



DEC 13 1999

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Mr. Peter P. Mancuso  
Regulatory/Quality Assurance Manager  
Ivoclar North America, Inc.  
175 Pineview Drive  
Amherst, NY 14228

Re: K993783  
Trade Name: Light activated hybrid composite  
Regulatory Class: II  
Product Code: EBF  
Dated: November 3, 1999  
Received: November 8, 1999

Dear Mr. Mancuso:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Pre-market Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Good Manufacturing Practice for Medical Devices: General (GMP) regulation (21 CFR Part 820) and that, through periodic GMP inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any

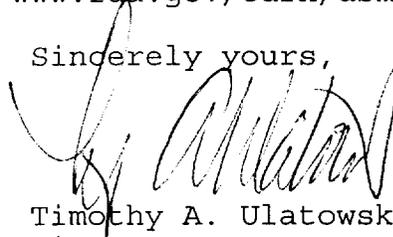
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obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4692. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "<http://www.fda.gov/cdrh/dsmamain.html>".

Sincerely yours,



Timothy A. Ulatowski  
Director  
Division of Dental, Infection Control  
and General Hospital Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

**CONFIDENTIAL**

**K993783**

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510(k) Number (if known): K993783

Device Name: Tetric Flow

**Indications For Use:**

- Class V restorations (cervical caries, root erosion, wedge shaped defects)
- Anterior restorations (Class III and IV)
- Small posterior restorations
- Restorative therapy for mini-cavities of all types (preparation with Sonic-Sys Micro Instruments from KaVo<sup>2</sup>)
- Adhesive cementation of Sonic-Sys Inlays
- Extended fissures sealings in molars and pre-molars
- Repair of composite/ceramic veneers
- Blocking out of undercuts
- Adhesive cementation of ceramic and composite restorations

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

\_\_\_\_\_  
Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use   
(Per 21 CFR 801.109)

OR

Over-The-Counter Use \_\_\_\_\_

(Optional Format 1-2-96)

*Susan Punner*

(Division Sign-Off)  
Division of Dental, Infection Control,  
and General Hospital Devices

510(k) Number K993783