

# LIGHT CURE FLOWABLE COMPOSITE RESTORATIVE

ISO 4049:2019 Polymer based restorative materials

## **DIRECTIONS FOR USE**

## **FEATURES:**

An advanced radiopaque flowable composite for aesthetic restoration. The material has excellent handling based on flow properties (low flow type and high flow type) and excellent aesthetics by controlled light diffusion. Can be used for minimally invasive cavity restoration. Contains fluoride.

### INTENDED PURPOSE:

Restoration of lost tooth structure

## INTENDED PATIENT POPULATION:

From child to geriatrics

# INTENDED USER:

This product has been formulated for use in dentistry and is intended for use by dental professionals only

## CLINICAL BENEFIT:

To restore the function of the teeth and help maintain the integrity of the remaining tooth structure.

# INDICATIONS FOR USE:

- Anterior restorations such as class III and class V involving cervical caries, wedgeshaped defects.
- Small posterior restorations such as class I and class II without occlusal stress bearing.
- Deciduous restorations.
- Preventive restoration (pit & fissure sealant).
- Base / liner under restoration.
- Undercut blockout.
- Additional or marginal filling and recountouring after composite resin restoration.
- Colour adjustment on the surface of composite resin restoration and discoloured

#### CONTRA-INDICATIONS:

Do not use this product for any purposes other than specifically outlined under INDICATIONS in these instructions for use

# CONTENTS OF PACK:

Syringe 2g, Instructions for use

# PRECAUTIONS AND WARNINGS:

- Do not expose patients or users known to be allergic to this type of material and/or methacrylate monomers.
- If any eruption or skin inflammation occurs on a patient when using this product, immediately discontinue use and have the patient seek medical advice.
- Avoid contacting oral mucosa, skin or eyes. In case of contact, rinse immediately with copious amounts of water and seek medical advice.
- If a cavity is deep, protect with a pulp capping agent. (N.B. Do not use a eugenol containing liner).
- Wear UV protective glasses when light curing.
- This product has been formulated for use in dentistry and is intended for use by dental professionals only.
- When storing these materials in a refrigerator, allow them to reach room temperature before use

# **PROCEDURE**

# (1) CAVITY PREPARATION:

- Thoroughly clean the tooth surface to remove plaque.
- Select appropriate shade using a shade guide while the tooth is still moist.
- Prepare the cavity in the conventional way.
- If the pulp is exposed or is close to the restoration, then a calcium hydroxide liner should be used. (N.B. Do not use a eugenol containing liner).
- Apply the bonding agent according to the manufacturer's directions.
- AHL Generic Etch Gel & Bonding Agent is recommended (code: 071X1 & 250X1) for use in cavities.

# (2) PLACEMENT:

- Dispense the required amount of material from the syringe using a clean needle
- Always replace the syringe cap after use.
- After placing and contouring the restoration, cure with a light unit.

# (3) CURING

- Select the light curing time in the table below.
- Light cure the entire surface of the restoration.
- For deep cavities, the layering technique is recommended, Place in a layer of up to 2mm depth and cure with a dental light cure unit.

Light Curing Unit	LED curing unit	Halogen lamp curing unit
Light Curing Time	10 seconds	30 seconds
Wavelength	440-490 nm	400-500 nm
Light Intensity	≥ 1000 mW/cm <sup>2</sup>	≥ 500 mW/cm <sup>2</sup>

Use a dental light-curing unit having specifications equivalent to those described above

When using a unit having performance other than these recommendations, follow the instructions for that unit

# (4) FINISHING:

After curing, remove excess material with abrasive stones and points and then polish.

# SINGLE USE Discard the tip after use. This must not be re-used on another patient for hygienic reasons.

STORAGE:



Store in a cool, dry place (1-30°C). Always replace cap immediately after use Keep away from direct sunlight

The expiry date is shown in year, month format. Do not use the product after this date.

## DISPOSAL ·

Dispose of the contents and containers in accordance with relevant local and national requirements.

# POSSIBLE SIDE EFFECTS / RESIDUAL RISKS:

- •This product contains substances that may cause and allergic reaction.
- Restorations have the potential to fracture depending on patient habits.
- Restorations have the potential to fall out depending on patient habits.

# **BATCH CODE:**



The batch code gives an open date of manufacture in month, year, day format with a numerical suffix to uniquely identify the batch of material. Please quote this batch number in all correspondence.

## **DEVICE CODES:**

REF	UL423A1/1 -	Low Flow 2g Syringe A1
	UL423A2/1 -	Low Flow 2g Syringe A2
	UL423A3/1 -	Low Flow 2g Syringe A3
	UL423A3.5/1 -	Low Flow 2g Syringe A3.5
	UL423A4/1 -	Low Flow 2g Syringe A4
	UL423A3O/1 -	Low Flow 2g Syringe A3O
	UL423G/1 -	Low Flow 2g Syringe G

UL421A3T/1 -High Flow 2g Syringe A3T UL421A3O/1 -High Flow 2g Syringe A3O UL421A4/1 High Flow 2g Syringe A4 UL421A3.5/1 -High Flow 2g Syringe A3.5 LII 421A3/1 High Flow 2g Syringe A3 UL421A2/1 High Flow 2g Syringe A2 UL421A1/1 High Flow 2g Syringe A1

# COMPOSITION

Composition	% by weight
Filler	50 – 80
Methacrylate resins	20 – 50
Initiators	<1
Stabilisers	<1
Pigments	<1
Other	<1

Particle Range: 0.01 to 2.0µm - Mean Particle Size: 0.8µm

AHL operate a policy of continuing surveillance & monitoring of our products. If you experience any incidents relating to the use of this product, please immediately contact us at the below address stating the batch number shown on the packaging. If you experience any serious incident relating to the use of this product, please immediately contact AHL at the below address and the competent authority of the territory you are

A summary of safety & clinical performance (SSCP) is available via the EUDAMED database. https://ec.europa.eu/tools/eudamed

Caution: U.S. Federal Law restricts this device to sale by or on the order of a dental professional.

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