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9. 510(k) Summary

Company:	HOYA ConBio (formerly Continuum Electro-Optics, Inc.) 47733 Fremont Blvd Fremont, CA 94538 (800) 532-1064 phone (510) 445-4550 fax
Contact:	Jim Green Vice President of Engineering
Device Trade Name:	MedLite™ C^1 Q-Switched Nd:YAG Laser
Common Name:	Medical Laser System
Classification Name: Classification Code:	Instrument, surgical, powered, laser 79-GEX
Equivalent Device(s):	MedLite™ C^3 Q-Switched Nd:YAG Laser
Intended Use:	The MedLite™ C^1 Q-Switched Nd:YAG Laser is intended for: ▪ Treatment of Pigmented Lesions ▪ Incision, Excision, Ablation, Vaporization of Soft Tissue for General Dermatology
Comparison:	The MedLite™ C^1 Q-Switched Nd:YAG Laser maintains the same fundamental technology and intended uses (at 532 nm) as its legally marketed predicate device, the MedLite™ C^3 Q-Switched Nd:YAG Laser.
Nonclinical Performance Data:	None
Clinical Performance Data:	None
Additional Information:	None

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

JUN 17 2005

Mr. Jim Green
Vice President of Engineering
Hoya Photonics Incorporated
47733 Fremont Boulevard
Fremont, California 94538

Re: K050696
Trade/Device Name: MedLite™ C¹ Q-Switched Nd: YAG Laser
Regulation Number: 21 CFR 878.4810
Regulation Name: Laser surgical instrument for use in general and plastic surgery and in dermatology
Regulatory Class: II
Product Code: GEX
Dated: March 16, 2005
Received: March 21, 2005

Dear Mr. Green:

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 (240) 276-0115 . 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/industry/support/index.html.

Sincerely yours,

for Miriam C. Provost, Ph.D.
Acting Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

6. Indications for Use Statement

510(k) Number: K050696

Device Name: MedLite™ C[1] Q-Switched Nd:YAG Laser

Indications for Use:

- Treatment of pigmented lesions
- Incision, excision, ablation, vaporization of soft tissue for general dermatology

Prescription Use ___X___ OR Over-the-Counter Use_____
(21 CFR 801 Subpart D) (21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)
Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)
Division of General, Restorative
and Neurological Devices

(Division Sign-Off) K050696