

hekadental®

UNIC
Ergonomic
Concept



UNIC
by hekadental™



**UNIC Ergonomic Concept
Heka Dental**

From dentist Herluf Skovsgaard, lecturer and instructor of ergonomics, work methods, and organisation for private practices:
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Herluf Skovsgaard is Europe's most experienced specialist in ergonomics and ergonomics-related issues and for 37 years has held courses for more than 50,000 dentists, dental technicians, and clinical assistants.



**'THIS IS SO NICE,
ITS BEAUTYFULL'**

- This is the usual reaction of dentists and patients when seeing a UNIC Concept unit and patient chair for the first time. Refined design with lightness in style and an assured elegance from B&O designer David Lewis..

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Aesthetics and Function

The new UNIC concept is more than an embellishment: It is an excellent work platform. The reasons why will be described below, showing you how they can positively influence your daily work.

The description is based on analyses and interactive experiences from hundreds of training courses for thousands of dentists, hygienists, and assistants.

We tend not to think about our work habits on a daily basis. Many of our work

habits have arisen out of an unconscious adaptation to dental equipment, which is not optimal.

The UNIC concept makes it possible to optimise our routines and perhaps discover better ways of working.



UNIC Ergonomic Concept

items are:

UNIC Unit

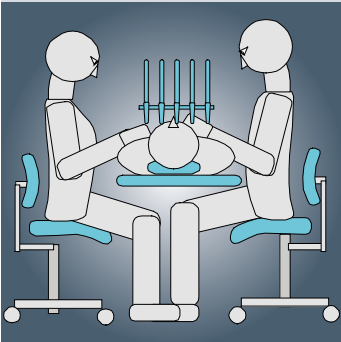
UNIC Patient Chair

UNIC Operation Lamp

UNIC Operator Chair

UNIC Principles for Clinic Workplace

Each item from UNIC Concept reaches conclusions based on functional analyses. You can read about the items' functionality and associated user benefits for dentists and assistants. These benefits could have a significant impact on your work and your workday.



Central Position of the Unit (Delivery system)

The unit is placed in a central position between the dentist and assistant and is thus easy for both to use.

This expands the agency of clinical assistants they can use the multi-function syringe for various tasks such as blowing the mirror dry when the dentist works with spray and mirror, drying the workspace, and rinsing the patient's mouth.

Assistants can also switch contra angles as well as burs, diamonds, etc. in accordance with work protocols.

If you train for a few minutes with perhaps 40 repetitions

(or more), you will be able to learn how to take the unit instrument blindly, without having to look up from the patient's mouth. This means that you can focus your attention on the task at hand, increasing concentration and reducing mental fatigue. ⁴



Balanced Unit Instruments - Even with Side Movements

Unit instruments are balanced so your hand does not need to bear the instrument's weight or experience influence from external forces when you are performing precision work.

Balanced unit instruments reduce fatigue and increase your work's precision.





Comfortable Patient Chair, both Sitting and Reclining

The leg supports slope downward, making it easy for patients to sit in the chair. Elderly patients especially appreciate this.



Relaxed Concentration

When the unit/instruments (delivery system) is centrally placed, unit instruments are rarely visible to the patient lying down, who will perceive the dentist's and clinical assistant's relaxed concentration. Unit instruments can be reached by both without having to look away from the patient.

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The Unitinstruments (delivery system) 'Parks' to the Left of the Patient Chair

When the treatment is complete, UNIC's arm system makes it possible to place the unitinstruments on the assistant's side of the patient chair. This makes clearing up and preparation of unit instruments much easier since they are now located near the instrument tray. Disassembled contra angles, multi-function tips, and suction tubes can be placed on the instrument tray. Preparation of the unit after disinfection is just as easy.

It is significant for the patient that the unit and unit instruments are not visible since they are 'parked' behind the patient.



Easy Rinse Position

When the patients have to rinse their mouths, it is easy to reach the glass bowl since, driven by a servomotor, it moves in toward the patient. Patients find this solution both helpful and elegant.

The lowered leg support makes it easier for the patient to bend forward.



Rinse Bowl Functions

Functional yet elegant, with semitransparent glass bowl. Activate one of the touch buttons for the rinse function, and the patient chair moves to the rinse position (0 Position). The cup-fill function and flushing of the glass bowl starts, and the bowl moves toward the patient for a convenient rinse position.



The Glass Bowl can be easily dismounted for Cleaning



The Patient Chair has a Slim Back

There is ample room for the dentist's and his assistant's legs. The shape provides patient comfort and allows ample room for a convenient sitting position. The patient chair is available in soft padding or supersoft padding. When the chair back is horizontal, the highest position setting is 90 cm, so even very tall dentists can work while comfortably seated without having to bend down to see details.



A Small Patient Chair Base

There is ample room for the foot control between the chair base and the wheels on the assistant's chair – and ample room for a tall dentist's legs as well.



Suction Tube Holder can be placed by the Patient's Head

The suction tubes are located on a mobile telescopic arm, together with the telescopic arm display and activation buttons.

The suction tubes are easy for the assistant to reach with her right hand, leaving the left hand free to operate the multi-function syringe or to give handpieces or unit instruments to the dentist. If the suction tube holder is tilted a bit closer to the patient's head, it is also easier for the dentist to take it with his/her left hand.



Neck Rest with Bi-Articulated Supporting Arm

The length and angle of the neck rest are adjustable to accommodate the patient. The height is adjustable to the level the patient finds comfortable. For tall patients with a forward-curving cervical spine, the neck rest should be set rather high.



Patient Chair has Three Programme Positions + Entry Position = Rinse Position (0 Position)

The programme positions are selected by pushing the programme button under the right side of the chair seat. With the button held down, the patient moves the joystick in the direction in which one wishes to activate the programme.

The joystick on the foot control can also be used to adjust the chair (but not for programming).



Levelling of Patient Chair

The chair seat and leg support can be levelled out. Grasp the grip under the right side of the chair seat and press the front of the seat down.





UNIC INSTRUMENT CONTROL SYSTEM

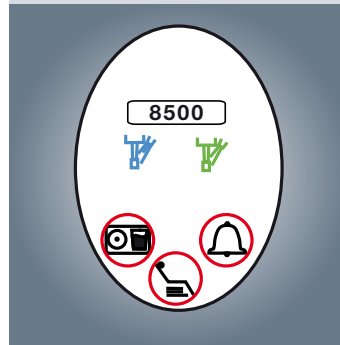
Select and On/Off Foot Control for Simplified Unit Instrument Control

The foot control is the key to controlling the unit's instruments. It interacts on the one hand with your working methods and on the other with your sensorimotor system.



To start the micromotor: Press the pedal down gently, and move the pedal to the right to find the speed that is just right for what you are about to do.

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The speed is shown on the handle display.

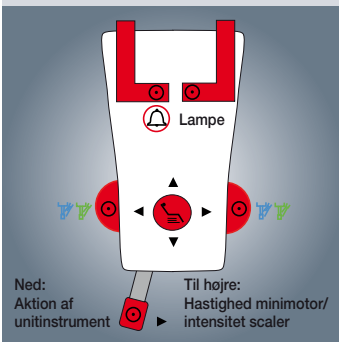


Foot Control Pedals at back

Right: Turns operation lamp on and off.
Left: Call (option).



Lift your foot to stop the micromotor. The pedal remains in the position selected.



Micromotor Control

Select speed and thereafter use On/Off control.



Automatic Chip Blow

If you have activated the spray, an automatic chip blow (a puff of air) will dry the cavity, and you can do a visual check without having to use the multi-function syringe to air dry.

Restarting

Push the pedal down again, and the micromotor will start immediately (at the same speed as before), without your having to reselect the desired speed. After you have selected the speed, the foot control has an on/off function - ideal for when you are working intermittently, with short pauses for visual checks on preparation, excavation, etc.

Herein lies the simplification of the user's sensorimotor functionality. No longer is it necessary to start from the beginning and repeatedly reselect the right speed - i.e. to see, hear, and feel what the speed is and once again adjust with the foot pedal until the right speed is found.

There is no need to change programmes to select a new speed. You simply move the pedal until the speed is found. At the same time, you will have selected (programmed) the speed, after which you simply use the on/off function.

Spray Selection

Press down one of the disks on the side of the foot control, which switches between air/spray/nothing each time you press.

The handle display shows the spray selection.

The spray selection is indicated by the illuminated icons on the handle display: Blue for

water, green for air, and both for spray.

Changing the Micromotor's Direction of Rotation

From clockwise rotation (seen from the back of the contra angle head, opposite the bore/diamond) to counter-clockwise rotation: Press down the foot control pedal, then quickly press on one of the disks on the foot control. The speed indicator on the handle display flashes when you have selected counter-clockwise rotation (see above). If the procedure is repeated, the rotation switches back to clockwise rotation of the micromotor, and the display stops flashing.

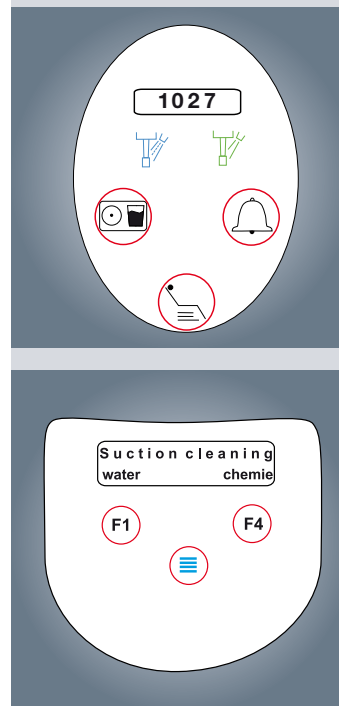
Patient Chair Control Using the Foot Control

Short Activation:

Chair programmes

Longer activation:

Individual control of patient chair up/down, chair back up/down.



Handle Display

Shows micromotor speed or scaler intensity and also indicates the choice of spray. The touch buttons activate the patient chair's automatic rinse position. The chair moves to the rinse position (0 Position), the glass bowl rotates toward the patient, the water cup fills, and the bowl flushes. You can also activate call and control of the patient chair.

Telescopic Arm Display

Using the touch buttons, you can activate the rinse function on the patient chair. You can also activate an extra cup fill and rinse function. Touching the icon with blue stripes activates several new menus, e.g., the automatic internal rinse function for the suction tubes. There are also a number of supplementary settings and programmes available.

Round Foot Control

When the lowermost ring is touched with the foot for more than approximately 0.4 seconds, the unit instrument is activated. The ring can be activated in all directions. The spray is selected with the ring above. The button topmost on the foot control switches on or off the operation lamp. The micromotor is controlled with three preselected speeds chosen by a brief activation of the lowermost ring. The preselected speeds can be reprogrammed.



Turbine

Lift the turbine forward, and start it by pressing the foot pedal down.

Spray is selected in the same way as with the micromotor but working with the spray is always recommended.



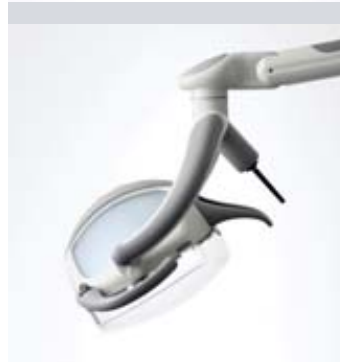
UNIC Scaler

Lift the scaler forward, and start it by pressing the foot pedal down. The selected programme's intensity is controlled by moving the foot pedal to the right. The programme is shown on the handle display. An intensity of % within the selected programme is also shown on the hand display. For details see the user manual.



UNIC Polymerising Lamp

The polymerising lamp is activated with the foot control. For the first four seconds, the intensity of the polymerising lamp increases gradually. After the lamp has been used the first time for polymerisation in a treatment (e.g., for polymerisation of bonding), the operation lamp is dimmed to provide longer working time for composition application and perhaps modelling (option).



Operating Lamp

Place the lamp close to the dentist's head to ensure good lighting of the work area and good illumination of any cavity. The line of vision and direction of the light from the lamp should be the same. The cavity you are looking at will then be illuminated, even when you are working with a mirror, since the light is reflected in the mirror.

The lamp arm is long enough that, in principle, it can be used when the dentist is working in an 11 to 12 o'clock position.

Position for upper jaw work.

Position for lower jaw work.

The light can be dimmed with a mechanical shutter, whereby the colour temperature and hence the quality of the colour selection is not changed.



UNIC ERGONOMIC CONCEPT WORKPLACE

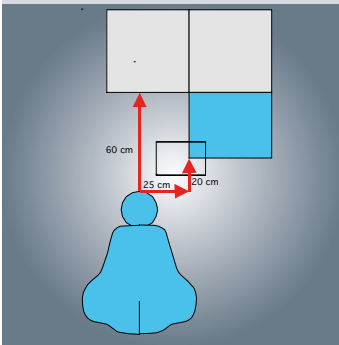
Basic Principles of Ergonomic Workplace Design

The relation between the UNIC patient chair and the UNIC unit is specified in the setup diagram.

These examples are shown using an integrated hand-instrument tray that enables the assistant to take the handinstrument and hand them to the dentist (four-handed dentistry). The dentist can also easily take them here with a special technique. Both are shown in the following and can be learned with

50-100 repetitions, which takes approximately 15 minutes.

If you always prefer to pick the instruments yourself, you can use the handinstrument table mounted on the right side of the unitinstruments. The workplace requirements will be the same.



The Space behind the Patient Chair

There is 60 cm free space so the dentist can sit in an 11 to 12 o'clock position (used when the dentist is working and must look at the teeth from the left side) - with the patient's head turned to the right.

25-30 cm free space from the midline of the patient chair to the assistant's worktable.

Important

Above the worktable (which in this case is a pull-out board), there is a 10 cm free space so it is possible to push the board in without removing the material and instruments lying on it or to pull out the drawer above.

The Clinic's Most Important Drawer

The clinic's most important drawer is located above the aforementioned free space. The drawer is used for small, frequently used materials. The capacity of this drawer can be doubled by using inserts with small and very small subdivisions.

Worktable Board

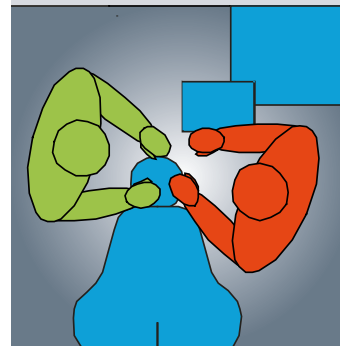
The assistant's worktable board is a pull-out board 75 cm above the floor - 80 cm if the dentist is more than 180cm tall. The table board above the modules is a secondary worktable approximately 95 cm above the floor.



The dentist can also pick materials and instruments from the worktable surface with the left hand.

The measurements shown are important. The placement of the worktable board gives the assistant the necessary space yet is still so close to her that she can reach materials without having to move away from the patient.

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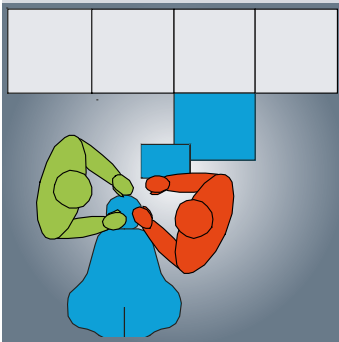
Position of the Hand-instrument Trayholder for Four-Handed Dentistry

The trayholder for handinstrumenttray or -cassette with handinstruments is located between the dentist and the assistant so that the assistant can easily pick up the instruments (and materials) and hand them to the dentist's right hand.



A handinstrument tray located on the right side of the unit cannot be used by the assistant but can be used by dentists who prefer to pick their handpieces themselves.

A handinstrument tray located to the left of the unit conflicts with the position of the suction tubes and is not easy for the assistant to get to as the instruments are also quite high (if the patient is reclining).





Some treatments involve many materials (e.g., preparation + impression + bite registration+temporary crown or bridge or, for example, endodontic treatment).

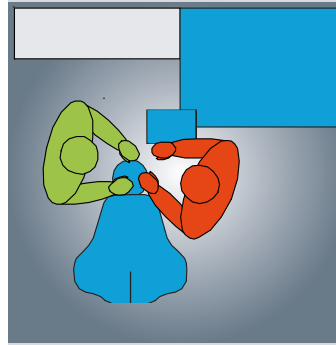
Instead of having to find materials on various shelves and drawers, they are placed in mega-trays, which simply are nice restaurant or cafeteria trays of approximately 40 cm x 36 cm.



These mega-trays are placed in a base cabinet with shelves. Two mega-trays for crown and bridge procedures and one or two for endodontic treatment are recommended.



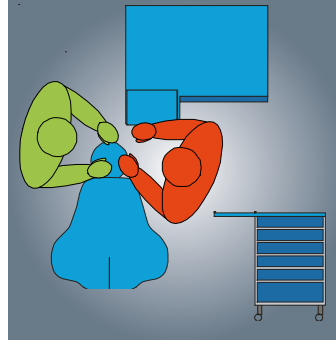
PC Workstation for Dentist and Assistant.



Here the worktable for the assistant is a stationary table (approximately 80 cm x 50 cm) with a set of drawers under the tabletop's right side and free room for legs under the left side (30 cm).

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The handinstrument tray is mounted on a holder in the corner.



The assistant's worktable is here mounted on a mobile 50 cm-wide element with drawers. The tabletop is 80 cm wide. The shape, visible in the illustration, with a 15 cm extension in the front, may also be used for placing a handinstrument tray.



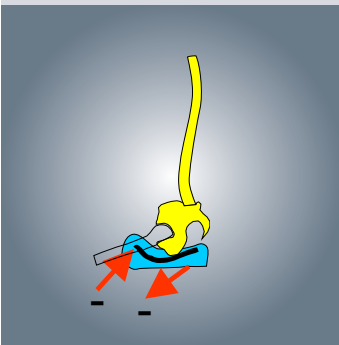
UNIC 5150 OPERATOR CHAIR

It is usually necessary for dentists, hygienists, and sometimes assistants to lean forward when working in patients' mouths. If this is done by rounding and bending your back, you risk work injuries by pinching the anteriors of your intervertebral discs.



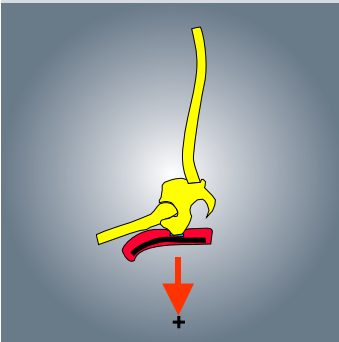
Balanced Sitting Position

It is necessary to maintain your spinal curvature (lumbar lordosis) while working leaned slightly forward. To do this, ensure that your thighs are angled forward and that the angle of your thighs in relation to your torso exceeds 90° (about 110°). This balanced sitting position is dynamic, providing freedom of movement and maintain your back healthy



Alternative to the Saddle Chair

Saddle chairs are traditionally used to achieve an angled sitting position. However, since almost all saddle chairs provide angled support the 'bones where you sit' (ischial tuberosity), it is easy to slide off the chair and hit the saddle chair's central part. Although impractical for both men and women, this is particularly unpleasant for the former.



UNIC Operator Chair

This provides horizontal support for the ischial tuberosity (which carries your body-weight while sitting) so that you do not slide forward. The chair also has a rounded seat, letting you sit with angled thighs in a comfortable and balanced position in which the backrest is not in use. The seat's angle can be adjusted manually. A narrow backrest provides support in those work phases in which you are able to lean back. We also supply hand-free operator chairs, the height of which you can adjust using only your feet. Using manual height adjustment, the chair can be supplied with a ring-shaped footrest that the clinical assistant can use if he/she is 12-15 cm shorter than the dentist.





Good working positions are achieved with a combination of sitting position, line of sight, position of the dentist, position of the patient's head, and the angle at which one holds handinstruments or contraangles.

Working Distance and Height of Patient Chair

Many dentists work with the patient chair placed so low that it results in a poor working position. The dentist (and sometimes, the clinical assistant) bends down in order to see with precision, leading to the bending of the back and the cervical vertebral column and potential resulting in work injuries.

Dentists' eyes are positioned downward when they work in a balanced sitting position (slightly angled, with spinal curvature preserved). The more downward the eyes are directed, the better the sitting position.

It is necessary to adjust the patient chair so that there is a suitable distance between the patient's mouth and the dentist's eyes. This distance varies depending on the particular requirements for visual precision as well as the dentist's routine in carrying out the work in question.

Most dentists find that 35 cm is the correct distance for precision work, with this distance being slightly shortened for



others. Certain types of work require less visual precision, allowing the working distance to be extended by 10 cm.

Adjust the Patient Chair So You Can Both Sit Comfortably and See Well

This means that dentists who are taller than around 165-170 cm will be working with their lower arms angled upwards. This is unproblematic if you are working with a good finger support and hold the contra angle or handpiece so that it points downward at the ideal angle. This allows you to keep your shoulders lowered.

The UNIC patient chair's highest position is 90 cm, allowing even the tallest of dentists to maintain a good sitting position without having to bend over to see details.



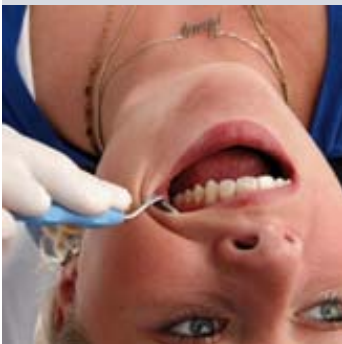
Work in Midline (medio-sagittal plane) - without turning or twisting your torso, neck, or head!

Line of Sight and Sitting Position

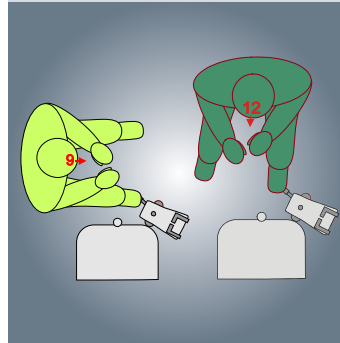
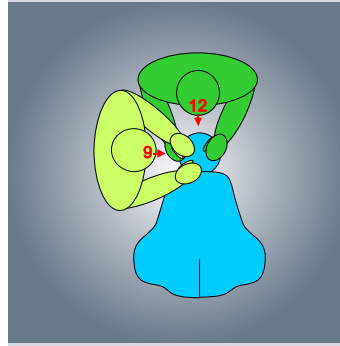
The line of sight into a patient's mouth is determined by the direction of the surface (or cavity) on which one is working. For example, the line of sight for working on the right side of a tooth will be from the right (in other words, from about the 9 o'clock or 10 o'clock position, with the patient's head tilted slightly to the left). This is the dentist's sitting position.



The line of sight for working on the left side of a tooth will be from the left and can be achieved by the dentist sitting in the 11 o'clock or 12 o'clock position, with the patient turning his/her head slightly to the right.



Occlusal surfaces in the lower jaw can be seen easily from the 11 o'clock position, which is also used for mirror work on the upper jaw. The stated sitting positions assume that the dentist does not turn his/her back, neck, or head to the side but works ergonomically, in midline.

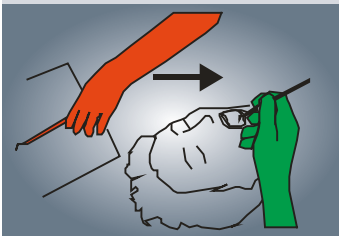


Dentists therefore need only to work in the 9 o'clock to 12 o'clock positional range. This is made possible by the UNIC patient chair's small size, which allows the foot controller to be placed on the left side of the chair's base, as shown. This results in an excellent sitting position.

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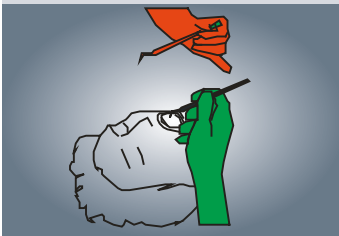
The dentist can activate the foot controller's pedal and joystick using his/her right foot from the 9, 10, or 11 o'clock positions and potentially using his/her left foot from the 12 o'clock position. The UNIC PATIENT CHAIR's exceptional ergonomics thus permits the dentist to use a wide range of working positions.

When the dentist and assistant sit with angled thighs in the angled, balanced sitting position, they can both sit alongside the patient, taking the 9 to 10 o'clock and the 11 to 12 o'clock positions with their legs intercrossed.

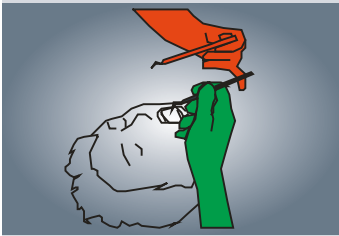


Guide to Using the Hand-instrument Tray in Four-Handed Dentistry

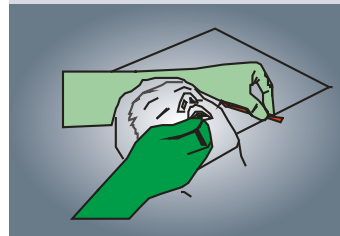
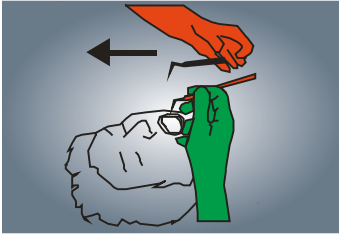
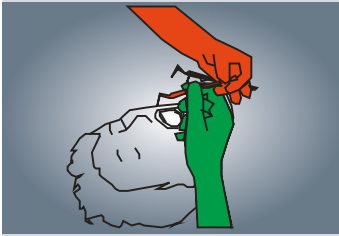
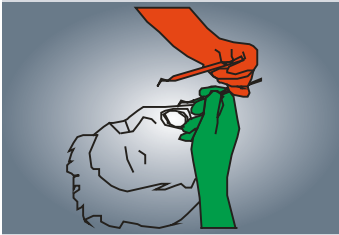
Green Hand: The dentist's right hand. Red Hand: The assistant's left hand. The assistant uses his/her left hand to take the handinstruments so that the right hand can operate the suction tube when necessary.



The assistant's left hand takes the handinstruments and places it near the dentist's right hand, parallel to the instrument the dentist is using. The dentist's instrument is then taken using the little finger, and the new instrument is placed in the dentist's hand, ready for use.



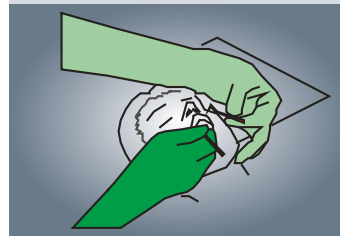
A team trains in the four-handed instrument exchange by repeating the exchange approximately 100 times. The technique can be learned in about 10 minutes.



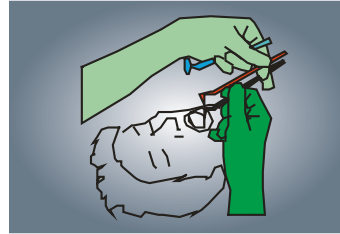
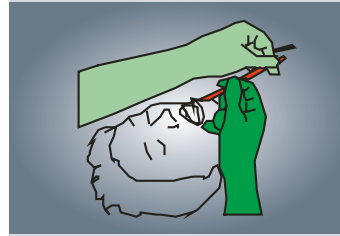
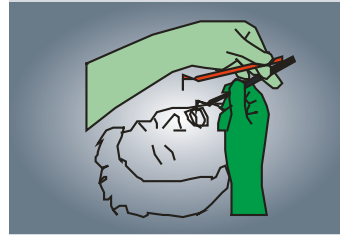
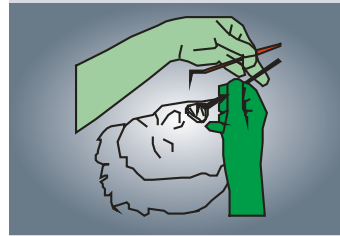
Guide to Using the Hand-instrument Tray When the Dentist is taking an Instrument Using the Solo Left Hand Technique

The dentist's left hand is light green and his/her right hand is dark green. The dentist takes the handinstrument with his/her left hand and transfers it to his/her right hand as shown. The used instrument is taken by the left hand's middle finger. Experience suggests that one should study the illustrations for a number of minutes prior to trying the technique for the first time. The technique should then be repeated approximately 100 times to aid in its automatisisation.

17



An instrument exchange takes about 0.7 seconds. If you are working with a mirror, hold it in the waiting position using your ring finger and little finger while the instrument exchange is carried out from above.



DUO

Undisturbed Concentration on the Work at Hand

The dentist and clinical assistant work together in four-handed dentistry. The UNIC concept optimises this method.



The cavity can now be rinsed and dried.



The clinical assistant keeps the mirror dry and free from condensation by blowing air on it, allowing the dentist to see when working with the mirror and spray.



The dentist switches between using the micromotor with round bur (for removal of caries) and the probe (for control). The dentist can focus on the task at hand without looking or reaching away.



The assistant changes burs, stone, and diamond etc as necessary.



The clinical assistant uses her left hand to take a hand instrument from the instrument tray positioned between the dentist and the assistant.



The instrument is extended out toward the dentist, who need not look away from the patient's mouth. The four-handed instrument exchange is described on page 17.



The clinical assistant takes the suction tube placed close to the unit bridge. The multi-function syringe is simultaneously moved forward (in this case to the dentist)



SOLO

Working without an Assistant

Place the handinstrument tray behind and to the left of the patient's head, just as you would when working with an assistant. The dentist can take handinstruments with his/her left hand.



After carrying out the instrument exchange, the dentist can work with the instrument using his/her right hand. This left-to-right exchange takes about 0.7 seconds. The exchange is detailed on page 17.

If work is switching between DUO and SOLO, this represents the best possible placement for the handpieces.



If you are working on your own and never need a clinical assistant to help hand you instruments, you can use a handpiece tray to the right of the unit bridge.



Endodontics



Mirrors and Solo Work

When working on the upper jaw, you can use a rotating mirror that stays dry when you are working with spray. This can either be integrated into the large suction head or powered by a very small motor.



Telescopic Arm with Suction Holder

This is placed close to the patient's head, within easy reach of the dentist's left hand.



UNIC UNIT CENTRAL DELIVERY SYSTEM, - NARROW AND ELEGANT, WITH FIVE UNIT INSTRUMENTS

The unit instruments are placed in such a way that those used most frequently by assistant are positioned closest to her (see the section on four-handed dentistry).

The instruments are listed from left to right:

1. Multi-Function Syringe.

Placed closest to the assistant, so he/she can use it while the dentist uses another instrument. The narrowness of the unit instrument delivery

system means that the multi-function syringe is within easy reach of the dentist as well.

2. Micromotor - usually fitted with blue handpieces

The assistant can easily switch burs, even while the dentist is working with another unit instrument.

3. Micromotor – with a red high-speed contra angle (or may be turbine)

4. Ultrasound Scaler

5. Intraoral Camera or Airscaler or Polymerisation Lamp



High speed contraangle on micromotor versus turbine.

A turbine turns very quickly when it is not in contact with tooth surface and much more slowly (about 160,000 rpm) when one is working on the tooth surface. Its torque is quite limited – you can hear the speed decrease when the turbine is touching tooth.

The system pressure is so low that it can be difficult to feel when the turbine is in contact with the surface of the tooth.

A micromotor with a red, high-speed contra angle has the following advantages compared with a turbine:

A. The high-speed contra angle runs at a steady speed of 200,000 rpm, considerably faster than the turbine's 160,000 rpm.

B. The high-speed contra angle's torque is much higher than that of the turbine. For example, it takes just approximately 30 seconds to remove a large amalgam filling using a Komet amalgam cutter.

C. Rotating instruments (for example, diamonds) is better centred, thus improving tactility. High-speed contra angles and turbines use the same types of burs and diamonds.

D. You can reduce the contra angle's speed when working on surfaces (for example, distally on molars in the upper jaw) upon which visual

control is difficult, thereby necessitating increased tactility and the ability to feel contact with the tooth. Speed can be reduced slightly in order to enhance system pressure, providing improved tactility. Speed can also be reduced for the sake of safety and for the purpose of surface polishing. Reduced speed results in increased tactility.

E. There is less noise.

The weight of the micromotor and the contra angle combined is balanced by the UNIC instrument support.

Conclusion:

A high-speed contra angle on a micromotor is significantly easier for the dentist to use, can aid in the execution of high-quality detail work, has less difficult of a learning curve, provides enhanced tactility, and therefore improves the ease of automatization of work processes. The ability to reduce speed as necessary also improves safety. Besides which, less noise is produced.

The UNIC unit i instrument support can be delivered with three strengths of cord coils: C (strong), B (medium), and A (weak).

Balance of unit instruments is achieved by using the weak cords to the lighter instruments (such as the syringe, scaler and turbine).

The micromotor can achieve

the right balance with weak cords, but this requires precise and controlled return movements as well as controlled movement of the unit bridge. In most cases, the micro-motor uses a type B (medium) cord.



UNIC units can be supplied with two different types of multi-function sprayers:

Luzzani Multi-Function Sprayer with an attractive design but with nearly on/off-type air and water vents. Like all syringes that provide warm water, use of this function involves a delay.



Heka Multi-Function Sprayer with a more conventional form and an excellent air and water regulation function, which gradates doses from soft to hard. The spray also has an excellent dispersion angle.



Ultrasonic Scaler
You can choose between a Satelec and an EMS Piezon scaler. A range of work bits are produced for both instruments. See the user manual for details.



Some people prefer to use air scalers like Kavoson (fitted to a Multiflex turbine connection) as a supplement to or replacement for an ultrasound tooth cleaner. An air scaler can be useful for patients with sensitive teeth.



Polymerisation Lamp
You can either have this fitted to the unit or choose to use it as a wireless external lamp. In practice, there is minimal difference between these options.



Intraoral Camera
An intraoral camera, combined with a flatscreen hung slightly to the left over the patient's breast and angled at 45° is an excellent means of informing the patient of the status of and need for treatment. 'A picture says a thousand words'.



The intraoral camera can be mounted as a unit instrument or at the suction tube holder.



Suction Tube Holder

UNIC supplies three different suction tube holders. The UNIC Ergonomics Concept uses the version shown here, with a long telescopic arm that provides flexibility and can be placed in the narrow space between the clinical assistant's left arm, the patient's left shoulder, and the unit itself.



If the dentist needs to take the suction tube, the telescopic arm can be tipped forward in his or her direction (and in the direction of the patient's head).

The best usage of space is obtained by mounting the two suction tubes on the holder as shown, closest to the patient. This makes it easiest for the clinical assistant or dentist to reach them.

The large suction tube is placed at the bottom. Closed suction tube holders provide optimal functionality. A special solution that places the telescopic arm on the patient chair is available for left-handed dentists.



X-Ray Apparatus

The easiest placement is on the wall behind the patient chair. The x-ray apparatus is mounted with an 80 to 90 cm basic arm.

About Heka Dental

Heka Dental A/S has supplied units to dentists the world over since 1965 and is now one of Scandinavia's leading dental suppliers. This family-run business has kept all of its production, development, and management in Denmark. All phases of the operations are ISO-certified, thus ensuring high quality.

Heka Dental adapts quality and design to our customers' individual requirements. Delivery, installation, and servicing are undertaken by our extensive and well-trained network of distributors, who ensure that each dentist receives the best possible guidance and information.

You are always welcome to visit us or contact us with any questions or ideas.



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