



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

SEP 17 1999

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

AB Ardent  
C/O: Clyde E. Ingersoll  
Ardent Product Development  
54 Riverview Avenue  
Tonawanda, NY 14150

Re: K991974  
Trade Name: Futura Glass Ionomer Silver Reinforced  
Restorative  
Regulatory Class: II  
Product Code: EMA  
Dated: August 28, 1999  
Received: September 2, 1999

Dear Mr. Ingersoll:

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 (Premarket 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 obligation you might have under sections 531 through 542 of

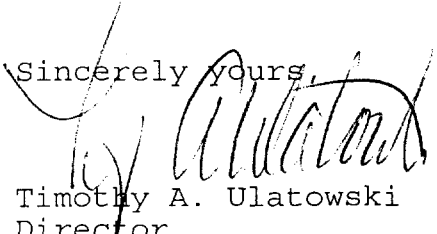
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the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

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) 594-4690. 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

K991974

## AB ARDENT

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510 (k)

### FUTURA GLASS IONOMER SILVER REINFORCED RESTORATIVE

#### ATTACHMENT #4

#### INDICATIONS FOR USE

510(k) Number: number not yet assigned K991974

Device Name: FUTURA GLASS IONOMER SILVER REINFORCED RESTORATIVE

FUTURA GLASS IONOMER SILVER REINFORCED RESTORATIVE is to be used as a base, lining and filling material for restoring function to teeth which have lost portions to caries:

1. Class I and II cavities in deciduous teeth.
2. Repair of amalgam restored teeth (fractured restoration or tooth).
3. Class I and II cavities in selected permanent teeth.
4. Lining under amalgam or posterior composite restorations.
5. Cavities where radiopacity is a prime requirement.
6. Core build up material under crowns.
7. On root surface for locating overdentures.
8. Long term temporary replacement of cusps
9. Repairs to crown margins.

For use only by dental professional such as DDS or DMD. Not for use by general public or OTC.

*Prescription use*

(Division Sign-Off) *Amelia Scott for Susan Runner*  
Division of Dental, Infection Control,  
and General Hospital Devices  
510(k) Number K991974