



1K083474

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Zimmer Dental
1900 Aston Avenue
Carlsbad, CA 92008
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510k No.: _____

Page No.: 12.9

DEC 23 2008

**Special 510(k): Device Modification
PRE-MARKET NOTIFICATION 510(k)
510(k) SUMMARY (21CFR807.92(a))**

1. Submitter's Information:

Name: Zimmer Dental Inc.
Address: 1900 Aston Ave.
Carlsbad, CA 92008
Phone: 760-929-4300
Contact: William Fisher
Date Prepared: November 19, 2008

2. Device Name: Zimmer Angled Contour Zirconia Abutment
(cat no. ZRA351A, ZRA352A, ZRA461A, ZRA462A)

Device Classification Name: Endosseous Dental Implant aBUTMENT

3. Predicate Device(s): Zimmer Patient Specific Abutment, Internal Hex, Ceramic

4. Device Description:

The new Abutments have sa prepared margin and cone. The Abutments feature a pre-defined offset margin that is lower on the buccal aspect and higher on the lingual aspect to minimize the need to further prepare the Abutment by user. The cone portion of the Abutment is set at a 17 degree angle.

5. Intended Use:

The Zimmer® Angled Contour Zirconia Abutment is used as a terminal or intermediate abutment for a cemented prosthesis. The abutment can be used for a single or multiple-unit restoration in anterior and pre-molar regions.

6. Device Comparison:

The new device is equivalent in design with Predicate. The new device is a dimensional modification to the Predicate. It differs from the Predicate in that the cone portion of the new device is at a 17 degree angle, while the Patient Specific is angled per customer requirements. The materials, general structure, and function in the endosseous implant system remains the same as the Predicate Device.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Mr. William Fisher
Regulatory Affairs Associate
Zimmer Dental, Incorporated
1900 Aston Avenue
Carlsbad, California 92008

DEC 23 2008

Re: K083474

Trade/Device Name: Zimmer® Angled Contour Zirconia Abutment
Regulation Number: 21 CFR 872.3630
Regulation Name: Endosseous Dental Implant Abutment
Regulatory Class: II
Product Code: NHA
Dated: November 20, 2008
Received: November 24, 2008

Dear Mr. Fisher:

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 Center for Devices and Radiological Health's (CDRH's) Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding postmarket surveillance, please contact CDRH's Office of Surveillance and Biometric's (OSB's) Division of Postmarket Surveillance at 240-276-3474. For questions regarding the reporting of device adverse events (Medical Device Reporting (MDR)), please contact the Division of Surveillance Systems at 240-276-3464. 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 (240) 276-3150 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,



Chiu S. Lin, Ph. D
Division Director
Division of Anesthesiology, General Hospital,
Infection Control and Dental Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure



Indications for Use

510(k) Number (if known): _____

Device Name: **Zimmer® Angled Contour Zirconia Abutment**

Indications For Use:

The Zimmer® Angled Contour Zirconia Abutment is used as a terminal or intermediate abutment for a cemented prosthesis. The abutment can be used for a single or multiple-unit restoration in anterior and pre-molar regions.

Prescription Use _____
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____
(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 Anesthesiology, General Hospital
Infection Control, Dental Devices

510(k) Number: K 083474