DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

# Indications for Use

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*See PRA Statement below.*

510(k) Number *(if known)*
K183601

Device Name
CryoTouch (TM)

Indications for Use *(Describe)*
The CryoTouch is intended for the surgical destruction of target tissue by applying cryogenic gases at extreme low temperatures.

The list below shows examples of the types of lesions that may be treated:
• Verruca (warts)
• Plantar warts
• Seborrheic Keratoses
• Actinic Keratoses
• Achrochordon
• Molluscum Contagiosum
• Age Spots
• Dermafibroma
• Small Keloids
• Granuloma Annulare
• Porokeratosis Plantaris
• Angiomas
• Lentigo Maligna
• Keratoacanthoma
• Basal Cell Carcinomas
• Bowen's Disease
• Lentigo Discrete
• Chondrodermatitis
• Epithelial Nevus
• Leukoplakia
• Granuloma Pyogenicum
• Kaposi's Sarcoma
• Pyogenic Granuloma

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)

**CONTINUE ON A SEPARATE PAGE IF NEEDED.**

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