



When your braces **come off**, will you like what **you see**?

Colgate[®]

Over **1 in 3** patients with braces suffer from **white spots**¹

How **white spots** form

- 1. Bacterial plaque**
Brackets and wires can trap food and plaque. **Bacterial plaque** produces acid which weakens enamel through mineral loss.
- 2. White spots**
Weakened enamel becomes **more porous**, resulting in white spots.
- 3. Cavities**
If left untreated, a white spot can continue to break down; **resulting in a cavity**, which may require a filling.

References: 1. Chapman JA, et al. Risk factors for incidence and severity of white spot lesions during treatment with fixed orthodontic appliances. *Am J Orthod Dentofacial Orthop.* 2010 Aug;138(2):188-94. Doi: 10.1016/j.ajodo.2008.10.019. 2. Baysan A et al. *Caries Res.* 2001;35:41-46.

How to **prevent white spots** before they start

This early stage of tooth decay can be reversed, although the white spots may be permanent. Preventive measures should start even before a white spot appears.

2x

Brush 2 times daily with fluoride toothpaste.



Clean between teeth daily with an interdental tool recommended by your dental professional.



Maintain low sugar diet and avoid acidic beverages*



Using a prescription-strength fluoride toothpaste such as **Colgate® PreviDent® 5000 ppm** can help reverse white spot lesions.²

*Note that acidic beverages do not cause white spots as the acid attacks the entire tooth.

Contains
Tri-Calcium
Phosphate



PreviDent® 5000 ppm Ortho Defense
(1.1% Sodium Fluoride) Toothpaste,
a caries preventive.

IMPORTANT SAFETY INFORMATION

PreviDent® 5000 ppm Ortho Defense

- Do not swallow. Keep out of reach of children.
- Acute burning in the mouth and sore tongue may be experienced by some individuals.
- If accidental ingestion occurs, side effects may include nausea, vomiting, diarrhea, and abdominal pain.

Protect your teeth while wearing braces

Colgate® Phos-Flur® Ortho Defense® Anticavity Fluoride Mouthwash

58% reduction in decalcification¹

- ✓ Orthodontist recommended
- ✓ Promotes remineralization²
- ✓ Strengthens teeth by forming a submicroscopic reservoir of fluoride on the tooth enamel²
- ✓ Alcohol free*

Flavors: Mint, Gushing Grape



*Does not contain ethanol.

References: 1. Hirschfield, R.E. Control of Decalcification by Use of Fluoride Mouthrinse. *Journal of Dentistry for Children*. 26-28. Nov.-Dec. 1978 2. De Paola, P., Soparkar, P. monograph on the Proceedings of Conference on Cardiology for the Nineties, University of Rochester, 1991.



Cleanse oral canker sores and minor wounds

Colgate® Peroxyl® Mouth Sore Rinse Oral Wound Cleanser

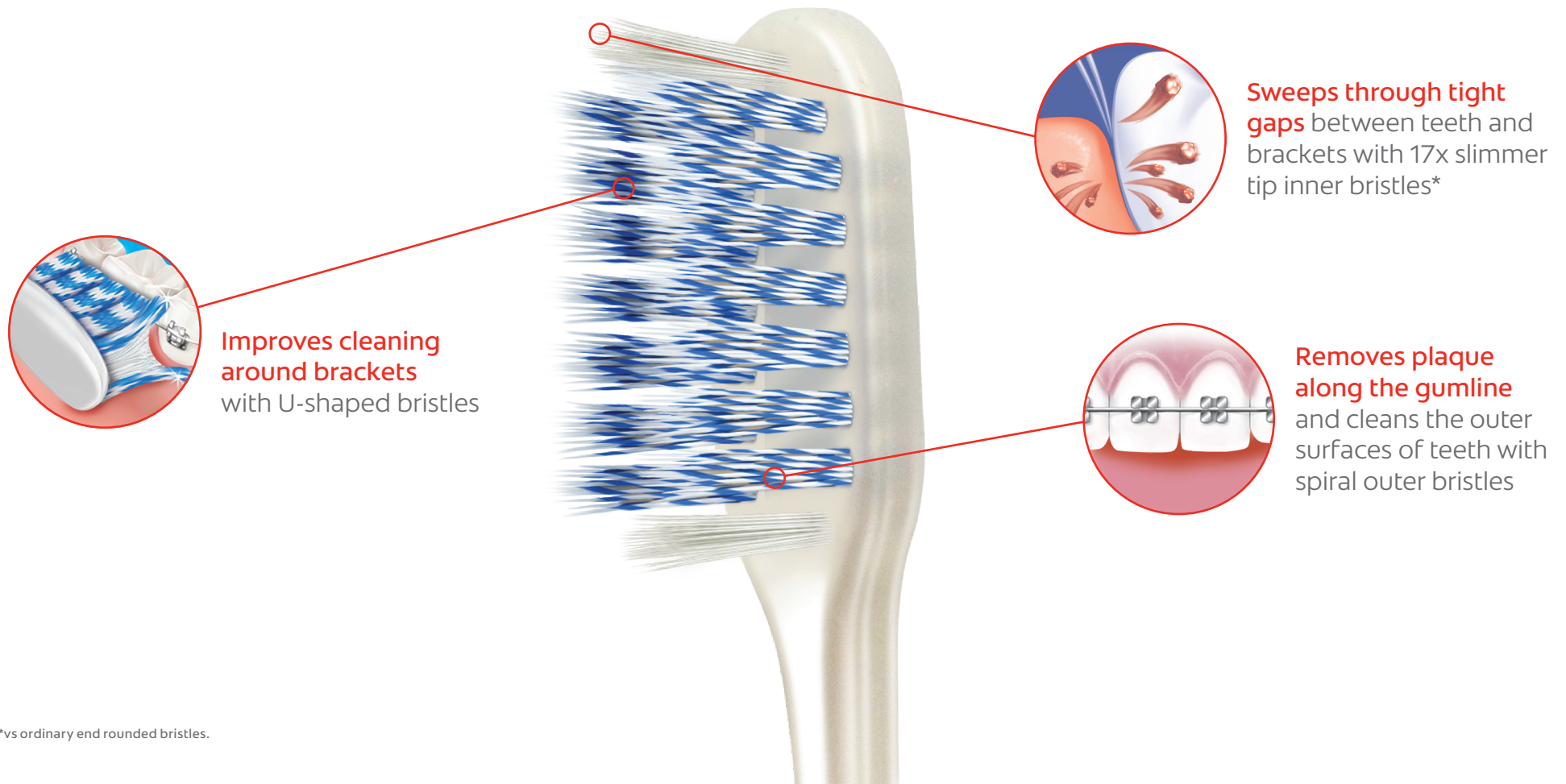
- ✓ For minor gum inflammation resulting from:
 - Other irritations of the mouth and gums
 - Minor dental procedures
 - Dentures
 - Accidental injury
- ✓ Foaming action flushes away food particles
- ✓ Alcohol free*

Flavor: Mild Mint



A toothbrush that's **made for braces** can give you a **better clean**

Colgate® SlimSoft™ Ortho Toothbrush



*vs ordinary end rounded bristles.



Orthodontic patient therapies



Phos-Flur® Rinse
Available in Mint
and Gushing Grape

**SlimSoft™ Ortho
Toothbrush**

PreviDent® 5000 ppm Ortho Defense
(1.1% Sodium Fluoride) Toothpaste,
a caries preventive

Peroxyl® Mouth Sore Rinse
Available in Mild Mint

Colgate®

**PreviDent® 5000 ppm
ORTHO DEFENSE™**

*1.1% Sodium fluoride
Prescription Strength Toothpaste*

DESCRIPTION: Self-topical neutral fluoride dentifrice containing 1.1% (w/w) sodium fluoride.

INDICATIONS AND USAGE: For twice-daily self-applied topical use as a dental caries preventive in adults and pediatric patients age 6 years and older.

WARNINGS: Not for systemic treatment – DO NOT SWALLOW. Read directions carefully before using. Keep out of reach of infants and children.

DOSAGE AND ADMINISTRATION: (unless otherwise instructed by your dental professional)

1. Adults and pediatric patients 6 years of age or older, apply a thin ribbon of PreviDent® 5000 Ortho Defense™ to a toothbrush. Brush teeth thoroughly twice daily for two minutes in place of your regular toothpaste.

2. After use, adults expectorate. For best results, do not eat, drink or rinse for 30 minutes. Pediatric patients, age 6-16, expectorate after use and rinse mouth thoroughly.

STORAGE: Store at controlled room temperature, 68-77°F (20-25°C)

See package insert for complete product information.

DESCRIPTION: Self-topical neutral fluoride dentifrice containing 1.1% (w/w) sodium fluoride for use as a dental caries preventive in adults and pediatric patients.

Active Ingredient: Sodium fluoride 1.1% (w/w)

Inactive Ingredients: blue 1, cellulose gum, flavor, fumaric acid, hydrated silica, mica, poloxamer 338, PEG-12, sodium benzoate, sodium lauryl sulfate, sodium saccharin, sorbitol, titanium dioxide, tricalcium phosphate, water, xanthan gum

CLINICAL PHARMACOLOGY: Frequent topical applications to the teeth with preparations having a relatively high fluoride content increase tooth resistance to acid dissolution and enhance penetration of the fluoride ion into tooth enamel.

INDICATIONS AND USAGE: A dental caries preventive; for twice daily self-applied topical use. PreviDent® 5000 Ortho Defense™ 1.1% sodium fluoride toothpaste in a squeeze bottle is easily applied onto a toothbrush. This prescription toothpaste should be used twice daily in place of your regular toothpaste unless otherwise instructed by your dental professional. May be used in areas where drinking water is fluoridated since topical fluoride cannot produce fluorosis. (See WARNINGS for exception.)

CONTRAINDICATIONS: Do not use in pediatric patients under age 6 years unless recommended by a dentist or physician.

WARNINGS: Prolonged daily ingestion may result in various degrees of dental fluorosis in pediatric patients under age 6 years, especially if the water fluoridation exceeds 0.6 ppm, since younger pediatric patients frequently cannot perform the brushing process without significant swallowing. Use in pediatric patients under age 6 years requires special supervision to prevent repeated swallowing of toothpaste which could cause dental fluorosis. Pediatric patients under age 12 should be supervised in the use of this product. Read directions carefully before using. Keep out of reach of infants and children.

PRECAUTIONS:

General: Not for systemic treatment. DO NOT SWALLOW.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In a study conducted in rodents, no carcinogenesis was found in male and female mice and female rats treated with fluoride at dose levels ranging from 4.1 to 9.1 mg/kg of body weight. Equivocal evidence of carcinogenesis was reported in male rats treated with 2.5 and 4.1 mg/kg of body weight. In a second study, no carcinogenesis was observed in rats, males or females, treated with fluoride up to 11.3 mg/kg of body weight. Epidemiological data provide no credible evidence for an association between fluoride, either naturally occurring or added to drinking water, and risk of human cancer. Fluoride ion is not mutagenic in standard bacterial systems. It has been shown that fluoride ion has potential to induce chromosome aberrations in cultured human and rodent cells at doses much higher than those to which humans are exposed. In vivo data are conflicting. Some studies report chromosome damage in rodents, while other studies using similar protocols report negative results.

Potential adverse reproductive effects of fluoride exposure in humans have not been adequately evaluated. Adverse effects on reproduction were reported for rats, mice, fox, and cattle exposed to 100 ppm or greater concentrations of fluoride in their diet or drinking water. Other studies conducted in rats demonstrated that lower concentrations of fluoride (5 mg/kg of body weight) did not result in impaired fertility and reproductive capabilities.

Pregnancy: Teratogenic Effects: Pregnancy Category B. It has been shown that fluoride crosses the placenta of rats, but only 0.01% of the amount administered is incorporated in fetal tissue. Animal studies (rats, mice, rabbits) have shown that fluoride is not a teratogen. Maternal exposure to 12.2 mg fluoride/kg of body weight (rats) or 13.1 mg/kg of body weight (rabbits) did not affect the litter size or fetal weight and did not increase the frequency of skeletal or visceral malformations. There are no adequate and well-controlled studies in pregnant women. However, epidemiological studies conducted in areas with high levels of naturally fluoridated water showed no increase in birth defects. Heavy exposure to fluoride during in utero development may result in skeletal fluorosis which becomes evident in childhood.

Nursing Mothers: It is not known if fluoride is excreted in human milk. However, many drugs are excreted in milk, and caution should be exercised when products containing fluoride are administered to a nursing woman. Reduced milk production was reported in farm-raised fox when the animals were fed a diet containing a high concentration of fluoride (98-137 mg/kg of body weight). No adverse effects on parturition, lactation, or offspring were seen in rats administered fluoride up to 5 mg/kg of body weight.

Pediatric Use: The use of PreviDent® 5000 Ortho Defense™ in pediatric age groups 6 to 16 years as a caries preventive is supported by pioneering clinical studies with 1.1% sodium fluoride gels in mouth trays in students age 11 to 14 years conducted by Englander et al. 2-4 Safety and effectiveness in pediatric patients below the age of 6 years have not been established. Please refer to the CONTRAINDICATIONS and WARNINGS sections.

Geriatric Use: Of the total number of subjects in clinical studies of 1.1% (w/w) sodium fluoride, 15 percent were 65 and over, while 1 percent were 75 and over.

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