

For use, carefully read the instructions for use.

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## GRADIA® DIRECT

LIGHT-CURED COMPOSITE RESTORATIVE

For use only by a dental professional in the indications for use.

### INDICATIONS FOR USE

1. Direct restorative for Class III, IV, V cavities.
2. Direct restorative for wedge-shaped defects and root lesions.
3. Direct restorative for veneers and denture closure.
4. GROUP DIRECT POSTERIOR (radaplic)
5. Direct restorative for Class I and II cavities

### CONTRAINDICATIONS

1. Direct pulp cap.
2. Avoid use of this product in patients with known allergies to methacrylate monomer or methacrylate polymer.

### PRODUCT DESCRIPTION

GRADIA® DIRECT is a light-curing, radio-paste restorative material to be used intra-orally and classified as a Type I and Class 2 (Group 1) ISO 150 standard. GRADIA® DIRECT POSTERIOR has a reduced viscosity and is used for Class I, II and III cavities. 1 mm, enamel = 2 mm) and GRADIA® DIRECT ANTERIOR has no radiopacity. The single piece of irregular fillings ranges are 0.02-4.9 mm. The viscosity of the GRADIA® DIRECT is approximately 64-29 vol for the anterior, 65 vol for the posterior.

### COMPOSITION

Dimethylmethacrylate, feldspar, silicon dioxide, multifunctional monomer, initiator, pigment, stabilizer

### DIRECTIONS FOR USE

1. Shade selection  
Once shade selected, water and shade selection should be made prior to isolation. Select the appropriate GRADIA® DIRECT shades referring to the GRADIA® DIRECT shade guide.
2. Cavity Preparation  
Prepare cavity using standard techniques.  
Note:  
For pulp capping, use calcium hydroxide.

3. Bonding Treatment  
Once shade selected, water and shade selection should be made prior to isolation. Select the appropriate GRADIA® DIRECT shades referring to the GRADIA® DIRECT shade guide.

4. Placement of GRADIA® DIRECT  
1) Dispensing onto the cavity floor.  
The GRADIA® DIRECT is equivalent to the GRADIA® DIRECT anterior and can be dispensed directly into the prepared cavity. Use steady pressure (Fig. 2). Maintaining pressure on the applier handle while removing the Unitaplir from coming from the applier.

5. Dispensing from a syringe  
After dispensing from a syringe a simple placement instrument After dispensing from a simple placement instrument A sharp edge of the syringe tip is placed into the cavity and the syringe Replace cap immediately after use.

6. Basically all restorations can be applied in a single layer to achieve aesthetic restorations with Standard shades.

7. In cases where a higher degree of translucency is needed, one of the Outside special shades can be selected. See also Examples of Clinical Applications and / or consult the Shade Combination Chart.

8. Posterior cavity  
In most cases a single cavity will give the best results. To block out light, an occlusal light can be used to ambient light. Ambient light can be removed by manipulation of the shade.

9. Clinical Hints  
A. In the case of small cavities  
Restore using a one shade layering technique. In most cases a single cavity will give the best results. A shade alone will be sufficient. In cases where a higher degree of translucency is needed, one of the Outside special shades can be selected. See also Examples of Clinical Applications and / or consult the Shade Combination Chart.

10. In the case of small cavities  
Restore using a one shade layering technique. In most cases a single cavity will give the best results. A shade alone will be sufficient. In cases where a higher translucency is needed, one of the Outside special shades can be selected. See also Examples of Clinical Applications and / or consult the Shade Combination Chart.

11. In the case of large cavities  
In most cases a shade combination will give the best results. To block out light, an occlusal light can be used to ambient light. An occlusal light can be removed by manipulation of the shade.

12. Posterior cavity  
In most cases a single cavity will give the best results. To block out light, an occlusal light can be used to ambient light. An occlusal light can be removed by manipulation of the shade.

13. In the case of small cavities  
Restore using a one shade layering technique. In most cases a single cavity will give the best results. A shade alone will be sufficient. In cases where a higher translucency is needed, one of the Outside special shades can be selected. See also Examples of Clinical Applications and / or consult the Shade Combination Chart.

14. Posterior cavity  
In most cases a single cavity will give the best results. To block out light, an occlusal light can be used to ambient light. An occlusal light can be removed by manipulation of the shade.

15. In the case of large cavities  
In most cases a shade combination will give the best results. To block out light, an occlusal light can be used to ambient light. An occlusal light can be removed by manipulation of the shade.

16. Posterior cavity  
In most cases a single cavity will give the best results. To block out light, an occlusal light can be used to ambient light. An occlusal light can be removed by manipulation of the shade.

17. In the case of small cavities  
Place a foil wrap around the cavity. Then place a Standard shade. For optimal aesthetic use an Outside special shade can be selected. See also Examples of Clinical Applications and / or consult the Shade Combination Chart.

18. In the case of large cavities  
Place a foil wrap around the cavity. Then place a Standard shade. For optimal aesthetic use an Outside special shade can be selected. See also Examples of Clinical Applications and / or consult the Shade Combination Chart.

19. Posterior cavity  
In most cases a single cavity will give the best results. To block out light, an occlusal light can be used to ambient light. An occlusal light can be removed by manipulation of the shade.

20. In the case of small cavities  
Place a foil wrap around the cavity. Then place a Standard shade. For optimal aesthetic use an Outside special shade can be selected. See also Examples of Clinical Applications and / or consult the Shade Combination Chart.

21. In the case of large cavities  
Place a foil wrap around the cavity. Then place a Standard shade. For optimal aesthetic use an Outside special shade can be selected. See also Examples of Clinical Applications and / or consult the Shade Combination Chart.

22. Shading combination chart  
Standard shade: EVA Extra Bleaching White, BW (Bleaching White), A1, A2, A3, A5, A1, B1, B2, C3, CV (Cervical), CVD (Cervical Translucent), CT (Cervical Translucent), GT (General Translucent), NT (Natural Translucent), GTR (General Translucent), CTR (General Translucent).

23. Standard shade: P-A1, P-A2, P-A3, P-A5, Outside special shade: P-W1, P-W2, P-W3, P-W5, P-W7, P-W9, P-W10.

24. Standard shade: P-A1, P-A2, P-A3, P-A5, P-A7, P-A9, P-A10, P-A11, P-A12, P-A13, P-A14, P-A15, P-A16, P-A17, P-A18, P-A19, P-A20, P-A21, P-A22, P-A23, P-A24, P-A25, P-A26, P-A27, P-A28, P-A29, P-A30, P-A31, P-A32, P-A33, P-A34, P-A35, P-A36, P-A37, P-A38, P-A39, P-A40, P-A41, P-A42, P-A43, P-A44, P-A45, P-A46, P-A47, P-A48, P-A49, P-A50.

25. Option  
Unitaplir APPLIR  
b. Shade Guide  
c. Mixing pad (No.148)

### Cleaning and Sterilizing of the Unitaplir APPLIR

Please refer to the Manufacturer's Instructions for Use for cleaning and sterilization of the Unitaplir APPLIR.

### Cleaning of the Shade Guide

The shade guide can be cleaned with water and mild soap. It should not be sterilized. The use of various chemical disinfectants (not included) may cause damage to the shade guide.

### SHADES

22 shades for anterior, 20 shades for posterior.

Standard shade: EVA Extra Bleaching White, BW (Bleaching White), A1, A2, A3, A5, A1, B1, B2, C3, CV (Cervical), CVD (Cervical Translucent), CT (Cervical Translucent), GT (General Translucent), NT (Natural Translucent), GTR (General Translucent), CTR (General Translucent).

Standard shade: P-A1, P-A2, P-A3, P-A5, Outside special shade: P-W1, P-W2, P-W3, P-W5, P-W7, P-W9, P-W10.

Note:  
Unitaplir APPLIR: 0.24g for anterior, 0.28g for posterior tip.

3. Option  
Unitaplir APPLIR  
b. Shade Guide  
c. Mixing pad (No.148)

### Cleaning and Sterilizing of the Unitaplir APPLIR

Please refer to the Manufacturer's Instructions for Use for cleaning and sterilization of the Unitaplir APPLIR.

### Shade combination chart for large cavities

For details of shade, refer to the following section of SHADES.

### Examples of Clinical Application (Clinical Hint No. 1, 2)

Fig. 1 Clinical Hint No. 1  
Fig. 2 Clinical Hint No. 2

### Shade combination chart for multiple layers in large cavities of anterior teeth (1-8)

For details of shade, refer to the following section of SHADES.

### 5. Contouring before Light Curing

Light cure GRADIA® DIRECT using a Light curing Gun (Fig. 3). Refer to the following chart for Infrared Time and Effective Depth of Irradiation.

### GRADIA® DIRECT ANTERIOR: Irradiation Time and Effective Depth of Cure

Irradiation time: 10 sec. Irradiation depth: 20 sec.

Shade: Special shade: BW, A1, A2, A3, A5, A1, B1, B2, C3, CV, CVD.

Standard shade: A1, A2, A3, A5, A1, B1, B2, C3, CV, CTR.

Outside special shade: P-W1, P-W2, P-W3, P-W5, P-W7, P-W9, P-W10.

The effective wavelength range of each dental curing unit must cover 450 - 480 nm.

Notes:

1. Material should be placed and light cured in layers. For maximum layer thickness, please consult the instructions for use.

2. Leave a thin layer of restorative in between curing of the material.

3. Finishing and Polishing

Finishing and Polishing  
Final finishing with a fine grit sandpaper, 1000 grit, polished points.

4. Removal of excess restorative material

5. Cleaning of the shade guide

6. Cleaning of the Unitaplir APPLIR

7. Cleaning of the shade guide

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