



Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Proben Brunved  
Oticon, Inc.  
29 Schoolhouse Rd.  
Somerset, NJ 08873

Re: K973886  
Oticon DigiSound Compact  
Dated: October 13, 1997  
Received: October 14, 1997  
Regulatory class: I  
21 CFR 874.3300/Procode: 77 ESD

NOV - 4 1997

Dear Mr. Brunved:

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 Current Good Manufacturing Practice requirement, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS 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.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for *in vitro* diagnostic devices), 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 (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): \_\_\_\_\_

Device Name: DigiSound Compact

Indications For Use:

A. General Indications:

The indication for use of the air conduction hearing aids in this submission is to amplify sound for individuals with impaired hearing. The devices are indicated for individuals with losses in the following category(ies). (Check appropriate space(s)):

Severity:	Configuration:	Other
<input checked="" type="checkbox"/> 1. Slight	<input checked="" type="checkbox"/> 1. High Frequency - Precipitously Sloping	<input checked="" type="checkbox"/> 1. Low tolerance To Loudness
<input checked="" type="checkbox"/> 2. Mild	<input checked="" type="checkbox"/> 2. Gradually Sloping	___ 2. _____
<input checked="" type="checkbox"/> 3. Moderate	<input checked="" type="checkbox"/> 3. Reverse Slope	___ 3. _____
<input checked="" type="checkbox"/> 4. Severe	<input checked="" type="checkbox"/> 4. Flat	
___ 5. Profound	___ 5. Other _____	

B. Specific Indications (Only if appropriate.):  
(Most psychoacoustic indications such as improved speech intelligibility in background noise, must be supported by clinical data.)

1. *To amplify and deliver sound to the ear via air conduction*
- 2.
- 3.

(PLEASE DO NOT WRITE BELOW THIS LINE. CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

*David G. Seymour*  
(Division Sign-Off)

Division of Reproductive, Abdominal, ENT,  
and Radiological Devices

510(k) Number K973886

Restricted device (per 21 CFR 801.420 & 21 CFR 801.421)