



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

JUN 20 1997

Paul Menezes .....  
Quality Engineer .....  
National Hearing Aid Distributors  
301 U.S. Route One  
Scarborough, ME 04074

Re: K971296.....  
Tondi BTE Hearing Aids .....  
Dated: April 7, 1997  
Received: April 7, 1997  
Regulatory class: I  
21 CFR 874.3300/Procode: 77 ESD

\*  
Dear Mr. Menezes:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to 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). 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.

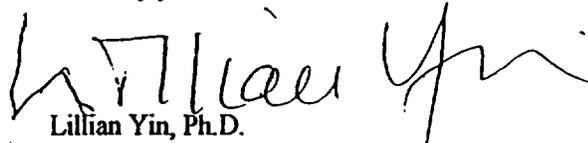
If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Good Manufacturing Practice for Medical Devices: General (GMP) regulation (21 CFR Part 820) and that, through periodic GMP inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 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.

While your device has been deemed substantially equivalent to other legally marketed hearing aids, please be advised that electromagnetic interference from digital cellular telephones, as well as from other sources, is increasingly becoming a concern. Typically, this interference takes the form of a buzzing sound that can range from annoying to very loud and may render a hearing aid temporarily ineffective for the wearer. Because electromagnetic interference may affect your device, you may be asked to test for electromagnetic compatibility in the future. In this interim period, we encourage you to modify your device labeling to inform practitioners and users of the potential for electromagnetic interference. Please be aware that a 510(k) submission is required for any claims that infer that your device is compatible with potential sources of electromagnetic interference, such as "compatible with digital cellular telephones", and that data supporting such claims is necessary.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4613. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or at (301) 443-6597 or at its Internet address .....  
"<http://www.fda.gov/cdrh/dsmamain.html>".

Sincerely yours,



Lillian Yin, Ph.D.  
Director, Division of Reproductive,  
Abdominal, Ear, Nose and Throat,  
and Radiological Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

510(k) Number(if known): K971296

Device Name: Tondi BTE Hearing Aid, Models U-2M1, U-2M4

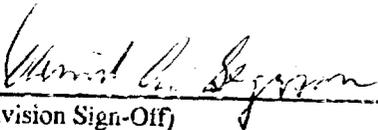
Indications For Use:

The indications for use of this air conduction hearing aid in this submission is to amplify sound for individuals with impaired hearing. The device(s) is/are indicated for individuals with losses in the following category(ies).

Severity:	Configuration:	Other:
<input type="checkbox"/> 1. Slight	<input type="checkbox"/> 1. High frequency Precipitously sloping	<input type="checkbox"/> 1. Low tolerance to loudness
<input checked="" type="checkbox"/> 2. Mild	<input checked="" type="checkbox"/> 2. Gradually sloping	<input type="checkbox"/> 2. High Tolerance
<input checked="" type="checkbox"/> 3. Moderate	<input type="checkbox"/> 3. Reverse Slope	<input checked="" type="checkbox"/> 3. Normal Tolerance
<input type="checkbox"/> 4. Severe	<input checked="" type="checkbox"/> 4. Flat	
<input type="checkbox"/> 5. Profound	<input type="checkbox"/> 5. Other _____	

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Consentance of CDRH, Office of Device Evaluation (ODE)

  
 \_\_\_\_\_  
 (Division Sign-Off)  
 Division of Reproductive, Abdominal, ENT,  
 and Radiological Devices  
 510(k) Number K971296

Hearing aid part is Restricted device (per 21 CFR 801.420 & 21 CFR 801.421)  
 Masker portion is Prescription device (per 21 CFR 801.109)

510(k) Number(if known): K971296

Device Name: Tondi BTE Hearing Aid, Model U-03

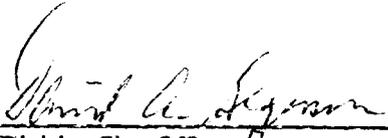
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<input type="checkbox"/> 2. Mild	<input checked="" type="checkbox"/> 2. Gradually sloping	<input checked="" type="checkbox"/> 2. High Tolerance
<input checked="" type="checkbox"/> 3. Moderate	<input type="checkbox"/> 3. Reverse Slope	<input type="checkbox"/> 3. Normal Tolerance
<input checked="" type="checkbox"/> 4. Severe	<input type="checkbox"/> 4. Flat	
<input type="checkbox"/> 5. Profound	<input type="checkbox"/> 5. Other _____	

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 510(k) Number K971296

Hearing aid part is Restricted device (per 21 CFR 801.420 & 21 CFR 801.421)  
 Masker portion is Prescription device (per 21 CFR 801.109)

510(k) Number(if known): K971296

Device Name: Tondi BTE Hearing Aid, Model KA-02

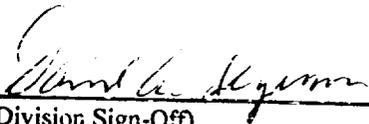
Indications For Use:

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- |   |   |  |
|---|---|--|
| Severity:                                       | Configuration:  | Other:   |
| <input type="checkbox"/> 1. Slight              | <input type="checkbox"/> 1. High frequency<br>Precipitously sloping | <input type="checkbox"/> 1. Low tolerance<br>to loudness |
| <input type="checkbox"/> 2. Mild                | <input checked="" type="checkbox"/> 2. Gradually sloping            | <input type="checkbox"/> 2. High Tolerance               |
| <input checked="" type="checkbox"/> 3. Moderate | <input type="checkbox"/> 3. Reverse Slope                           | <input type="checkbox"/> 3. Normal Tolerance             |
| <input checked="" type="checkbox"/> 4. Severe   | <input checked="" type="checkbox"/> 4. Flat                         |  |
| <input type="checkbox"/> 5. Profound            | <input type="checkbox"/> 5. Other _____                             |  |

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 510(k) Number K971296

Hearing aid part is Restricted device (per 21 CFR 801.420 & 21 CFR 801.421)  
Masker portion is Prescription device (per 21 CFR 801.109)

510(k) Number(if known): K971296

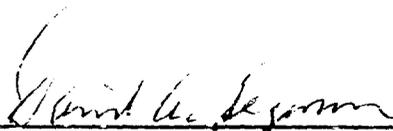
Device Name: Tondi BTE Hearing Aid Models KA-03, KA-03A  
Indications For Use:

The indications for use of this air conduction hearing aid in this submission is to amplify sound for individuals with impaired hearing. The device(s) is/are indicated for individuals with losses in the following category(ies).

- | Severity:                                       | Configuration:   | Other:  |
|---|--|---|
| <input type="checkbox"/> 1. Slight              | <input checked="" type="checkbox"/> 1. High frequency<br>Precipitously sloping | <input type="checkbox"/> 1. Low tolerance<br>to loudness. |
| <input checked="" type="checkbox"/> 2. Mild     | <input checked="" type="checkbox"/> 2. Gradually sloping                       | <input type="checkbox"/> 2. High Tolerance                |
| <input checked="" type="checkbox"/> 3. Moderate | <input type="checkbox"/> 3. Reverse Slope                                      | <input checked="" type="checkbox"/> 3. Normal Tolerance   |
| <input type="checkbox"/> 4. Severe              | <input checked="" type="checkbox"/> 4. Flat                                    |   |
| <input type="checkbox"/> 5. Profound            | <input type="checkbox"/> 5. Other _____  |   |

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 510(k) Number K971296

Hearing aid part is Restricted device (per 21 CFR 801.420 & 21 CFR 801.421)  
Masker portion is Prescription device (per 21 CFR 801.109)

510(k) Number(if known): K971296

Device Name: Tondi BTE Hearing Aid, Models KA-01, KA-04, KA-04A

Indications For Use:

The indications for use of this air conduction hearing aid in this submission is to amplify sound for individuals with impaired hearing. The device(s) is/are indicated for individuals with losses in the following category(ies).

Severity:

- 1. Slight
- 2. Mild
- 3. Moderate
- 4. Severe
- 5. Profound

Configuration:

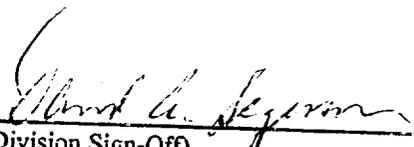
- 1. High frequency Precipitously sloping
- 2. Gradually sloping
- 3. Reverse Slope
- 4. Flat
- 5. Other \_\_\_\_\_

Other:

- 1. Low tolerance to loudness
- 2. High Tolerance
- 3. Normal Tolerance

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 and Radiological Devices  
 510(k) Number K971296

Hearing aid part is Restricted device (per 21 CFR 801.420 & 21 CFR 801.421)  
Masker portion is Prescription device (per 21 CFR 801.109)

510(k) Number(if known): K971296

Device Name: Tondi BTE Hearing Aid, Model KA-05

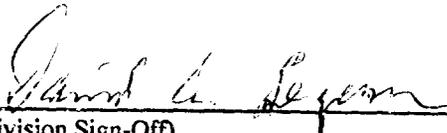
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- | Severity:                                       | Configuration:   | Other:   |
|---|--|--|
| <input type="checkbox"/> 1. Slight              | <input checked="" type="checkbox"/> 1. High frequency<br>Precipitously sloping | <input type="checkbox"/> 1. Low tolerance<br>to loudness |
| <input type="checkbox"/> 2. Mild                | <input checked="" type="checkbox"/> 2. Gradually sloping                       | <input checked="" type="checkbox"/> 2. High Tolerance    |
| <input checked="" type="checkbox"/> 3. Moderate | <input type="checkbox"/> 3. Reverse Slope                                      | <input type="checkbox"/> 3. Normal Tolerance             |
| <input checked="" type="checkbox"/> 4. Severe   | <input checked="" type="checkbox"/> 4. Flat                                    |  |
| <input type="checkbox"/> 5. Profound            | <input type="checkbox"/> 5. Other _____  |  |

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