



JUL 17 2007

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Dr. Jerome M. Simon, D.D.S.  
1500 Summer Street  
Stamford, Connecticut 06905

Re: K980953  
Trade/Device Name: BEST BITE™ Discluder  
Regulation Number: None  
Regulation Name: None  
Regulatory Class: Unclassified  
Product Code: MQC  
Dated: August 27, 1998  
Received: September 4, 1998

Dear Dr. Simon:

This letter corrects our substantially equivalent letter of October 7, 1998.

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 (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 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 continue 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 <http://www.fda.gov/cdrh/organiz.html#OC> for OC organization structure). Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 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 (240) 276-3150 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.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

510(k) Number: K980953

Device Name: BEST-BITE™ Discluder

Indications for use:

- An adjunct device to be used for short-term pain relief from muscle spasm pain due to occlusal interference.
- Prescription device.

PLEASE DO NOT WRITE BELOW THIS LINE

Concurrence of CDRH, Office of Device Education (ODE)

Prescription Use

or

Over-the-Counter Use   
(optional form 1-2-96)

*Gerald Shupper*

(Division Sign-Off)  
Division of Dental, Infection Control,  
and General Hospital Devices

510(k) Number K. 980953