



SDI DIRECT

JULY 2024



BEFORE



AFTER

Photos courtesy of Dr. Marcelo Alves and Dr. Alvaro Junqueira - Brazil

RIVA SELF CURE

3+1* | **10+4***

BUY 3, GET 1 FREE | BUY 10, GET 4 FREE

STRENGTH FOR BULK FILLS

Clinicians Report Jan 2020, Vol 13, Issue 1

370MPa

WEAR RESISTANCE

Internal test data, November 2020

99µm

LONG TERM FLUORIDE RELEASE

Internal test data, November 2020

3.01µg/cm²

ACID RESISTANCE

Internal test data, November 2020

0.07mm

HIGH RADIOPACITY

290%



YOUR SMILE.
OUR VISION.

Call 1800 337 003

info@sdi.com.au

www.sdi.com.au

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*Offers are valid 1st July 2024 - 31st July 2024. Offers cannot be combined. All prices include GST. All claims for free goods must be made within 30 days from the end of promotion date. Free goods will be of equal or lesser value. The above-mentioned offers are not applicable on corporate, government accounts or those customers who have received discounted pricing. Offers are valid in Australia only.

SDI | RIVA SELF CURE

CLASS IONOMER RESTORATIVE MATERIAL

THE IONGLOSS LONG TERM BREAKTHROUGH



When dentine is missing, use Riva Self Cure to replace it. It is the best dental material available today that virtually mimics dentine. No adhesive is required, and sensitivity is non-existent.

TO ORDER:

FILL OUT THE BELOW FORM AND SEND IT TO: EMAIL INFO@SDI.COM.AU OR CALL 1800 337 003

PLEASE ENTER QUANTITY REQUIRED IN BOX NEXT TO ITEM. PLEASE TICK SETTING TIME WHERE APPLICABLE **F**= FAST **R**= REGULAR

RIVA SELF CURE (50 CAPSULES) RRP \$264.85	Shade:	A1	A2	A3	A3.5	A4	B2	B3		
	Setting Time:	<input type="checkbox"/> F R	<input type="checkbox"/> F R	<input type="checkbox"/> F R	<input type="checkbox"/> F R	<input type="checkbox"/> F R	<input type="checkbox"/> F R	<input type="checkbox"/> F R	<input type="checkbox"/> F R	
		Assorted Kit: 10 each of A1, A2, A3, A3.5 and B2 Capsules							<input type="checkbox"/> F R	
RIVA SELF CURE HV (50 CAPSULES) RRP \$264.85	Shade:	A1	A2	A3	A3.5					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

DETAILS

SDI Account No. _____

Dr Name: _____ Surgery Name: _____

Surgery Address: (Must be street address for shipping purposes) _____

Phone: _____ Email Address: _____

Please keep me updated with the latest SDI's specials and promotions.

NOTE: Offers cannot be combined with any other offer.