DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

Indications for Use

Form Approved: OMB No. 0910-0120 Expiration Date: January 31, 2017

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510(k) Number (if known) K160221	
K16UZZ1	
Device Name	
Implance Dental Implant System Implance Dental Abutment System	
Indications for Use (Describe) Implance Dental Implant System is indicated to use for surgical placement in	the upper and lower jaw arches, to provide a
root form means for single and multiple units' prosthetic appliance attachmen	1 1
Implance Dental Implant can be placed with a conventional two stage surgic healing or they can be placed in a single stage surgical process for immediate	
Immediate loading is restricted to the anterior mandible based on four splints	ed-interforminal placed implants.
Implance Dental Abutment System is used with a dental implant to provide scrown, bridge and overdentures in partially or fully edentulous patients. Oct post height less than 4 mm are indicated only for multi-unit loading, such as	a Abutment models that contain an abutment

CONTINUE ON A SEPARATE PAGE IF NEEDED.

Over-The-Counter Use (21 CFR 801 Subpart C)

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

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Type of Use (Select one or both, as applicable)

Prescription Use (Part 21 CFR 801 Subpart D)