KO6 1529

AUG 2 3 2006

## 1.4 510(k) Summary of Safety and Effectiveness

Submitted by:

Phuong Nguyen Son

Regulatory Affairs Specialist

Address:

Nobel Biocare USA LLC

22715 Savi Ranch Parkway

Yorba Linda, CA 92887

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(714) 282-9023

Date of Submission:

June 1, 2006

Classification Name:

Endosseous Dental Implant Abutment (21 CFR 872.3630)

Trade or Proprietary

or Model Name:

Procera Titanium Abutment for Camlog Implant System

Legally Marketed Device(s):

Procera Abutment Octagon (K041275)

Procera Abutment Brånemark (K042658)

Altatec Camlog Screwline Implant System (K022425)

## **Device Description:**

Nobel Biocare's Procera Zirconia Abutment for Camlog Implant System is fabricated to the exact shape, size, and specifications determined in the design process in order to achieve a personalized device that fits precisely, and properly functions, according to each patient's individual needs.

Nobel Biocare's Procera Zirconia Abutment for Camlog Implant System is similar in design, intended use, and operation to the abutments cleared in predicate devices.

## Indications for Use:

Nobel Biocare's Procera Zirconia Abutment is a premanufactured prosthetic component intended for use as an aid in prosthetic rehabilitation. Nobel Biocare's Procera Zirconia Abutments fit the following endosseous implants:

Camlog 3.3, 3.8, 4.3, 5.0, 6.0 mm



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Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Nobel Biocare AB C/O Ms. Phuong Nguyen Son Regulatory Affairs Specialist Nobel Biocare USA, LLC 22715 Savi Ranch Parkway Yorba Linda, California 92887

Re: K061529

Trade/Device Name: Procera Zirconia Abutment for Camlog Implant System

Regulation Number: 872.3630

Regulation Name: Endosseous Dental Implant Abutment

Regulatory Class: II Product Code: NHA Dated: June 1, 2006 Received: June 12, 2006

Dear Ms. Son:

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 <u>Federal Register</u>.

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" (21 CFR 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,

Chiu Lin, Ph.D.

Director

Division of Anesthesiology, General Hospital, Infection Control and Dental Devices

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Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

K061529

510(k) Number (if known):

Device Name: Procera Zirconia Abutment for Camlog Implant System	
Indications For Use:	
Nobel Biocare's Procera Zirconia Abutment is a intended for use as an aid in prosthetic rehabilita Abutments fit the following endosseous implants  - Camlog 3.3, 3.8, 4.3, 5.0, 6.0 mm	ation. Nobel Biocare's Procera Zirconia
Prescription Use X AND/OR (Part 21 CFR 801 Subpart D)	Over-The-Counter Use(21 CFR 807 Subpart C)
(PLEASE DO NOT WRITE BELOW THIS LINE NEEDED)	CONTINUE ON ANOTHER PAGE IF
Concurrence of CDRH, Office of I	Device Evaluation (ODE)

ion of Anesthesiology, General Hospital, Cuon Control, Dental Devices

) Number: <u>K0615-29</u>

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