K102575

510(k) Summary

OCT 29 2010

This summary of 510(K) – safety and effectiveness information is being submitted in accordance with requirements of 21 CFR Part 807.92.

Date: 09-02-2010

1. Submission Sponsor

	Submitter
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2. Submission Correspondent

LK Consulting Group
2341 W. Crescent Ave. #3,
Anaheim, CA 92801
Priscilla Chung
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3. Device

- Trade Name: Ortho MTA(Mineral Trioxide Aggregate)
- Common Name: Root filling material
- Classification Name: Root canal filling resin
- Classification regulation: 21 CFR 872.3820
- Product Code: KIF

4. Predicate Device

White MTA Material (K011009), Dentsply International

5. Description:

Ortho MTA (Mineral Trioxide Aggregate) is ideal for órthograde root canal filling. Ortho MTA (Mineral Trioxide Aggregate) is compositionally formulated to have the physical properties, setting requirements and characteristics necessary for a clinically effective root canal filling material.

6. Indications for use:

- Orthograde root canal filling material
- Repair of root perforations during root canal therapy (endodontic therapy), or as a consequence of internal resorption
- Repair of root canals as an apical plug during apexification
- Root end filling
- Pulp capping

7. Safety and Effectiveness:

Ortho MTA(Mineral Trioxide Aggregate) has similar physical and biocompatible properties, and demonstrates comparable performance specifications to White MTA Material(Predicate device). In addition, Ortho MTA (Mineral Trioxide Aggregate) has a comparable delivery system to White MTA Material.
The bench and biocompatibility testing performed demonstrates that any differences in their technological characteristics do not raise any new questions as to safety and effectiveness. Therefore, it is concluded that Ortho MTA (Mineral Trioxide Aggregate) is safe, effective and substantially equivalent to the predicate device.

8. Conclusion

Based on the information provided in this premarket notification, Ortho MTA (Mineral Trioxide Aggregate) is safe, effective and substantially equivalent to the predicate devices as described herein.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
Document Control Room –WO66-G609
Silver Spring, MD 20993-0002

DO Company, Limited
C/O Ms. Priscilla Chung
LK Consulting Group
2341 West Crescent Avenue, #3
Anaheim, California 92801

OCT 29 2010

Re: K102575
Trade/Device Name: Ortho MTA (Mineral Trioxide Aggregate)
Regulation Number: 21 CFR 872.3820
Regulation Name: Root Canal Filling Resin
Regulatory Class: II
Product Code: KIF
Dated: September 8, 2010
Received: September 8, 2010

Dear Ms. Chung:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate 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) that do not require approval of a premarket approval application (PMA). 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. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

for

Anthony D. Watson, B.S., M.S., M.B.A.
Director
Division of Anesthesiology, General Hospital,
Infection Control and Dental Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

OCT 2 9 2010

510(k) Number (if known): K102575

Device Name: Ortho MTA (Mineral Trioxide Aggregate)

Indications For Use:

- Orthograde root canal filling material
- Repair of root perforations during root canal therapy(endodontic therapy), or as a consequence of internal resorption
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- Root end filling
- Pulp capping

Prescription Use __√__ **AND** **Over-The Counter Use**_____
(Per 21 CFR 801 Subpart D) **(21 CFR 807 Subpart C)**

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

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

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