

SEP - 2 2005

K043373

## 510(k) Summary for the DOLOTENS DENTAL TM 2

Sponsor: Neuromuscular Technologies, Inc.  
Contact : Marie Jensen  
17720 Jean Way #200  
Lake Oswego, OR 97035  
Phone : 503-320-4406  
Fax : 503-675-7305  
Email : [mcjensen17@yahoo.com](mailto:mcjensen17@yahoo.com)

Proprietary Name of the Device: DOLOTENS DENTAL TM 2

Common Name: Muscle Monitoring Device

Product Code : KZM

Regulation Number: 890.1375

Substantial Equivalence: The DOLOTENS DENTAL TM 2 is substantially equivalent to the MODEL J-5 MVO-MONITOR (K031998), manufactured by MYOTRONICS-NOROMED, INC.

Indications for Use: The DOLOTENS Dental TM 2 is indicated for the following uses:

1. To treat temporomandibular joint (TMJ) dysfunction and associated pain.
2. To relieve symptoms associated with muscle spasm.
3. To relax muscles and establish a physiologic occlusion
4. To take occlusal registrations
5. To take denture impressions
6. To increase local blood circulation
7. To maintain or increase mandibular range of motion.

Device Description: The DOLOTENS DENTAL TM2 is an ultra low frequency muscle stimulator, sending an electrical impulse to the muscles via the nerves in order to provide a minor level of muscle contraction. This gentle contraction of the muscles provides a pumping action for the blood increasing circulation in the muscles. Muscle spasm is relieved because fresh nutrients are brought into the muscles and waste products are pumped out.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

SEP - 2 2005

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Ms. Marie Jensen  
Neuromuscular Technologies, Inc.  
17720 Jean Way, #200  
Lake Oswego, Oregon 97035

Re: K043373/S002  
Trade/Device Name: Transcutaneous Nerve Stimulator For Pain Relief  
Regulation Number: 21 CFR 890.1375  
Regulation Name: Diagnostic electromyograph  
Regulatory Class: II  
Product Code: KZM  
Dated: August 25, 2005  
Received: August 29, 2005

Dear Ms. Jensen:

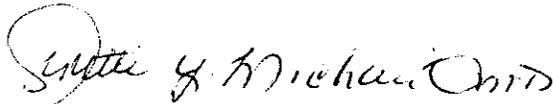
We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 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.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), 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 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); 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. This letter will allow you to begin marketing your device as described in your Section 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), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). 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) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,



Chiu Lin, Ph.D.

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

510(k) Number (if known): K043373

Device Name: DOLOTENS Dental TM2

### Indications For Use:

1. To treat temporomandibular joint (TMJ) dysfunction and associated pain
2. To relieve symptoms associated with muscle spasm
3. To relax muscles and establish a physiologic occlusion
4. To take occlusal registrations
5. To take denture impressions
6. To increase local blood circulation
7. To maintain or increase mandibular range of motion

Prescription Use   
(Part 21 CFR 801 Subpart D)

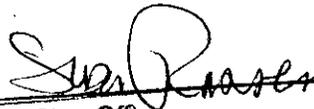
AND/OR

Over-The-Counter Use \_\_\_\_\_  
(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

510(k) Number: K043373