



P/N 140001

Rite-lite PRO™

MULTISPECTRAL/HI CRI SHADE LIGHT

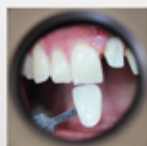
RITE-LITE PRO: PERFECTING SHADE SELECTION

- Tri-Spectra HI CRI LEDs (5500°k, 3200°k, 3900°k)
- Three intensity levels for better visualization
- Blacklight setting for matching composite & porcelain to natural dentition fluorescence
- Larger viewing area
- Rechargeable Li-Ion battery
- Available Polarizing Filter eliminates reflection

Rite-Lite PRO offers three different light spectra to simulate varying lighting conditions: (Photos courtesy of Lorin F. Berland, DDS)

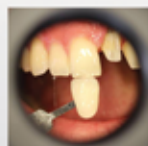
DAYLIGHT - for initial shade taking.

Daylight that is seen in an outdoor environment on a cloudy bright day is an industry standard color temperature of 5500°Kelvin.



ROOM LIGHT - for verification of shade taking.

Warm, incandescent light that is found in many indoor environments. Approximately 3200°Kelvin.



AMBIENT LIGHT - for verification of shade taking.

Mixed lighting conditions of daylight and room light that exist in many indoor environments. Approximately 3900°Kelvin.



RESTORATION VIEWED WITH BLACK LIGHT:

Research shows that natural teeth fluoresce at wavelengths below 400 nm, i.e.- black light. Wavelengths below 400 nm are part of the spectrum of various indoor and outdoor lighting environments. Therefore, if we are to get a perfect shade match for porcelain or composite materials, they should fluoresce in the same manner as natural teeth. The cell phone photos show the effect of this mismatch when viewed with the Rite-Lite PRO.



Clinical



Black Light

“Great product. I have used it to verify my own shade selections. **Every single shade selection I chose was verified correct** by Rite-Lite 2.”

- Steven Balloch, DDS, Glastonbury, CT

“We love this light. We haven’t been off on one shade since we started using this light.”

- Dennis Lempke, Lempke Dental Laboratories, Maplewood, MN

ADDENT DIAGNOSTIC PRODUCTS REFERENCES:

SCAN CODES TO DOWNLOAD REFERENCES ONLINE



MICROLUX/MICROLUX 2 RESEARCH REFERENCES

An in vitro Comparison of the Ability of Fibre-Optic Transillumination, Visual Inspection and Radiographs to Detect Occlusal Caries and Evaluate Lesion Depth – D.F. Cortes

Dental Economics, Pearls for your Practice – Joshua Austin, DDS, FAGD

Identification of Resected Root-End Dentinal Cracks

Incomplete cusp fractures: Early diagnosis and communication with patients using fiber-optic transillumination and intraoral photography – Samer S. Alassaad, DDS

The Use of Fibre-Optic Transillumination in General Dental Practice – G.M. Davies

Transillumination of the Oral Cavity – Dr. J. Friedman & Dr. M. Marcus 1970



BIO/SCREEN RESEARCH REFERENCES

Advances in Optical Adjunctive Aids for Visualisation and Detection of Oral Malignant and Potentially Malignant Lesions – Nirav Bhatia, Yastira Lalla, An N. Vu, and Camile S. Farah

Dental Economics, Pearls for your Practice – Joshua Austin, DDS, FAGD

Fluorescence Visualization Detection of Field Alterations in Tumor Margins of Oral Cancer Patients – Catherine F. Poh, et al

Fluorescence Visualization Guided Surgery – Catherine F. Poh, DDS, PhD; Donald W. Anderson, MD; J. Scott Durham, MD; Jiahua Chen, PhD; Kenneth W. Berean, MD; Calum E. MacAulay, PhD; Miriam P. Rosin, PhD

Narrow band (light) imaging of oral mucosa in routine dental patients. Part I: Assessment of value in detection of mucosal changes – Edmond L. Truelove, DDS, MSD, et al

Objective Detection and Delineation of Oral Neoplasia Using Autofluorescence Imaging – Darren Roblyer, et al

Optimal fluorescence excitation wavelengths for detection of squamous intra-epithelial neoplasia: results from an animal model – Lezlee Coghlan, et al

“The Bio/Screen Oral Cancer Screening Instrument does not require a patient to rinse with a messy liquid. Simply look through an optical filter in the middle of 5 high power LEDs. Although the light is bright, it does not generate enough heat to require a fan. Consequently, **the rechargeable Bio/Screen is quiet, lightweight, and easy to use.** All Dentists must become experts in oral cancer screening and the AdDent Bio/Screen can help.”

– Ben F. Warner, MS, DDS, MD, Houston, TX

“Clinical identification and evaluation of oral lesions is important in patient care. The AdDent unit is compact, easy to use, and images are easy to capture, allowing easy follow up of oral lesions.”

– Joel B. Epstein, DMD, MSD, FRCD, FDS RCSE, Beverly Hills, CA



RITE-LITE RESEARCH REFERENCES

Increased Predictability in Tooth Shade-Matching – Kelvin I. Afrashtehfar, DDS

Influence of Light Source, Polarization, Education and Training on Shade Matching Quality – Jacqueline A. Clary, DMD, MSD, Joe C. Ontiveros, DDS, MS, Stanley G. Cron, MSPH, and Rade D. Paravina, DDS, MS, PhD

Light-Correcting Device for Increased Predictability Tooth Shade-Matching – Dr. George Freedman and Dr. Kelvin I. Afrashtehfar

Optimizing Your Shade-Matching Success – Mark L. Pitel, DMD

Performance Assessment of Hand Rite-Lite – Joe C. Ontiveros

Shade-Matching Challenge: A Single Central Incisor – Lorin Berland, DDS and Sami Yared, CDT



ORABLU RESEARCH REFERENCES

A reason for the use of toluidine blue staining in the presurgical management of patients with oral squamous cell carcinomas – Missman M, Jank S, Laimer K, Gassner R

In vivo toluidine blue staining for the detection of oral cancer and precancer – Wong PN

The adjunctive role of toluidine blue in detection of oral premalignant and malignant lesions – Epstein JB, Guneri P

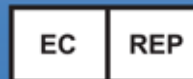
The use of toluidine blue in the detection of premalignant and malignant oral lesions – Cancela-Rodrigues P, Cerero-Lipiedra

The utility of toluidine blue rinse in the diagnosis of recurrent or second primary cancers in patients with prior upper aerodigestive tract cancer – Epstein JB, Feldman R, Dolor RJ, Porter SR

Toluidine (toluidine blue) rinse – a screening method for recognition of squamous carcinoma. Continuing study of oral cancer IV – Mashberg A

Toluidine blue staining identifies high-risk primary oral premalignant lesions with poor outcome – Zhang L, Williams M, Poh CF

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10/2019 PN660601



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