MAY - 9 2003

K030448

OSTEOMED

510(k) Summary

Device Proprietary Name:	OsteoMed 2.0 Locking Plate System
Device Common Name:	Bone Plate System
Classification Name:	Plate, Bone
Name of Submitter:	OsteoMed L. P. 3885 Arapaho Road Addison, Texas 75001 Phone: (972) 677-4600 Fax: (972) 677-4601
Contact Person:	Dawn T. Holdeman
Date Prepared:	May 6, 2003

Summary:

This submission describes the OsteoMed 2.0 Locking Plate System indicated for oral, maxillofacial surgery; trauma; reconstructive surgery; and orthognathic surgery (surgical correction of dentofacial deformities). 2.0mm Locking Plates and screws are intended for single patient use only.

The OsteoMed 2.0 Locking Plate System is comprised of plates, 1.0mm through 2.25mm thick, provided in various shapes and sizes, and screws provided in 2.0mm diameter in lengths ranging from 6.0mm to 18.0mm. System instruments include screwdrivers, drills, plate cutters, bending pliers, taps and drill guides.

Equivalence for this device is based on similarities in intended use, material, design and operational principle to the Synthes 2.0 Locking Plate System (K974555), the Stryker Leibinger Locking Screw Mandibular Reconstruction Plate(K000594), and the Stryker Leibinger Newgen/Universal Mandibular System(K014263).

Due to the similarity of materials and design to predicate devices, OsteoMed believes that the OsteoMed 2.0 Locking Plate System does not raise any new safety or effectiveness issues.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

MAY - 9 2003

Ms. Dawn T. Holdeman
Regulatory Affairs & Document Control
OsteoMed L.P.
3885 Arapaho Road
Addison, Texas 75001

Re: K030448
Trade/Device Name: OsteoMed 2.0 Locking Plate system
Regulation Number: 21 CFR 872.4760
Regulation Name: Bone Plate
Regulatory Class: II
Product Code: JEY
Dated: February 6, 2003
Received: February 11, 2003

Dear Ms. Holdeman:

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.

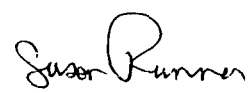
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish 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 begin 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 (301) 594-4613. 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 (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,



Susan Runner, DDS, MA
Interim Director
Division of Anesthesiology, General Hospital,
Infection Control and Dental Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

OsteoMed "Indications for Use" Submission

510(k) Number: _____

Device Name:	OsteoMed 2.0 Locking Plate System
Indication for Use:	Indicated for oral, maxillofacial surgery; trauma; reconstructive surgery; and orthognathic surgery (surgical correction of dentofacial deformities). 2.0 Locking plates and screws are intended for single patient use only.

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ___X___ (Per 21 CFR 810.109)

Over-The Counter-Use _____ (Optical Format 1-)

Kevin Mulloy for MSR

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

510(k) Number: K030448