October 10, 2017

InMode MD Ltd  
c/o Amit Goren, Ph.D.  
A. Stein – Regulatory Affairs Consulting, Ltd.  
20 Hata’as Str.,Suite 102  
Kfar Saba, Israel  4442520

Re: K171593
    Trade/Device Name: InMode RF System
    Regulation Number: 21 CFR 878.4400
    Regulation Name: Electrosurgical cutting and coagulation device and accessories
    Regulatory Class: Class II
    Product Code: GEI
    Dated: September 14, 2017
    Received: Sept. 18, 2017

Dear Dr. Goren:

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 Parts 801 and 809); 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 contact the Division of Industry and Consumer Education 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. 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 Industry and Consumer Education 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,

Jennifer R. Stevenson -S3

For Binita S. Ashar, M.D., M.B.A., F.A.C.S.
Director
Division of Surgical Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure
Indications for Use

510(k) Number (if known)
K171593

Device Name
InMode RF system

Indications for Use (Describe)
The InMode RF System is indicated for use in dermatological and general surgical procedures for electro-coagulation and hemostasis.

Type of Use (Select one or both, as applicable)

☑ Prescription Use (Part 21 CFR 801 Subpart D)  ☐ Over-The-Counter Use (21 CFR 801 Subpart C)

PLEASE DO NOT WRITE BELOW THIS LINE – CONTINUE ON A SEPARATE PAGE IF NEEDED.

FOR FDA USE ONLY

Concurrence of Center for Devices and Radiological Health (CDRH) (Signature)

This section applies only to requirements of the Paperwork Reduction Act of 1995.

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FORM FDA 3881 (1/14)
510(K) SUMMARY

INMODE RF SYSTEM

510(k) Number K171593

Applicant Name:
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Tel: +972-9-7670002
Fax: +972-9-7668534
E-mail: amit@asteinrac.com

Date Prepared: October 08, 2017

Trade Name: InMode RF System

Classification Name: CFR Classification section 878.4400; (Product code GEI)

Classification: Class II Medical Device

Predicate Device:
InMode RF System is substantially equivalent to the previously cleared, InMode RF System, also manufactured by InMode MD Ltd.

<table>
<thead>
<tr>
<th>Device</th>
<th>Manufacturer</th>
<th>510(k) No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>InMode RF System</td>
<td>InMode MD Ltd.</td>
<td>K160193</td>
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</table>
Device Description:

The InMode RF System (InMode MD Ltd.) is a computerized system generating RF energy with integral temperature and impedance feedback mechanism for procedures requiring electrocoagulation and hemostasis. The InMode RF System constantly monitors the temperature and impedance of the target treatment tissue, automatically adjusting energy delivery to maintain effective and safe tissue heating.

The InMode RF System consists of an AC/DC power supply unit, RF generator, controller and user interface including touch screen. The RF hand piece is connected to the console via a cable and a foot switch activates the energy delivery to the hand piece. The hand piece is comprised of a disposable, single use; internal and external electrodes.

The InMode RF System is compatible with the following hand pieces:
- HP101306A (optional sterile/non-sterile)
- HP172206A (optional sterile/non-sterile)
- HP172246A (non-sterile)

Device Specifications:

<table>
<thead>
<tr>
<th>Specification</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Line Frequency (nominal)</td>
<td>50 - 60 Hz</td>
</tr>
<tr>
<td>Input Voltage (nominal)</td>
<td>100 - 240 VAC</td>
</tr>
<tr>
<td>Electrosurgical Unit dimensions (inch)</td>
<td>14.2”W x 18.2”D x 40”H</td>
</tr>
<tr>
<td>Platform weight (lb.)</td>
<td>33</td>
</tr>
<tr>
<td>RF Max Output Power (Watt)</td>
<td>40</td>
</tr>
<tr>
<td>RF Output Frequency (MHz)</td>
<td>1± 2%</td>
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</tbody>
</table>

Intended Use/Indication for Use:

The InMode RF System is indicated for use in dermatological and general surgical procedures for electrocoagulation and hemostasis.

Performance Standards:

InMode RF System complies with the following FDA recognized consensus standards:
Non-Clinical (Bench) Performance Data:

The InMode RF System with the HP172246A hand piece was utilized in bench performance tests to evaluate the system performance specifications. A side by side comparison tests were performed utilizing the HP172246A and the HP172206A hand pieces to evaluate the system output measurements, such as; output waveform at the rated load, identifying the associated mode, amplitude, frequency, duty cycle, load used, and crest factor, power output at maximum and half-of-maximum intensity over the range of expected loads, and compared measured output power density. The results of the bench tests demonstrate that the InMode RF System with the HP172246A hand piece operates within the predefined system performance requirements, exerting similar output power density as to the predicate device (K160193).

Animal Performance Data / Histology Data:

The thermal effects of the InMode RF System with the HP172246A hand piece on the target tissue were evaluated in an ex-vivo study. The study was conducted on three different porcine tissue models (muscle, liver & fat) and included a single RF treatment followed by TTC staining analysis. The ex-vivo study results show that the InMode RF System with the HP172246A hand piece is safe for use and effective in achieving the specified indications of dermatological and general electrocoagulation and hemostasis.
Clinical Performance Data:

Not Applicable

Substantial Equivalence:

The subject of this 510(k) pre-market notification is the InMode RF System. It is composed of the same main device components as its predicate device the InMode RF System FDA cleared under 510(k) file No.K160193 accept for the addition of modified hand piece version HP172246A. The modified HP is emits a maximal RF output power of 40W. The components of modified InMode RF System, similarly to cleared, predicate device, generate its mechanism of operation using the same underlying technology for the same intended use. Delivery of monopolar RF energy through each specific hand piece is monitored and controlled by the device ESU. The user interface control panel provides the user with the optimal treatment settings. Using both modified and cleared devices the device user can decide on the optimal treatment settings and adjust these treatment settings through the control panel. Furthermore, the modified device, as the cleared device, introduces similar safety features and comply with same relevant consensus standards.

The device modifications were evaluated under design control activities and in the frame of conformity with relevant consensus standards and all potential hazards were mitigated in a set of performance activities. Performance bench and ex-vivo tests results show that the modified device was able to produce and deliver the desired RF energy according to the design requirements, which are comparable with the predicate device. Labeling material was revised to support the device modifications. All performance activates show that the modifications made to the cleared device do not pose any new safety and effectiveness concerns.

Conclusions:

Based on the comparison to predicate device and on the performance testing, the InMode RF System is substantially equivalent to the predicate InMode RF System for the mentioned indication for use.