tip™.
- Effectively debride implants, **removing 98% of biofilm** on infected titanium surfaces **without damaging or affecting surface temperature**.[19]



Courtesy of Dr. Bret Dyer



THE WATERLASE SIDE FIRING TIP

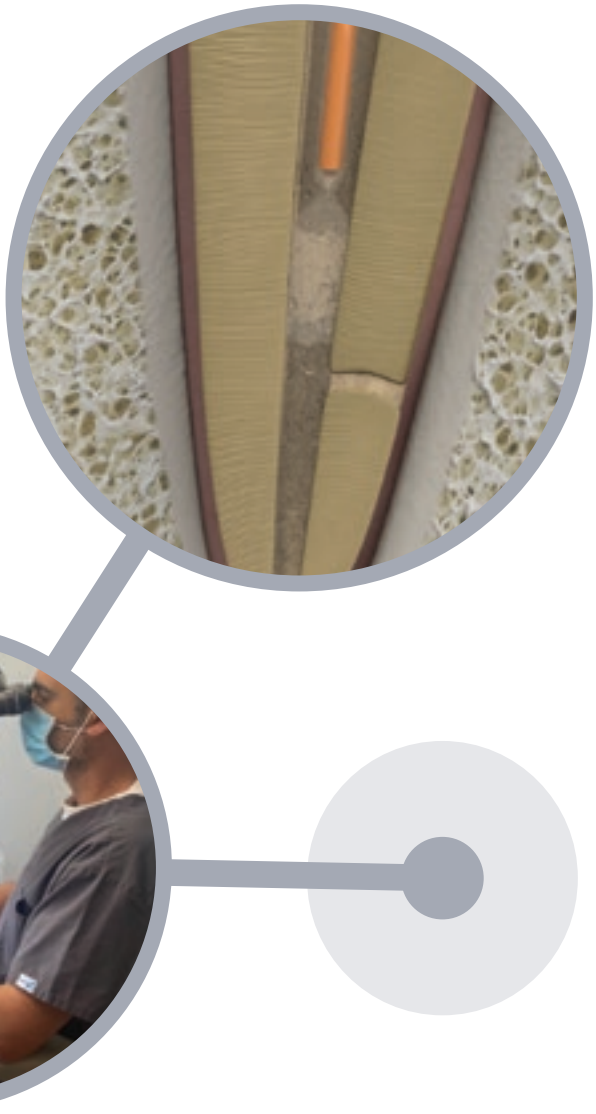
The Waterlase Side Firing Tip (SFT) is ideal for safely and effectively debriding implant threads and allows for superior access compared to traditional implant debridement methods.

Waterlase iPlus PREMIER EDITION

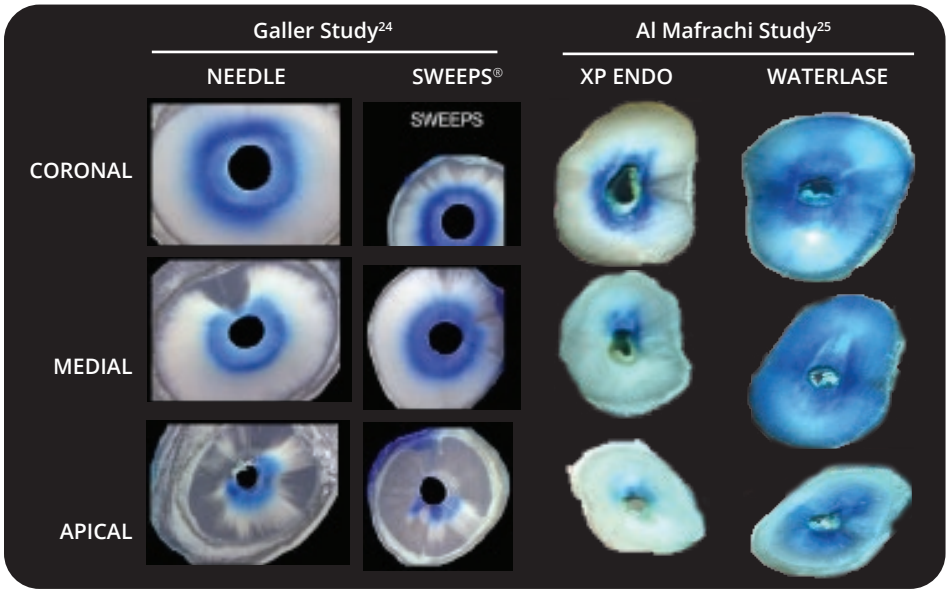
Endo

Waterlase effectively fights endodontic infection and can perform disinfection and cleaning, open dentinal tubules, decontamination prior to obturation, pulpotomy and pulp extirpation, and smear layer removal in the canal.

- **More productivity** and less fatigue.
- **Less post-op patient discomfort**.
- Exceptional **Fluid Dynamics**.
- Remove smear layer and destroy biofilm with **deep lateral cleaning**
- YSGG with 2.5% NaOCl or 2% CHX achieves over **99.9% microbial reduction** rates.[20-23]



TUBULE PENETRATION



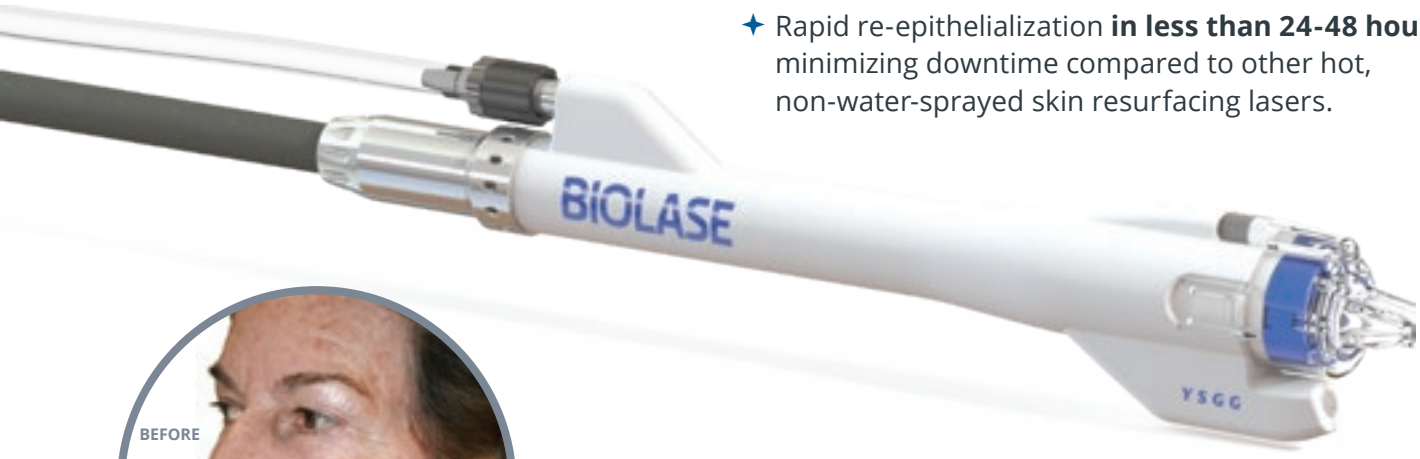
The Galler penetration study[24] compared Er:Yag SWEEPS® vs manual needle irrigation. SWEEPS® performed worse than needle irrigation. The Al Mafrachi study compares manual irrigation to YSGG, and found that the effect of laser irrigation "was clear, especially in apical third. [...] laser activation of irrigants was the most effective protocol in removing smear layer and increasing dentin permeability."[25]

Courtesy of Dr. Gary Glassman

Skin Resurfacing

FDA-cleared for safe, effective, and in-demand dermatologic skin resurfacing therapy using the Waterlase Fractional Handpiece™.

- **No local or topical anesthetic** required for many procedures
- **Reduced risk of complications** compared to more invasive procedures
- **Diffractive, micro-optics lens array** delivers ten microbeams in a single line per laser pulse for ablative and non-ablative skin resurfacing
- **Proven wavelength** — effective full-face treatment while reaching the dermis layer
- Rapid re-epithelialization **in less than 24-48 hours**, minimizing downtime compared to other hot, non-water-sprayed skin resurfacing lasers.



Courtesy of Dr. Mason Miner

AAFE

AMERICAN ACADEMY
OF FACIAL ESTHETICS

Expert Training with the
American Academy of Facial Esthetics

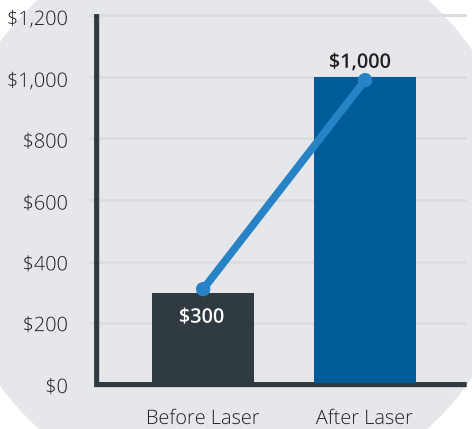
BIOLASE is pleased to announce its partnership with The American Academy of Facial Esthetics (AAFE). Included with every purchase of the Waterlase Fractional Handpiece is a four-hour, in-person, skin resurfacing training session at no additional charge! This training will take place at The American Academy of Facial Esthetics (AAFE) facilities, and will be conducted by their team of highly skilled professionals.

Grow as You Go

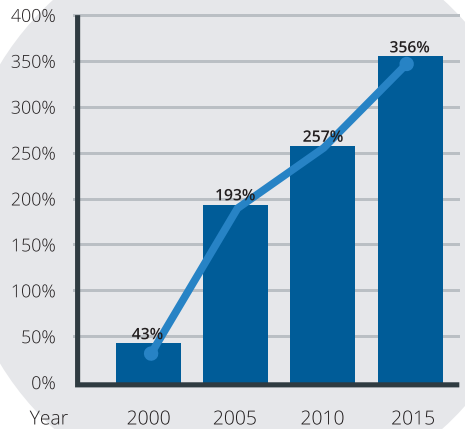
If you're new to Waterlase Dentistry™, the Waterlase iPlus Premier Edition allows you to expand your laser dentistry practice as your abilities increase.

- Beginning with the Soft-Tissue module, performing just 1-2 easy Waterlase procedures a week can pay for your Waterlase iPlus.
- As your abilities grow, expanding your capabilities and increasing your return on investment is an easy process, only adding modules as you're ready to grow your practice.
- Increase case acceptance with minimally invasive procedures and improve patient referrals.

PRODUCTION INCREASE



MONTHLY PATIENT REFERRALS



Excerpt from A BIOLASE Waterlase Case Study: Dr. Patrick R. Ruehle, DDS, PA. Download the full case study at **biolase.com/case-studies**.

Your Education Pathway is Clear

BIOLASE is the world leader in laser dentistry education and training. Waterlase Academy is your home base for all things resources, content, and connections related to Waterlase education.

ACADEMY™
WATERLASE

FOUNDATIONS COURSE

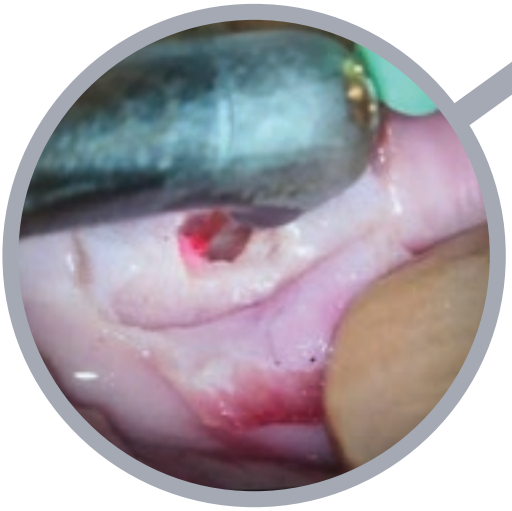
Three days of in-depth **didactic and hands-on instruction** from laser physics to clinical procedures. Clinicians will gain a foundational understanding of Waterlase® in Soft-Tissue, Restorative, Perio, Implant, and Endo taught by multiple industry-leading laser specialists.

Soft-Tissue Procedures:

- Gingivectomy, frenectomy, troughing, oral lesions

Restorative:

- Cavity preparations, with a focus on technique and parameters
- Osseous crown lengthening
- Crown & veneer removal



Perio/Implant:

- Introduction to REPAIR Perio, minimally invasive protocol for management of moderate periodontitis
- Introduction to REPAIR Implant, a minimally invasive protocol to assist in the management of ailing or failing implants

Endodontics:

- Root canal cleaning, irrigation, and disinfection, using the Waterlase RapidEndo Protocol, with a focus on anterior, single-rooted teeth

Waterlase iPlus PREMIER EDITION

Clinical Indications

SOFT TISSUE (Including Pulpal Tissue)*

Incision, excision, vaporization, ablation and coagulation of oral soft tissues, including:

- Excisional and incisional biopsies
- Exposure of unerupted teeth
- Fibroma removal
- Flap preparation – incision of soft tissue to prepare a flap and expose the bone
- Flap preparation – incision of soft tissue to prepare a flap and expose unerupted teeth (hard and soft tissue impactions)
- Frenectomy and frenotomy
- Gingival troughing for crown impressions
- Gingivectomy
- Gingivoplasty
- Gingival incision and excision
- Hemostasis
- Implant recovery
- Incision and drainage of abscesses
- Laser soft tissue curettage of the post-extraction tooth sockets and the periapical area during apical surgery
- Leukoplakia
- Operculectomy
- Oral papillectomies
- Pulpotomy
- Pulp extirpation
- Pulpotomy as an adjunct to root canal therapy
- Root canal debridement and cleaning
- Reduction of gingival hypertrophy
- Soft tissue crown lengthening
- Treatment of canker sores, herpetic and aphthous ulcers of the oral mucosa
- Vestibuloplasty

HARD TISSUE

General Indications*

- Class I, II, III, IV and V cavity preparation
- Caries removal
- Hard tissue surface roughening or etching
- Enameloplasty, excavation of pits and fissures for placement of sealants

LASER PERIODONTAL PROCEDURES

- REPAIR Protocol: Waterlase Er,Cr:YSGG assisted new attachment procedure (cementum-mediated periodontal ligament new attachment to the root surface in the absence of long junctional epithelium)
- Removal of subgingival calculi in periodontal pockets with periodontitis by closed or open curettage
- Removal of highly inflamed edematous tissue affected by bacteria penetration of the pocket lining and junctional epithelium
- Full thickness flap
- Partial thickness flap
- Split thickness flap
- Laser soft tissue curettage
- Laser removal of diseased, infected, inflamed and necrosed soft tissue within the periodontal pocket
- Removal of granulation tissue from bony defects
- Sulcular debridement (removal of diseased, infected, inflamed or necrosed soft tissue in the periodontal pocket to improve clinical indices including gingival index, gingival bleeding index, probe depth, attachment loss and tooth mobility)
- Osteoplasty and osseous recontouring (removal of bone to correct osseous defects and create physiologic osseous contours)
- Ostectomy (resection of bone to restore bony architecture, resection of bone for grafting, etc.)
- Osseous crown lengthening

ENDODONTIC SURGERY (AMPUTATION)

- Flap preparation – incision of soft tissue to prepare a flap and expose the bone
- Cutting bone to prepare a window access to the apex (apices) of the root(s)
- Apicoectomy – amputation of the root end
- Root end preparation for retrofill
- Removal of pathological tissues (i.e. cysts, neoplasm or abscess) and hyperplastic tissues (i.e., granulation tissue) from around the apex

ROOT CANAL HARD TISSUE

- Tooth preparation to obtain access to root canal
- Root canal preparation including enlargement
- Root canal debridement and cleaning
- Laser root canal disinfection after endodontic instrumentation

BONE/SURGICAL

- Cutting, shaving, contouring and resection of oral osseous tissues (bone)
- Osteotomy

CROWN & VENEER

- Removal of ceramic and porcelain crowns and veneers**

DERMATOLOGIC

- Skin resurfacing***

*For use on adult and pediatric patients. **For all ceramic and porcelain crowns and veneers. *** Waterlase iPlus software version 2.3.11 or later and firmware version 2.1.2 or later. **IMPORTANT:** Review all Contraindications, Warnings and Precautions presented in the User Manual before proceeding with using a laser device on patients.
NOTE: Any tissue growth (i.e., cyst, neoplasm or other lesions) must be submitted to a qualified laboratory for histopathological evaluation.

Technical

DIMENSIONS

Unit (W x L x H):	11.0 x 18.9 x 35.5 in (27.9 x 48.0 x 85.1 cm)
With Fiber (W x L x H):	11.0 x 18.9 x 53.3 in (27.9 x 48.0 x 135.4 cm)
Weight:	75 lbs. (34 kg)

ELECTRICAL

Class I Medical Electrical (ME) Equipment	
Operating voltage:	100 VAC ± 10% / 230 VAC ± 10%
Frequency:	50 / 60 Hz
Current rating:	5 A / 8 A
Main control:	Circuit breaker
On / Off control:	Keyswitch
Remote interruption:	Remote interlock connector

WATER SPRAY

Water type:	Distilled or De-ionized only
External air source:	80 – 120 psi. (5.5 - 8.2 bar)
Water:	0 – 100%
Air:	0 – 100%
Interaction zone:	0.5 – 5.0 mm from handpiece tip to target

OPTICAL

Laser classification:	IV (4)
Medium:	Er,Cr:YSGG (Erbium, Chromium: Yttrium, Scandium, Gallium, Garnet)
Wavelength:	2.78 µm (2780 nm)
Frequency:	5 – 100 Hz
Average power:	0.1 – 10.0 W
Power accuracy:	± 20%
Pulse energy:	0 – 600 mJ
Pulse duration “H” mode:	60 µs
Pulse duration “S” mode:	700 µs
Handpiece head angles:	70° contra-angle
Gold HP Tip diameter range:	200 – 1200 µm
Turbo Tip focal diameter range:	500 – 1100 µm
Output divergence:	≥ 8° per side
Mode:	Multimode
Aiming beam:	635 nm (red) laser, 1 mW max (safety classification 1)
Water level sensor beam:	635 nm laser, 1 mW max (safety classification 1)
Nominal Ocular Hazard Distance (NOHD):	5 cm
Maximum Permissible Exposure (MPE):	3.5 x 105 W/m^2

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