A New Era of Dentistry

CURODONT™ REPAIR FLUORIDE PLUS

Finally, a treatment for Early-Stage Caries

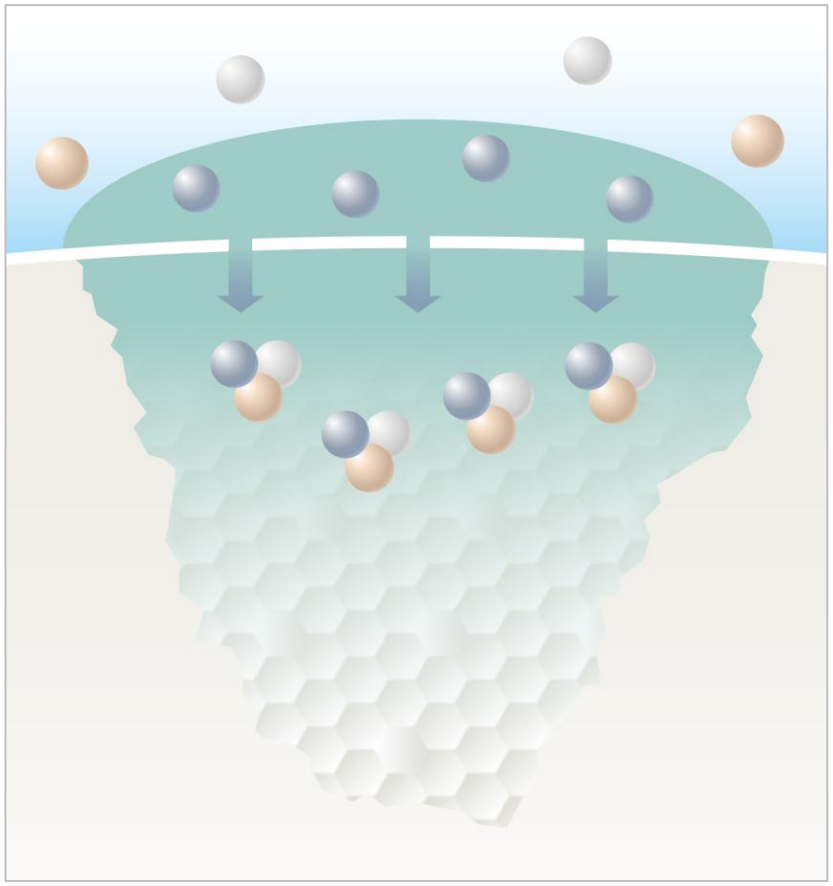
CURODONT™ REPAIR FLUORIDE PLUS

- **Non-invasive, drill-free** treatment
- **Fast & easy to apply in as little as 3 min**[1] (same appointment)
- **Guided Hydroxyapatite Generation** throughout the depth of the lesion
- Can be **applied by** trained **clinicians**, including **hygienists***
- Works on **all enamel surfaces**: interproximal, occlusal, smooth and demineralized white spots
- **Non-staining & tasteless**
- Suitable for **all** ages**

10 applications per box

*State dependent
**Children under 6 years of age: Consult a dentist or doctor.

How Does Curodont™ Repair Fluoride Plus Treat Early-Stage Caries?



= Fluoride = Calcium = Phosphate

Guided Hydroxyapatite Generation

Our proprietary biomimetic formulation disperses throughout the depth of the lesion

Mimicking nature, Curodont treats the early-stage carious lesions by restoring lost minerals together with calcium and phosphate from saliva

Over time, this allows for the opportunity to preserve the natural tooth structure – without the need for drilling, injections, or artificial filling materials

Mode of Action

DISCLAIMER:

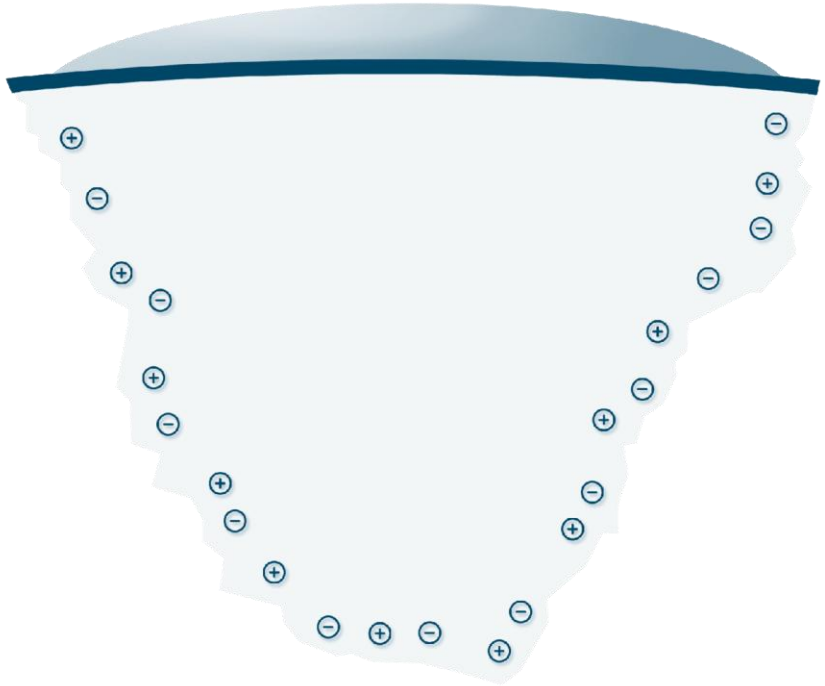
This video is intended for dental professionals only.
Please see full instructions for use before applying Curodont Repair Fluoride Plus.

For Professional Office Use Only.
This product is not intended for home or unsupervised consumer use.

Prevention vs. Treatment

SURFACE

PREVENTION OF NEW CARIES



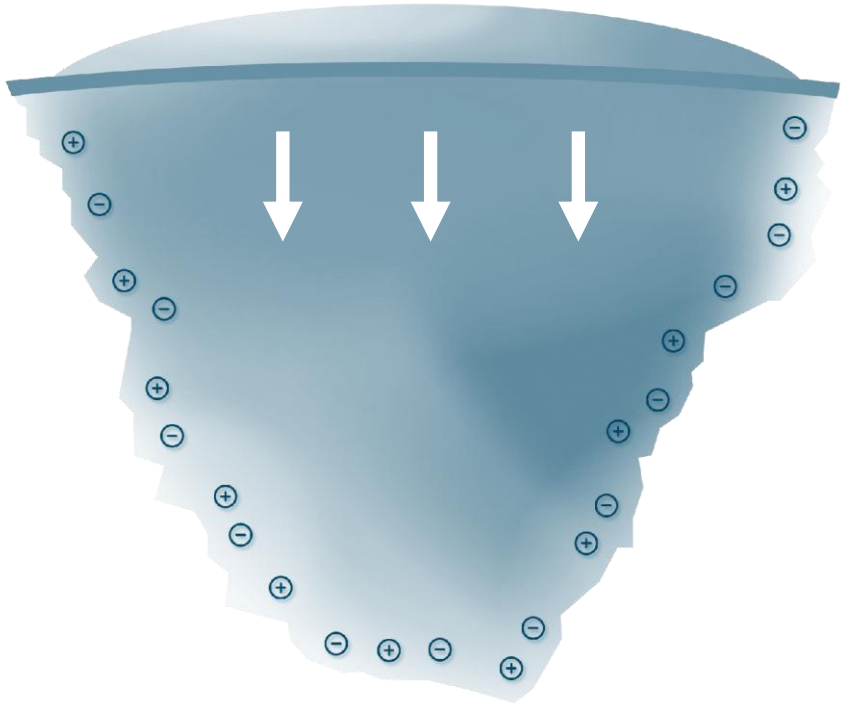
BEFORE

Fluoride Varnish

VS

DEPTH

TREATMENT OF EARLY-STAGE CARIES



NOW

Guided Hydroxyapatite Generation

vVARDIS is Supported by Decades of Science

- 25+ years of research
- >230 global scientific publications, including
  - ✓ peer-reviewed systematic reviews & meta-analyses
  - ✓ Peer-reviewed clinical trials, including a long-term study
  - ✓ Peer-reviewed in vitro, in situ studies
  - ✓ Abstracts, posters, presentations
  - ✓ Internal in vitro studies
- 10+ years of successfully treated patients
- 1 million teeth* treated in the EU and US
- >90% success rate proven in multiple peer-reviewed clinical trials
- Success defined as arresting caries progression and multiple studies showing detectable increase in mineral density
- Prestigious Dental Universities are incorporating vVARDIS Technology in their curriculum

* Data on file
** Curodont Repair marketed in Europe
*** Curodont Repair Fluoride Plus marketed in USA

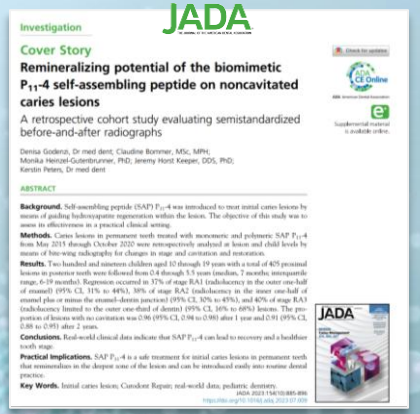
Long-term study in JADA**


JADA

Systematic Review

Systematic review and meta-analysis on the effect of self-assembling peptide P_{11}-4 on arrest, cavitation, and progression of initial caries lesions

Meta-analysis in JADA**


JADA

Investigation

Cover Story

Remineralizing potential of the biomimetic P_{11}-4 self-assembling peptide on noncavitated caries lesions

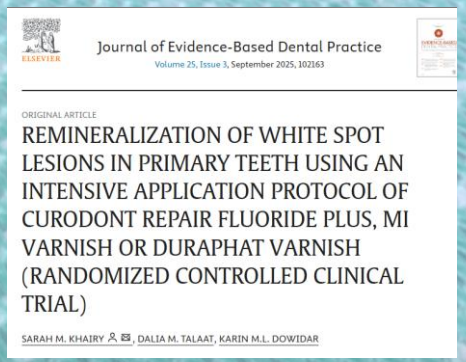
A retrospective cohort study evaluating semistandardized before-and-after radiographs

Independent randomized controlled double blind clinical trial***


RESEARCH

Evaluation of the remineralization potential of self-assembling peptide P11-4 with fluoride compared to fluoride varnish in the management of incipient carious lesions: a randomized controlled clinical trial

Most recent independent clinical study- Article in press***


Journal of Evidence-Based Dental Practice

Volume 25, Issue 3, September 2025, 102163

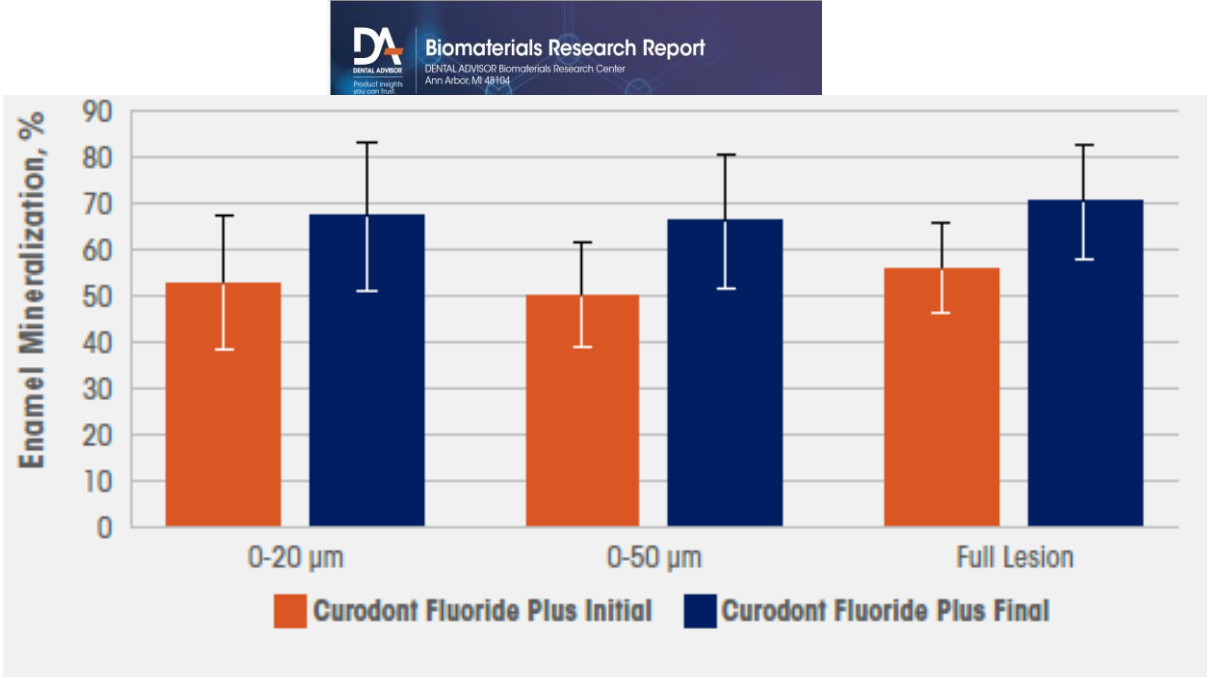
ORIGINAL ARTICLE

REMINERALIZATION OF WHITE SPOT LESIONS IN PRIMARY TEETH USING AN INTENSIVE APPLICATION PROTOCOL OF CURODONT REPAIR FLUORIDE PLUS, MI VARNISH OR DURAPHAT VARNISH (RANDOMIZED CONTROLLED CLINICAL TRIAL)

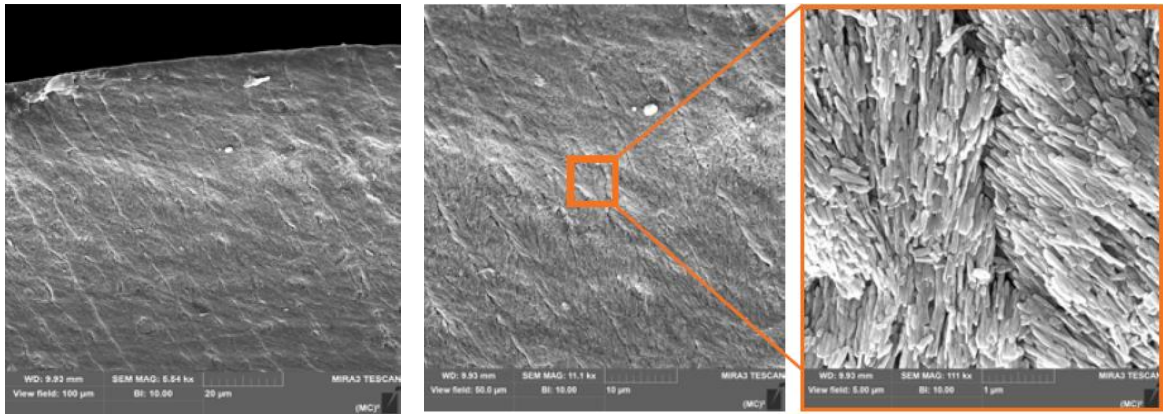
SARAH M. KHAIRY, DALIA M. TALAAT, KARIN M.L. DOWIDAR

Recent Study Provides Evidence Of Hydroxyapatite Generation – MicroCT & SEM Evidence

- In vitro study* evaluating the effect of CRFP on early carious lesions (N=3)
- Observations on Micro-CT:
  - An average of 15% increase in mineral density throughout the lesion **within only 2 weeks: A statistically significant difference (p<0.001)****
  - No significant difference in mineral density based on lesion depth.(p>0.5)
- Observations on SEM:
  - Areas near the surface were fully fused with sound enamel
  - Deeper areas showed larger hydroxyapatite crystals than control



Percent change in mineralization from the initial state to after 2 weeks ($p<0.001$) at 20 µm, 50 µm, and throughout the lesion



VVARDIS SWITZERLAND

*STUDY FUNDED BY vVARDIS
**The p value is calculated based on averages and standard deviations which allows to draw a conclusion on statistical significance.

Application Guidelines

One fully saturated sponge for 1 lesion.

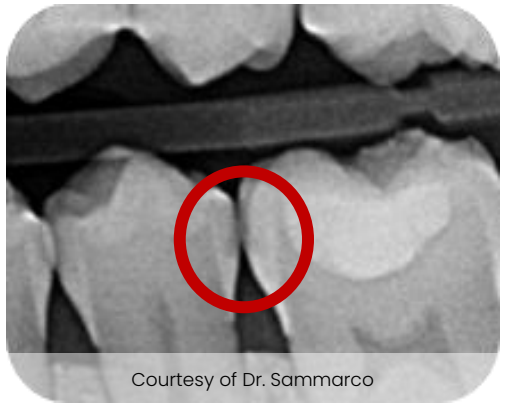
Examples:

‘One lesion’ defined as:

- One interproximal site: Involving one or two surface(s)
- One occlusal or smooth surface
- One demineralized white spot lesion

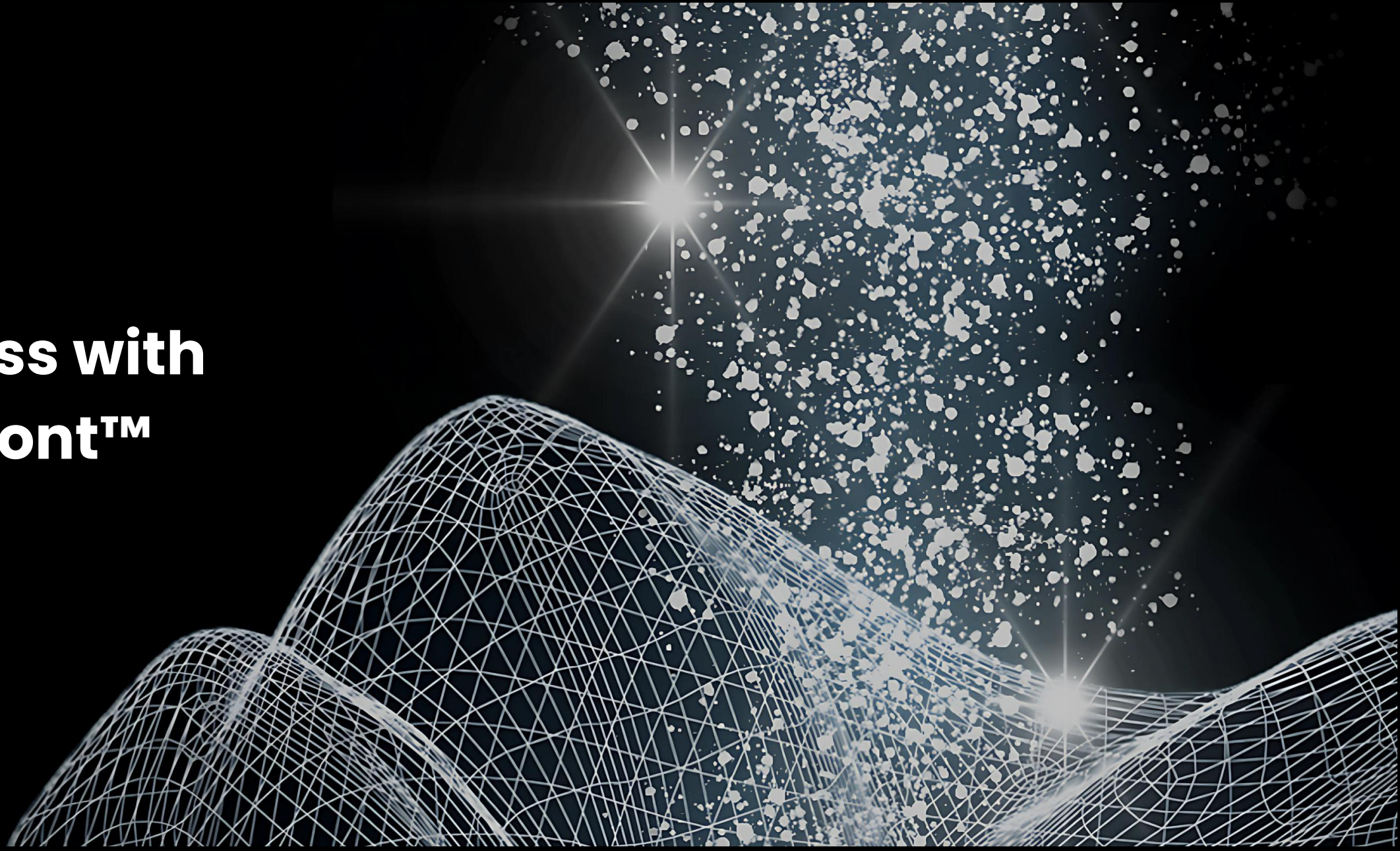
1 occlusal surface

1 smooth surface



1 interproximal area
(1 or 2 surfaces)

Success with Curodont™



Focused on Impact

- Better Access = Better Health
- Early Treatment Cuts Costs
- Real Impact on Daily Life - Improved QOL
- Health System Savings
- Positive Patient Experiences
- Employment Benefits-Increased Confidence
- More Appointment Availability- Optimized Chair Time
- Fewer Hospital Visits

Curodont™ Saves Chair Time

Procedures & Their Average Chair Time

- Curodont Repair
  - <3 min
- Stainless Steel Crown
  - 30 min
- Pulpotomy
  - 45 min
- One-Surface Filling
  - 30 min
- Large Filling (Restoration)
  - 40 min
- Sedation (Moderate/Deep)
  - +60–120 min total

Lesion Management Expectations

ARREST

Stop the progression

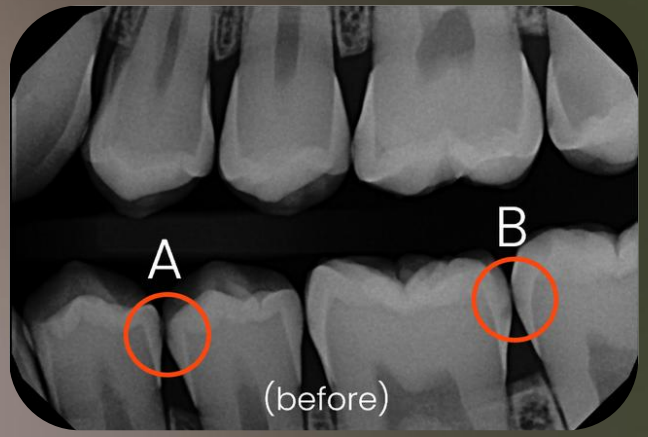
REPAIR

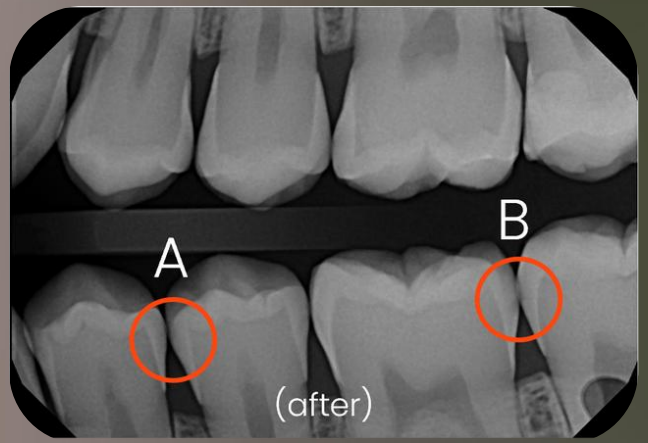
Hydroxyapatite **generation** over time

SUCCESS

>90% SUCCESS RATE*[8]

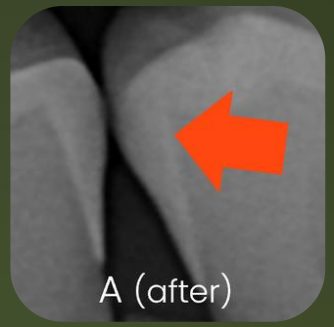
Early Interproximal Lesions
Before & After Application with CRFP

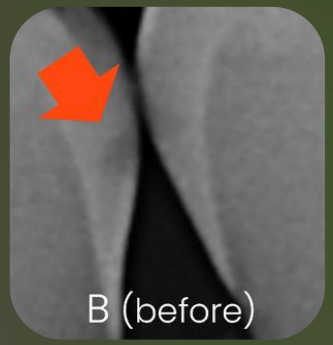


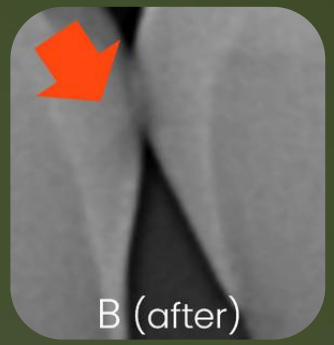


Interproximal lesions on teeth #20-M & #21-D

Interproximal lesions on teeth #18-M & #19-D







Before:

14-year-old patient with interproximal lesions on teeth #18 (mesial), #19 (distal), #20 (mesial), #21 (distal).

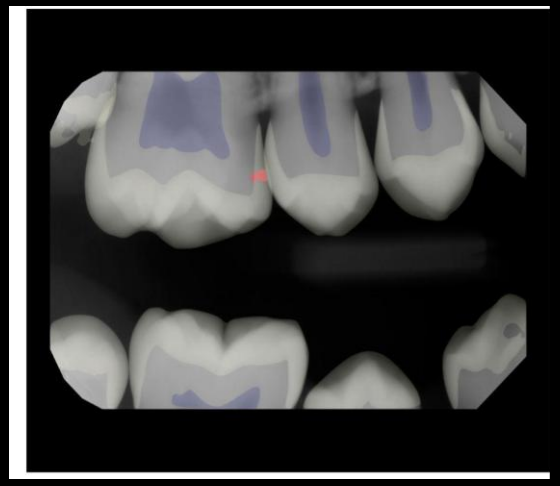
Result:

6 month follow up post Curodont™ Repair Fluoride Plus treatment revealed reduction in the size of the lesions.

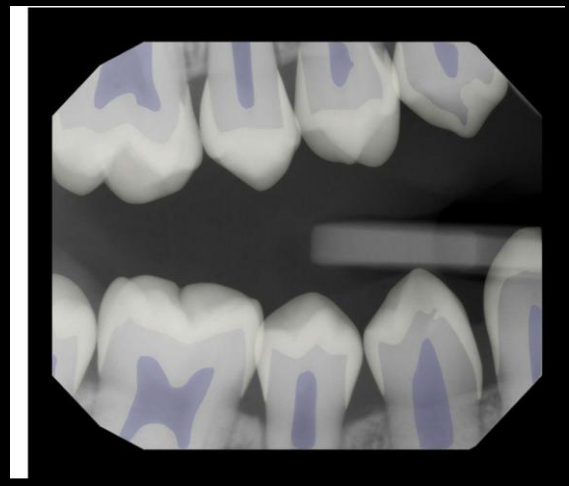
Case Courtesy Dr. Alisha Gray, Ohio, 2023

Individual results may vary

Early Interproximal Caries in a High-risk Case Interpreted with AI



Before
10 y.o. female patient with an E-2 lesion on #3-M.



After
At the 10-week follow up, reduction in size and radiolucency seen.

THE IPERP PROTOCOL // DR. ADAM SILEVITCH, DMD

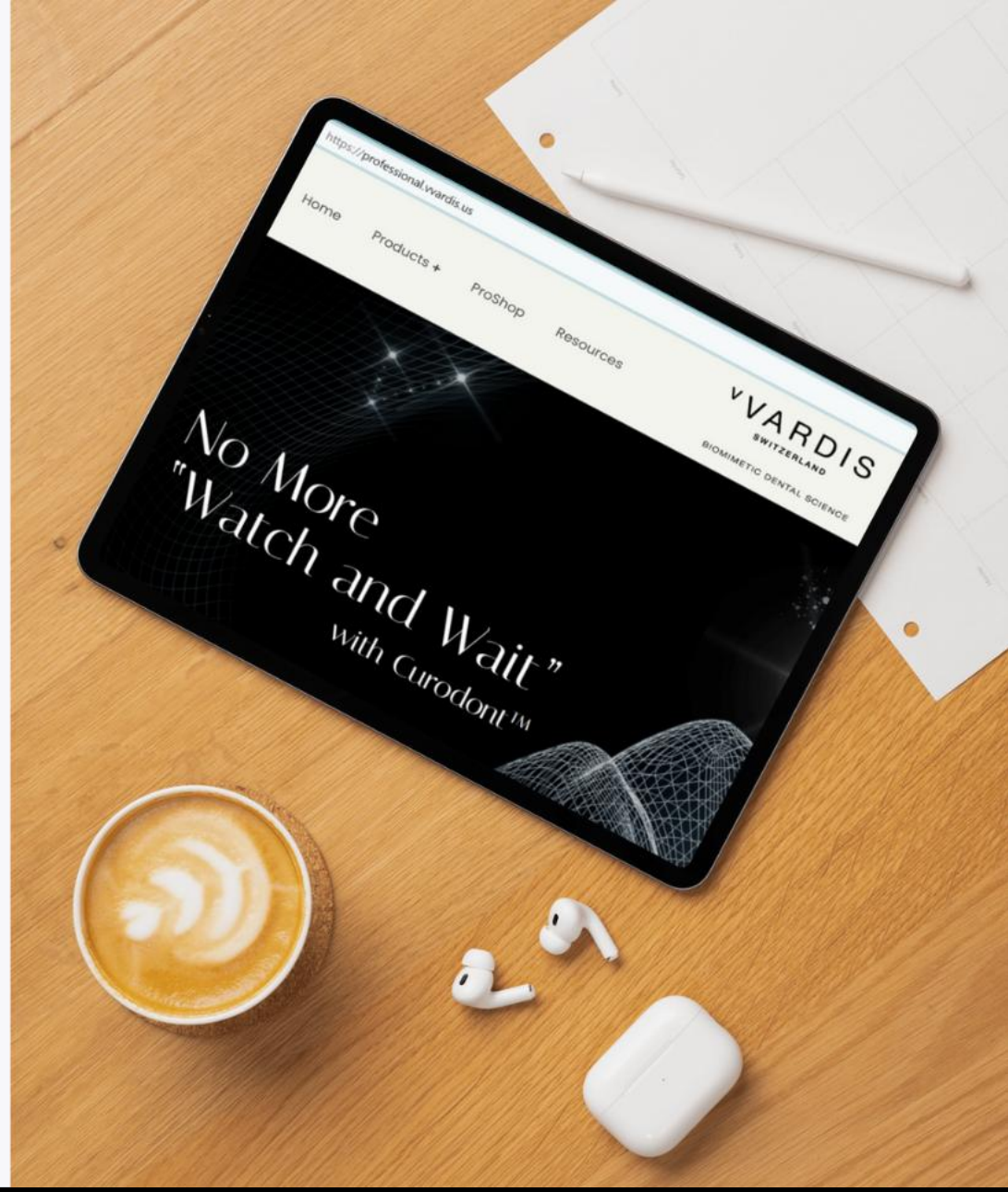
Individual results may vary

Additional Information

VARDIS Education Page

- Complete and interactive e-learning platform
- On-demand webinars (with CE credits available)
- Scientific studies
- Marketing materials
- Videos

SCAN ME!



Nevada Department of Health and Human Services Data Brief ❖ April 2024

Quick Facts

- Decay Experience: 66% of Nevada's third grade children have at least one tooth with decay experience, higher than the national average of 60%.
- Untreated Tooth Decay: 33% of Nevada's third-grade children have untreated tooth decay, higher than the national average of 20%.
- Need for Urgent Dental Care: 7% of Nevada's third grade children need urgent dental care.
    - This means that on any given day, more than 2,500 third grade children in Nevada are in a classroom experiencing mouth pain or a serious infection.
- Oral Health Disparities: In Nevada, there are significant oral health disparities.
    - Tooth decay is more common among children attending lower income schools, Hispanic children, children living in rural counties, and children with parents that do not speak English.
    - The population group with the highest prevalence of untreated decay and the lowest prevalence of protective dental sealants is Hispanic children attending lower income schools in rural counties.

Payer Savings and Access Gains: JADA Findings

- **Model result**: noninvasive pathways lower payer spend versus restoration heavy baselines
- **Drivers**: short procedure time, single visit applicability, fewer rerestorations, fewer escalations to crowns and endodontics
- **Workforce impact**: shift appropriate care to non-dentist clinicians, free dentists for complex needs, increase capacity
- **Localization**: Alabama Medicaid inputs used in the article, Nevada should plug in Nevada fees and staffing, direction remains the same
- **Sources**: JADA economic model 2025, CDT 2024 code set for D2991, CPT 1354 for SDF

Policy Actions and Metrics for Nevada Medicaid and MCOs

- **Coverage policy**: add and reimburse D2991 for incipient lesions across Medicaid and MCO contracts
- **Care delivery**: allow hygienist delivery per scope, use single visit protocols in schools, FQHCs, rural clinics under Doctor supervision
- **Utilization management**: clear frequency limits, diagnostic documentation, prefer noninvasive first for initial lesions
- **Metrics**: reduce new restorations on previously sound surfaces, reduce ER dental visits, shorten time to first treatment
- **Sources**: JADA economic model 2025, Nevada Oral Health plans and needs assessments, HRSA HPSA data

VARDIS

SWITZERLAND

BIOMIMETIC DENTAL SCIENCE

Thank You

The day is surely coming when we will be engaged in practicing preventive rather than reparative dentistry.

Dr. Vardiman Black
1896

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