DEC 2 9 2010

510(k) Summary of Safety and Effectiveness

Den-Mat Holding's Sapphire ST Portable Diode Laser

Submitted for:	Den-Mat Holdings, LLC 2727 Skyway Drive Santa Maria, CA 93455
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Contact Person:	Alan B. Matthews, ext. 2927
Date Prepared:	11 November 2010

Device Proprietary Name(s):	Sapphire ST Portable Diode Laser
Common or Usual Name:	808 nm Diode Laser (Class 4 laser)
Product Classification:	Laser instrument, surgical
Product Code:	GEX
Predicate Device(s):	Ivoclar Vivadent, Inc. Odyssey Navigator Diode Laser (K062258); Zap Lasers, LLC Styla MicroLaser/StylaOrtho Laser (K081214); Ivoclar Vivadent, Inc. Odyssey 2.4G (K050453)

Rationale for Substantial Equivalence

Both the subject and predicate laser devices share similar intended uses and indications for use, technical characteristics, features, and specifications. The laser characteristics of the Sapphire ST Portable Diode Laser, including working and aiming beam wavelengths and outputs, laser delivery methods, safety features, and performance specifications are similar to those of the cleared *Odyssey Navigator, Odyssey 2.4G,* and *Styla MicroLaser* Diode Lasers. The laser operating system and controls of the subject device are similar to those used by the previously-cleared predicate devices that have proven safety and effectiveness records in the treatment of the claimed indications. Safety and performance test results have been shown to satisfy applicable international standards recognized by the Agency.

Intended Uses and Indications for Use

The Sapphire ST Portable Diode Laser is intended for use in dental intraoral soft tissue general, oral maxilla-facial and cosmetic surgery. It is intended for ablating, incising, excising, vaporizing and coagulation of soft tissues using a fiber optic delivery system. Indications include excision and incision biopsies; hemostatic assistance; treatment of apthous ulcers; frenectomy; frenotomy; gingival incision and excision; gingivectomy; gingivoplasty; incising and draining abscesses; operculectomy; oral papillectomy; removal of fibromas; soft tissue crown lengthening; sulcular debridement (removal of diseased or inflamed soft tissue in the periodontal pocket); tissue retraction for

impression; vestibuloplasty, and light activation of bleaching materials for teeth whitening, laser-assisted bleaching /whitening of teeth.

Device Description

The Sapphire ST Portable Diode Laser is comprised of three basic parts: the control box ("control module") with microprocessor and user interface for selection of mode (continuous wave or pulsed) and laser output to provide visual indications of power settings and of the unit's status, and features the unit's power ON/OFF switch, footswitch jack and key switch; the second component is the corded laser handpiece that houses the laser working beam and aiming beam diodes and control board, optics and heat sink, on/off switch, and the disposable fiberoptic tip assembly. An optional footswitch is available that plugs into the control module and can be used to activate the laser working beam instead of the handpiece on/off actuator. Electrical power is taken from the AC/DC Power Supply that plugs into a standard electrical outlet and charges a 15W, 5 VDC lithium-ion battery that generates 4 amps used to drive the diode laser.

Conformity to International Standards

The Sapphire ST Portable Diode Laser complies with the performance requirements listed in 21 CFR 1040.10 and 1040.11, with permissible deviations pursuant to Laser Notice 50, dated July 26, 2001. Additionally, the subject device has been shown to conform to the same international electrical safety standards for electrical medical devices in general, and lasers in particular, as the predicate devices: IEC 60601-1, IEC 60601-2-2, IEC 60825-1, and IEC 60601-2-22.

Comparative Performance Data

The Sapphire ST Portable Diode Laser has been tested side-by-side against one of the predicate devices. Measurements of the output of the subject device's working beam ranging from 0.1 to 3.0W output in Continuous Wave and Pulse modes were shown to vary from the unit's settings by an average of only 1.4% in CW and 0.5% in P compared to the predicate's variance of 2.2% in CW and 2.7% in P. The intended performance of these devices, based on IEC 60601-2-22, is that laser output should vary from the device's setting by less than ± 20% of the setting. Both the subject and predicate devices have been shown to satisfy this standard, with the subject device demonstrating less variability (more control) than the cleared predicate device.

Comparison of Features and Characteristics

Table 1, following, lists key Features and Characteristics of the subject and three predicate devices.

Table 1.

	Den-Mat Holdings, LLC Sapphire ST Portable Diode	Ivoclar Vivadent, Inc. Odyssey Navigator Diode	Zap Lasers, Inc. Styla MicroLaser Diode Laser	Ivoclar Vivadent, Inc Odyssey 2.4G Diode Laser

	Laser	Laser		
Wavelength	808 ±5 nm	810 ±20 nm	808 ±5 nm	810 ±20 nm
Power	0.1 – 3.0 W (CW) & 0.1 – 5.0 W (Pulse	0.1 – 3.0 W (CW & Pulse)	2.0 W maximum	0.1 – 5.0 W (CW & Pulse)
Aiming Beam	640 nm (±10 nm), maximum 2mW (adjustable)	630 – 650 nm, maximum 2 mW (adjustable)	650 nm, maximum 5 mW (adjustable)	630 - 650 nm, maximum 2 mW (adjustable)
Cooling System	Convection cooled	Fan air cooled	Convection cooled	Fan air cooled
Pulse Control	Digital emission control	Digital emission control	Digital emission control	Digital emission control
Laser Source	Solid-state diode	Solid-state diode	Solid-state diode	Solid-state diode
Power Requirements	24W 5VDC supplied from 110 - 120 VAC @ 60 Hz or 220 - 240 VAC @ 50 Hz (switchable)	100-240 VAC @ 50-60 Hz, 0.5A (switchable)	100-240VAC @ 50-60 Hz, 0.8A max (switchable)	100-240 VAC @ 50-60 Hz, 1.5A (switchable)
User Interface	Membrane touch pad, LCD Display, LED Indicators	LCD Touch Screen	Membrane touch pads, LED Display	Membrane touch pads, LCD display
Fiberoptic Tip	Disposable, 400 µm unit dose	Disposable, 400 µm unit dose	Disposable, 400 µm unit dose	6 meter fiber cartridge, 400 µm diameter
510(k) Number	Pending this application	K062258	K081214	K050453

Conclusion

The subject device shares the same principle of operation as the three predicate devices. All are diode lasers that emit radiant energy at approximately 808 nm with outputs that range from 0.1 to 5.0W. All deliver collimated laser energy to subject target tissue via 400 µm fiberoptic tips controlled by trained, experienced clinicians. All share the same indications for use in dental intraoral soft tissue general, oral maxilla-facial and cosmetic surgery. All have been found to satisfy international safety standards relating to electrical medical devices in general and medical lasers in particular. All share the similar safety labeling, device interlocks, and associated safety features. Both the subject and a predicate device's output were measured and compared to their settings to determine the accuracy of the devices' controls. Both met international standards pertaining to accuracy of output of the working beam, but the difference between the subject device's output and its setting was much less than the predicate's, demonstrating not only conformance to the standard, but also superior control over laser emissions.

The Sapphire ST Portable Diode Laser device shares intended uses, principle of operation, technical attributes, functional capabilities, and performance characteristics with the listed predicate devices. Both the subject and predicate devices have been shown to comply with applicable Federal and international safety and performance standards. The Sapphire ST Portable Laser is substantially equivalent to the listed predicate laser surgical devices and does not raise any issues of safety or effectiveness.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
Document Control Room –WO66-G609
Silver Spring, MD 20993-0002

Den-Mat Holdings, LLC
% Regulatory Technology Services, LLC
Mr. Mark Job
1394 25th Street, NW
Buffalo, Minnesota 55313

DEC 29 2010

Re: K103667
Trade/Device Name: Sapphire ST Portable Diode Laser
Regulation Number: 21 CFR 878.4810
Regulation Name: Laser surgical instrument for use in general surgery and plastic surgery and in dermatology
Regulatory Class: Class II
Product Code: GEX
Dated: December 14, 2010
Received: December 15, 2010

Dear Mr. Job:

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. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you; however, that device labeling must be truthful and not misleading.

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); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); 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.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

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) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

For Mark N. Melkerson, M.D.

Mark N. Melkerson
Director
Division of Surgical, Orthopedic
And Restorative Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use Statement

510(k) Number (if known): K103667

DEC 29 2010

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Indications for Use:

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Prescription Use __X__ AND/OR Over-The-Counter Use____
(Part 21 C.F.R. 801 Subpart D) (21 C.F.R. 807 Subpart C)

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Page ____ of ____

(Division Sign-Off)
Division of Surgical, Orthopedic,
and Restorative Devices

510(k) Number K103667