Clinical Indications



Epic Soft Tissue Lasers

Soft-Tissue

- Excisional and incisional biopsies
- Exposure of unerupted teeth
- Fibroma removal
- Frenectomy
- Frenotomy
- Gingival troughing for crown impressions
- Gingivectomy
- Gingivoplasty
- · Gingival incision and excision
- Hemostasis and coagulation**
- Implant recovery
- Incision and drainage of abscess
- Leukoplakia
- Operculectomy
- Oral papillectomies
- Pulpotomy
- · Pulpotomy as an adjunct to root canal therapy
- Reduction of gingival hypertrophy
- Soft tissue crown lengthening
- Treatment of canker sores, herpetic and aphthous ulcers of the oral mucosa**
- Vestibuloplasty
- Tissue retraction for impression



- Laser soft tissue curettage**
- Laser removal of diseased, infected, inflamed and necrosed soft tissue within the periodontal pocket**
- Sulcular debridement (removal of diseased. infected, inflamed and necrosed soft tissue in the periodontal pocket to improve clinical indices including gingival index, gingival bleeding index, probe depth, attachment loss and tooth mobility)**
- Reduction of bacterial level (decontamination) and inflammation***
- Removal of highly inflamed edematous tissue affected by bacteria penetration of the pocket lining and junctional epithelium***

Whitening

- Light activation for bleaching materials for teeth whitening
- Laser-assisted whitening/bleaching of teeth

Pain Relief*

 Topical heating for the purpose of elevating tissue temperature for a temporary relief of minor muscle and joint pain and stiffness, minor arthritis pain, or muscle spasm, minor sprains and strains, and minor muscular back pain; the temporary increase in local blood circulation; the temporary relaxation of muscle



Epic **Hygiene**





*Pain Belief Therapy is not yet available on the Epic ProTM **Only denoted indications are available on the Epic Hygiene, ***Avaliable on Epic Hygiene only. Available only in the USA. Use as applicable per State law.

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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 laboratoryfor histopathological evaluation. ©2020 BIOLASE Inc. All Rights Reserved. 18-1231-r4