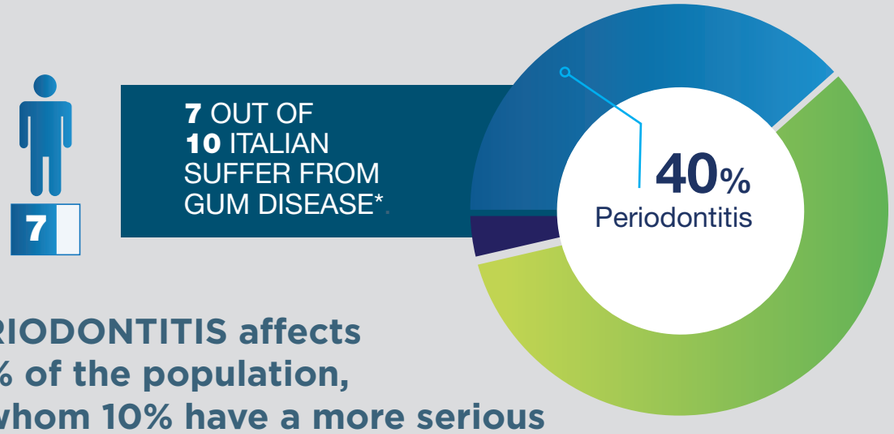
HIGH-RISK SITUATIONS?

CHOOSE PREVENTION

CURASEPT® PREVENT

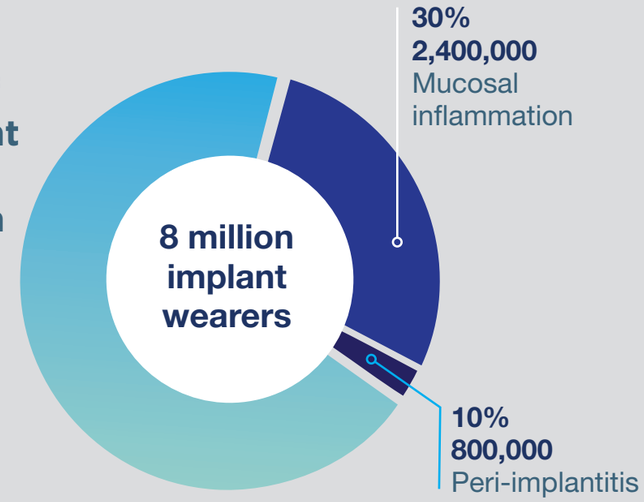
BACKGROUND

7 out of 10 Italians suffer from gum conditions, including **gingivitis** and **mucositis,** which can evolve into the more serious forms, **periodontitis** and **peri-implantitis**, respectively.



PERIODONTITIS affects 40% of the population, of whom 10% have a more serious form with a high risk of tooth loss.

PERI-IMPLANTITIS is growing as a result of the increase in implant wearers. It affects 10% of the population with dental implants. This disease leads to the loss of the implant.



* Source AIOP - Italian Association of Local Health Authorities

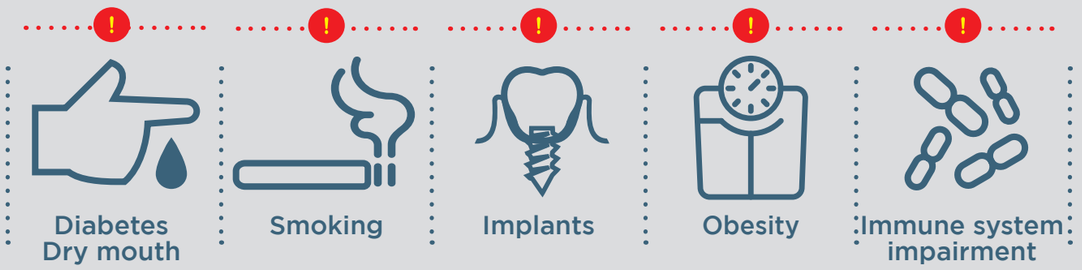
There are medical conditions and risk factors that result in a **greater likelihood of periodontal disease** and its more serious forms.
These conditions affect the bacterial balance and create an **environment that favours tissue inflammation**.

Lack of prevention in turn leads to the risk of onset of other potentially severe, systemic diseases, such as cardiovascular disease, gastrointestinal and respiratory disorders.

ORAL HYGIENE AND THE MAINTENANCE OF A STATE OF EUBIOSIS THEREFORE CONSTITUTE THE MOST EFFECTIVE DEFENCE.

RISK FACTORS

7 out of 10 Italians suffer from gum conditions, including **gingivitis** and **mucositis,** which can evolve into the more serious forms, **periodontitis** and **peri-implantitis**, respectively.



These factors **increase the formation of bacterial biofilm and cause DYSBIOSIS**, i.e. an imbalance of the bacterial flora in the oral cavity.
The uncontrolled proliferation of pathogenic bacteria such as obligate Gram-negative anaerobes, **is the main cause of inflammation, gingivitis, periodontitis and peri-implantitis.**

THE AIM: EUBIOSIS

The main aim for oral health is the daily maintenance of eubiosis, i.e. a balanced oral microbiota.

Thanks to its innovative formulation, the Curasept Prevent system restores the balance of the oral microbiota every day, thereby counteracting plaque formation.

THE FORMULA FOR BALANCE

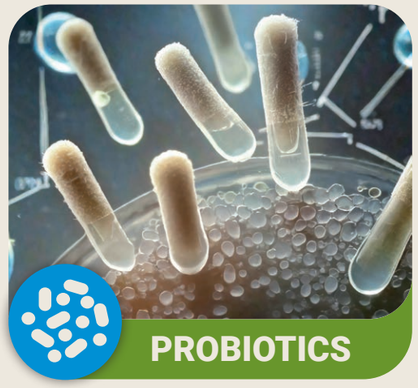
The **exclusive formulation** of the Curasept Prevent line with Postbiotics and Probiotics, Ozonated olive oil, PVP-VA, Stevia, Tea tree oil, Colostrum and Xylitol, **helps to restore oral eubiosis.** The innovative approach, consisting in a synergistic use of postbiotics and probiotics, **allows a fast and lasting action.**

The postbiotics present in the Curasept Prevent line are obtained **using the patented PBTech® process** that makes it possible to obtain a mixture of PURE postbiotics:

- **BACILLUS FERMENT EXTRACT FILTRATE**
- **HEXADECENOIC ACID**
- **OLEIC ACID**
- **RIBOFLAVIN**

They constitute the functional active substance that makes the use of a probiotic strain beneficial without the need to include the whole bacterium in the formulation.

- Help maintain and/or restore a balanced microbiota
- Boost the immune defences on the surface of the oral mucosa
- Promote the barrier function and reduce inflammation
- Protect the mucosae from irritants and ageing factors



They are micro-organisms that, under certain conditions, benefit the health of the host:

- Compete with and damage pathogenic bacteria
- Colonise the oral cavity and progressively increase their own antibacterial effectiveness
- Act synergistically with postbiotics to prevent the formation of bacterial biofilm and caries, regulate local and systematic immune response, protect damaged tissue against oxidative stress, offer a soothing and hydrating action and prevent halitosis

It is a product obtained by reacting VERY HIGH QUALITY EXTRAVIRGIN OLIVE OIL, rich in polyunsaturated fatty acids, with OZONE, which results in the formation of a COMPOUND called Ozonide. When it comes into contact with biological tissue, this ozonide acts rapidly to offer a series of tangible benefits:

- Germicidal, fungicidal, bactericidal and virustatic action
- Activation of the local microcirculation
- Epithelial tissue revitalisation

Ozonide compliance in the home use of the Prevent formulation is excellent, thanks to 3 factors:

01 Low concentration of ozonide in the formulation

02 Gradual release of ozone from the ozonated oil resulting in a long-lasting bacteriostatic action

03 Prevention of the formation of pathogenic Gram-negative anaerobes

COLOSTRUM

Colostrum is a fluid that is secreted immediately after childbirth, before lactation commences.

It is rich in nutrients and protective substances similar to those found in saliva.

Colostrum contains multiple development factors, immune factors and all the essential vitamins, minerals and amino acids. When included in pharmaceutical formulations it offers various benefits for the oral cavity:

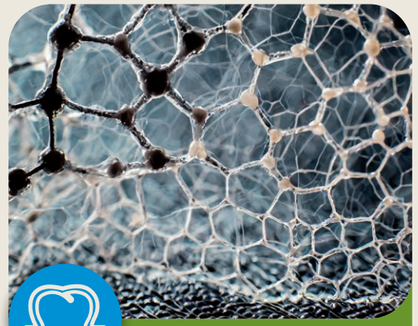
- Activates physiological protection mechanisms
- Favours oral health
- Controls the proliferation of pathogenic agents
- Limits the formation and adhesion of anaerobic bacteria
- Helps prevent cell damage
- Stimulates natural healing processes

STEVIA REBAUDIANA

FOR MAINTAINING GOOD ORAL HEALTH.

In the scientific and commercial world it is well known that its leaves contain steviol glycosides, which produce a sweet flavour but contain no calories.

It has an antimicrobial action, particularly against Gram-positive organisms, which is exerted by the acetonic extracts of the plant.
Natural sweeteners are the best sugar substitutes for maintaining good oral health. Indeed, a high quantity of steviol glycosides has been seen to reduce bacterial growth.
The results of in vitro and in vivo studies show that it reduces the growth of Streptococcus mutans (an important cariogenic micro-organism).



PVP-VA

It is a substance with a high molecular weight formed of repeated monomer units.

It is a next-generation ingredient in dentistry and boasts excellent mucoadhesive properties.

Thanks to this characteristic:

- It forms a protective film that helps to protect the mucosa against irritation and to control plaque build-up

XYLITOL

XYLITOL IS A SWEETENER KNOWN AS THE TEETH'S BEST FRIEND.

It is not a sugar but a polyalcohol obtained from hard wood and corn.

- Boasts antiplaque and antibacterial activity

TEA TREE OIL

IT HAS ANTIBACTERIAL PROPERTIES THAT HELP TO REDUCE INFLAMMATION AND ANTIOXIDANT PROPERTIES.

- Reduces the risk of bacterial super-infections

CURASEPT **PREVENT** LINE

PREVENTION AND MAINTENANCE LINE FOR CONTROLLING HIGH-RISK SITUATIONS.

A line that originated **from the modern approach to oral health maintenance**.
A formulation that acts on the microbiota to restore a healthy and balanced bacterial biofilm, generated by autochthonous microflora.

The Curasept Prevent line is the ideal solution for preventing inflammation and maintaining bacterial balance:

01 **For patients with the risk factors indicated**, who are more prone to plaque formation and the onset of inflammation and its consequences.

02 **In the maintenance phase to prevent recurrence**, especially following an active phase, in which Chlorhexidine treatments were used, also in the post-surgery phase.

03 **For implant wearers** who need to pay greater attention to maintaining oral health and the consequent hold of the implant.

300 ml bottle

Toothpaste and mouthwash:
Directions for use:
Synergistic use at least twice a day.

75 mL tube

30 mL tube

GEL:
Creates a protective film over the treated area and prevents the adhesion and proliferation of bacterial plaque.

Directions for use:
To be applied 2-3 times a day combined with use of the toothpaste.

CURASEPT PREVENT PROBIOTIC
FOOD SUPPLEMENT

The food supplement in orosoluble tablets has the purpose of maximising the daily effects of treatment.

Thanks to the exclusive combination of probiotic bacteria, this supplement works synergistically with the mouthwash, toothpaste and gel and makes a tangible contribution to restoring the balance of the oral microbiota, even in the long term.

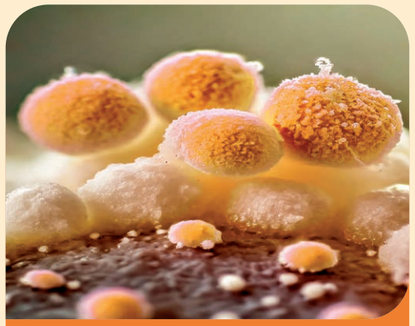
TRIPLE LAYER TECHNOLOGY

The **triple-layer orosoluble tablet is the ideal pharmaceutical form for delivering probiotics intended for the oral cavity**. Physically separating the probiotics from the other active substances makes it possible to include fragrances and substances that would otherwise be detrimental to the shelf life of the probiotic. The probiotic has its own “safe environment” that is separate from the rest of the formulation.

BIFIDOBACTERIUM LACTIS HN019

IT HAS THE ABILITY TO IMPROVE THE OUTCOMES OF PERIODONTAL THERAPY AND TO REBALANCE THE MICROBIOTA.

- Results in a higher concentration of non-periodontopathogenic bacteria (Actinomyces and Streptococci) in the oral cavity and reduces the concentration of pathogens (Veillonella parvula, Capnocytophaga sputigena, Eikenella corrodens, Prevotella intermedia) in supra- and subgingival plaque.
- Has a protective action on alveolar bone and connective tissue and modulates microbiological and immune-inflammatory parameters
- Reduces the presence of interleukins and bone and tissue resorption mediators (RANKL)



KLUYVEROMYCES MARXIANUS FRAGILIS B0399

IT IS THE FIRST NON-SACCHAROMYCES YEAST APPROVED FOR PROBIOTIC USE IN THE HUMAN DIET.

- Controlling the periodontopathogenic bacteria prevents halitosis.
  This is because these bacteria are the very ones that are able to cause the release the sulphur compounds responsible for the foul smell.
- Acts as an immunoregulator
- Counteracts the growth of other yeasts (e.g. Candida)

Also contains:

- **Colostrum:** which provides numerous protective substances for the mucous membranes and antibacterial enzymes.
- **Biotin or vitamin B8:** favours good functioning of the digestive tract mucosae.
- **Xylitol and Isomalt:** non-cariogenic sweeteners in order to preserve also this aspect that is fundamental for oral health, even in adults.

CLINICAL STUDY ON POSTBIOTICS

Biofilm formation by Pseudomonas aeruginosa wild type, flagella and type IV pili mutants.

Mikkel Klausen, et al.

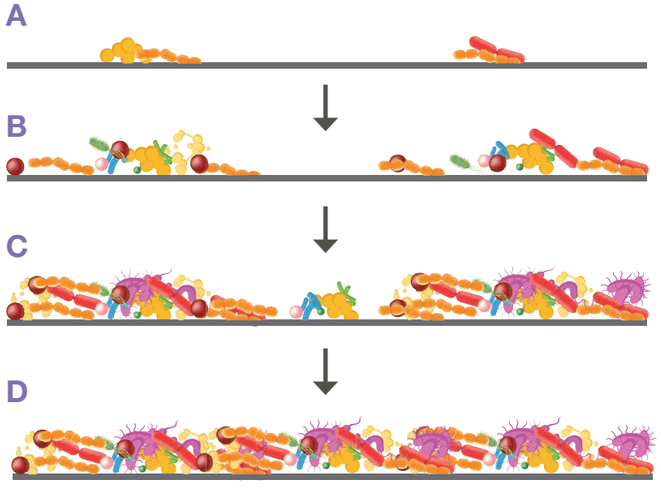
Molecular Microbiology (2003) 48 (6), 1511-1524

Since the major oral cavity conditions (periodontal disease and caries) are caused by polymicrobial biofilms, it is essential to investigate the potential for a postbiotic to disrupt the bacterial mechanisms that result in the formation and maturation of these biofilms. Pseudomonas aeruginosa is an opportunistic pathogen that is often studied precisely for its potent ability to produce biofilm and because it is common in subgingival plaque.

OBJECTIVE

To evaluate the efficacy of postbiotics obtained from Lactobacillus Paracasei in inhibiting the formation of bacterial biofilm.

FORMATION OF PSEUDOMONAS AERUGINOSA BIOFILM.



The bacteria are initially dotted over the substrate (A and B).

By moving and interacting (C) they form mature biofilm (D).

CLINICAL STUDY ON POSTBIOTICS

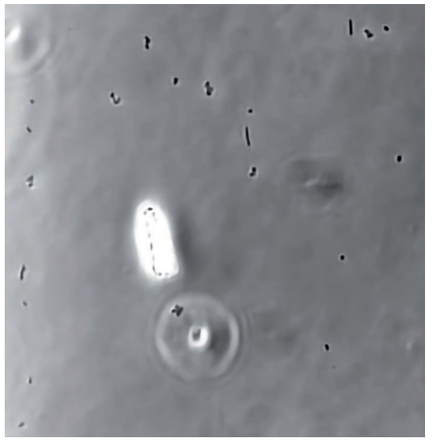
Efficacy of postbiotics in bacterial cultures.

Data on file

CONCLUSIONS

In vitro studies have shown that the postbiotic acts by inhibiting the formation of Pseudomonas aeruginosa biofilm. The anti-biofilm properties of this postbiotic have also been confirmed for other Gram+ and gram- biofilm-forming pathogens, such as E.Cloacae, Klebsiella oxytoca and Staphylococcus aureus.

BIOFILM FORMATION OF S. AUREUS WITH SHORT POSTBIOTIC TREATMENT.



Effects of Bifidobacterium probiotic on the treatment of chronic periodontitis: A randomized clinical trial

Marcos M. Invernici, Sérgio L. Salvador, Pedro H. F. Silva, Mariana S. M. Soares, Renato Casarin| Daniela B. Palioto, Sérgio L. S. Souza, Mario Taba Jr, Arthur B. Novaes Jr, Flávia A. C. Furlaneto, Michel R. Messora

Department of Oral and Maxillofacial Surgery and Periodontology, School of Dentistry of Ribeirao Preto, University of Sao Paulo – USP, Ribeirao Preto, SP, Brazil

PURPOSE OF THE STUDY

To evaluate the contribution of a probiotic strain “Bifidobacterium animalis subsp. Lactis (B. lactis) HN019” as a coadjuvant in the treatment of chronic periodontitis in adults.

MATERIALS AND METHODS

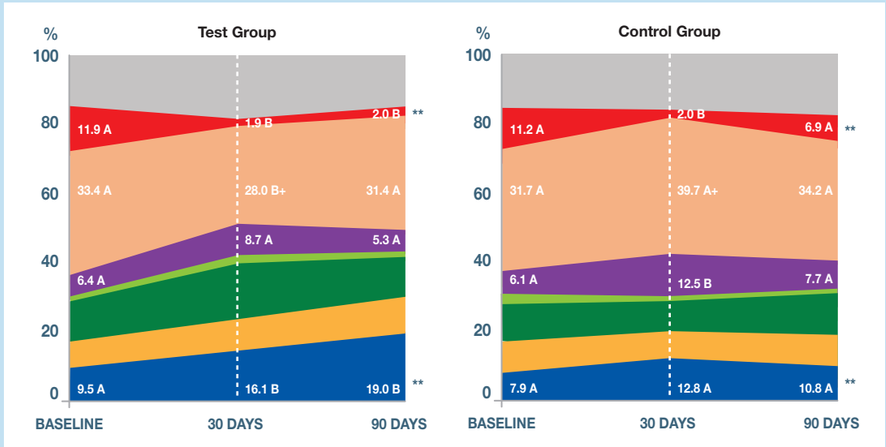
41 patients with chronic periodontitis were recruited in the clinical trial and split into two groups. At the baseline, all patients were subject to the measurement of periodontal clinical parameters (PI, BOB, PPD, CAL and GR), collection of microbiology samples from the periodontal pockets and gingival crevicular fluid immunological testing. All patients underwent nonsurgical periodontal therapy (SRP). The patients in the test group (n= 20) additionally received two tablets of probiotic a day for the first 30 days. All variables were then recorded 30 and 90 days after the baseline.

Human clinical trial - Study design

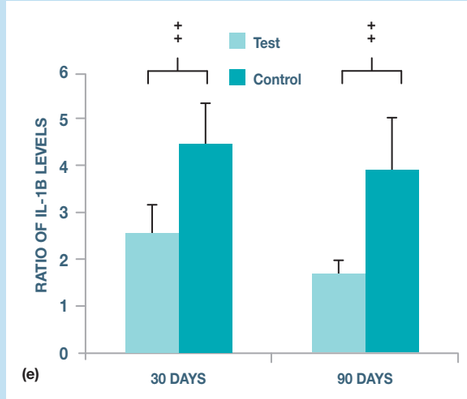
Clinical study design

RESULTS/AUTHORS’ CONCLUSIONS

The Test Group showed a greater reduction in probing pocket depth and greater gain in clinical attachment compared to the control group at 90 days. On a microbiological level, the pockets of patients in the Test Group contained fewer periodontal pathogens belonging to Socransky’s red and orange complexes and lower pro-inflammatory cytokine levels in the gingival crevicular fluid.



Cumulative average proportions of the microbial complexes in the samples of subgingival biofilm collected at the baseline and after 30 and 90 days. Note the statistically-significant decrease in the proportion of red and orange complex pathogens (Socransky et al., 1998) in the Test Group at 30 and 90 days. (*p <0.05 at 30 days and **p <0.05 at 90 days)



Change in pro-inflammatory cytokine levels (IL-1ß) in the gingival crevicular fluid at 30 and 90 days compared to the baseline in both groups.

WHAT DOES THIS STUDY TELL US?

The use of a probiotic containing B. Lactis HN019, in addition to nonsurgical periodontal therapy, brings an additional clinical, microbiological and immunological benefit that persists even 60 days after its discontinuation.

PHARMACODYNAMICS - CLINICAL EVIDENCE

Basso M, Miletic I, Dian A, Vitelli C, Ionescu A, Brambilla E.

Ozone in oral hygiene products for implant maintenance: preliminary data from in vivo and in vitro studies.

J of Osseointegration 2020. 12(3): 629.

OBJECTIVE

The purpose of the study is to evaluate the effect of oral biofilm of mouthwashes and oral gels containing ozone in a comparative laboratory test and to evaluate in vivo the action of peri-implant mucositis in patients with fixed implant-retained restorations (Toronto prostheses).

CONCLUSIONS

IN VITRO

- The tested products containing Ozonides (Mouthwashes: Curasept Prevent - Ialozon Blu - Ialozon Rosa; Toothpastes: Curasept Prevent - Dento-3; Gels: Curasept Prevent - Ialozon - Ozoral) do not have an antibacterial action that is comparable to chlorhexidine.

- Continuous use of products containing Ozonides, could help to maintain a balanced microbiota and therefore limit the proliferation of opportunistic micro-organisms.

IN VIVO

- Use of products containing ozonated olive oil can be particularly interesting not for their antibacterial and antifungal action, but because they appear able to select the growth of a microbiota that is more favourable to the maintenance of peri-implant health.

WHAT DOES THIS STUDY TELL US?

- Products containing ozonated olive oil do not have such a potent antiseptic action as chlorhexidine.

Their use is therefore indicated in the maintenance of peri-implant health because, unlike chlorhexidine, they do not eliminate the entire microbiota, but act selectively on the most detrimental anaerobic bacterial strains.

OTHER STUDIES AND CLINICAL EVIDENCE

IPA World Congress + Probiota:

Postbiotics derived from Lactobacillus paracasei CNCM I-5220 has anti-inflammatory and anti-age effects on the skin.

Paper International Federation of Societies of Cosmetic Chemists.

Pietrocola G, Ceci M, Preda F, Poggio C, Colombo M.

Evaluation of the antibacterial activity of a new ozonized olive oil against oral and periodontal pathogens.

J Clin Exp Dent. 2018. 10(11): e1103-8.

El Hadary AA, Yassin HH, Mekhemer ST, Holmes JC, Grootveld M.

Evaluation of the effect of ozonated plant oils on the quality of osseointegration of dental implants under the influence of Cyclosporin.
An in vivo study. J Oral Implantol (2011). 37(2):247-57.

Rota G, D´Amicantonio T, Polizzi EM.

Olio di girasole ozonizzato in aggiunta alla terapia parodontale non chirurgica: uno studio clinico.
Rivista Italiana Igiene Dentale - 2017; XII (4):145-148.

Smeraldi L, Turella L, Franzini M.

Studio comparativo sugli effetti a livello parodontale dell'utilizzo domiciliare di dentifrici a base di clorexidina e ozono.
Rivista Italiana Igiene Dentale - 2015; X (3):1-11.

Evaluation of the effects of probiotics on the treatment of peri- implant mucositis – A preliminary randomized controlled trial

Michel Messora, Sandro Santana, Sèrgio Souza, Arthur Novaes-Jr, Mario Taba-Jr, Daniela Palioto, Flávia Furlaneto.

Department of Oral and Maxillofacial Surgery and Periodontology.

Halitosis Treatment Through the Administration of Antibiotic-Resistant Probiotic Lactic Yeast Kluyveromyces marxianus fragilis B0399 (K-B0399).

Cecchini F*, Nobili A, Zanvit A, Miclavez A and Nobili P.

Department of Surgical Sciences and Integrated Diagnostics, University of Genoa, Italy.

Scan the QR code and register with the extra content section. You will be able to consult the Prevent clinical folder with all the relevant scientific studies.

PROTOCOLS

PPP Implant and Periodontal Plan Protection

IMPLANT PATIENT

CLINICAL SITUATION	CHLORHEXIDINE 0.20% or 0.12% MOUTHWASH, TOOTHPASTE, 0.5/1% GEL, SPRAY	CHLORHEXIDINE 0.05% MOUTHWASH, TOOTHPASTE	PREVENT TOOTHPASTE, MOUTHWASH AND GEL*	PREVENT SUPPLEMENT WITH PROBIOTICS	NOTES
IMPLANT SURGERY	✓		✓	✓	CHLORHEXIDINE as an adjuvant to surgery, before the session and until removal of the sutures. **1*** PREVENT line to be used after chlorhexidine, as an adjuvant to daily oral hygiene and in the presence of temporary restorations and healing screws. **2***
FOLLOW-UP FOR PATIENTS WITH PERMANENT RESTORATIONS AND MAINTENANCE			✓	✓	The PROBIOTIC is indicated after each maintenance oral hygiene session, continuously for approximately 1 month (1 tablet a day). **3***
MUCOSITIS	✓			✓	CHLORHEXIDINE is an adjuvant in the active treatment of mucositis. Recommend the gel if the clinical condition is localised, and the mouthwash and toothpaste if it is more widespread. **1*** The PROBIOTIC can be prescribed after chlorhexidine to restore eubiosis. **3*** Gel, Toothpaste and Mouthwash of the PREVENT line are only indicated for maintenance therapy in the presence of optimal oral hygiene. **2***
PERI-IMPLANTITIS	✓	✓			CHLORHEXIDINE is an adjuvant in the active treatment of peri-implantitis. Recommend the gel if the clinical condition is localised, and the mouthwash and toothpaste if it is more widespread. **1*** CHLORHEXIDINE 0.05% can be recommended as a bacteriostatic agent at least during the patient follow-up period. The PROBIOTIC can be prescribed after the chlorhexidine to restore eubiosis. **4***

1*- CHLORHEXIDINE and CHLORHEXIDINE ASSOCIATE are to be prescribed during the active phase and in situations with clinical signs of inflammation.
2*- The PREVENT line, GEL, MOUTHWASH and TOOTHPASTE, is only indicated in patients with optimum plaque control and continuous use may be useful. Recommended for the maintenance phase but never for the active phase.
3*- PREVENT PROBIOTIC aims to restore oral cavity eubiosis following use of chlorhexidine. Posology is 1 tablet a day for 30 days and administration can be repeated after each professional oral hygiene session. The probiotic should be prescribed as support/maintenance therapy but not during active therapy, when CHLORHEXIDINE must be used.
4*- High concentrations of CHLORHEXIDINE like 0.20% and 0.12% are classified as bactericidal products, whereas CHLORHEXIDINE 0.05% products are bacteriostatic and their use can be extended up to a maximum of 6 months. This latter product is useful for managing good but sub-optimal biofilm, such as to exclude use of the PREVENT line.

PERIODONTAL PATIENT

CLINICAL SITUATION	CHLORHEXIDINE 0.20% OR 0.12% MOUTHWASH, TOOTHPASTE, 0.5/1% GEL, SPRAY	CHLORHEXIDINE 0.05% MOUTHWASH, TOOTHPASTE	PREVENT TOOTHPASTE, MOUTHWASH AND GEL*	PREVENT SUPPLEMENT WITH PROBIOTICS	NOTES
STABLE PERIODONTAL TISSUE (HEALTHY PATIENT)			✓	✓	PREVENT line for continuous use if plaque control is optimal. **2*** The PROBIOTIC can be prescribed following each professional and maintenance oral hygiene session. **3***
PATIENT WITH RECURRENCE OF PERIODONTAL DISEASE	✓	✓			CHLORHEXIDINE is an adjuvant in the active treatment of periodontal disease recurrence. Recommend the gel if the clinical condition is localised, and the mouthwash and toothpaste if it is more widespread. **1*** The PROBIOTIC is indicated after each maintenance oral hygiene session, continuously for approximately 1 month (1 tablet a day). **3***
AFTER REASSESSMENT OF PERIODONTAL DISEASE AND AS SUPPORTIVE THERAPY			✓	✓	PREVENT line for continuous use when biofilm control is optimal, useful for preventing pathogen recolonisation. **2*** The PROBIOTIC can be prescribed after each follow-up/maintenance oral hygiene session. **3***

1*- CHLORHEXIDINE and CHLORHEXIDINE ASSOCIATE are to be prescribed during the active phase and in situations with clinical signs of inflammation.
2*- The PREVENT line, GEL, MOUTHWASH and TOOTHPASTE, is only indicated in patients with optimum plaque control and continuous use may be useful. Recommended for the maintenance phase but never for the active phase.
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OTHER PATIENT TYPES

CLINICAL SITUATION	CHLORHEXIDINE 0.20% OR 0.12% MOUTHWASH, TOOTHPASTE 0.5/1% GEL, SPRAY	CHLORHEXIDINE 0.05% MOUTHWASH, TOOTHPASTE	PREVENT TOOTHPASTE, MOUTHWASH AND GEL*	PREVENT SUPPLEMENT WITH PROBIOTICS	NOTES
	PATIENT WITH INFLAMMATION		MAINTENANCE FOR HEALTHY PATIENT		
SMOKER	✓		✓	✓	CHLORHEXIDINE as an adjuvant in the active phases of the condition. **1*** Smoking alters oral cavity eubiosis and is considered a predisposing factor for periodontal/peri-implant diseases, so it is clinically possible to prescribe the PROBIOTIC.
DIABETIC PATIENT AND/OR WITH A SYSTEMIC CONDITION	✓	✓	✓	✓	CHLORHEXIDINE ASSOCIATE (PROTECTIVE TREATMENT) in the active or aetiological therapy phases **1***, CHLORHEXIDINE 0.05% when a supportive bacteriostatic action is required **4***, and the PREVENT line when there are no clinical signs of inflammation and plaque control is optimal. **2***
XEROSTOMIA			✓	✓	Despite not being a saliva substitute, it helps to counteract changes in the oral ecosystem, the event that underlies all problems associated with this clinical setting. PREVENT line to be used continuously, particularly the gel, in order to provide relief from symptoms, and the PROBIOTIC in repeated cycles after maintenance sessions. **3***
PATIENT WITH IMPAIRED IMMUNE DEFENCES	✓	✓	✓	✓	PREVENT line to be used continuously, particularly the gel, in order to provide relief from symptoms, even several times a day. PROBIOTIC in repeated cycles after maintenance sessions. **3***
STOMATITIS	✓				PREVENT line not indicated. CHLORHEXIDINE counteracts the bacterial component of the inflammation. **1***
PATIENTS WITH PROBLEMS OF DENTINAL HYPERSENSITIVITY, CARIORECEPTIVITY	The BIOSMALTO line should not be considered an alternative to the PREVENT line, but can be used in combination with it, if it is necessary to intervene not only in oral microbiota control, but also in the treatment of any pathological conditions. The BIOSMALTO line is a line of products intended for the prevention and therapeutic treatment of patients with severe sensitivity, carioreceptivity and problems regarding the dental hard tissues.				

1*- CHLORHEXIDINE and CHLORHEXIDINE ASSOCIATE are to be prescribed during the active phase and in situations with clinical signs of inflammation.
2*- The PREVENT line, GEL, MOUTHWASH and TOOTHPASTE, is only indicated in patients with optimum plaque control and continuous use may be useful. Recommended for the maintenance phase but never for the active phase.
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4*- High concentrations of CHLORHEXIDINE like 0.20% and 0.12% are classified as bactericidal products, whereas CHLORHEXIDINE 0.05% products are bacteriostatic and their use can be extended up to a maximum of 6 months. This latter product is useful for managing good but sub-optimal biofilm, such as to exclude use of the PREVENT line.

* Oral Rinse 220 - Gel 1% are CE 0373 Medical devices. Read the instructions carefully prior to use.

MATERIALS FOR PHARMACIES AND DENTAL PRACTICES

Counter display unit

Product information Leaflet

Patient leaflet

Adv in sector journals

Toothpaste sample tubes

Mouthwash sample sachets

Probiotics samples

Curasept Prevent ONE-MONTH KIT

Curasept Prevent FULL KIT

CURASEPT®

PREVENT

curaseptworldwide.com

Promotional material intended for healthcare personnel only.

June 2024

CD01620