



**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Public Health Service

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

**DEC 13 2005**

Biowave Corporation  
c/o Mary McNamara-Cullinane  
Medical Device Consultants, Inc.  
49 Plain Street  
North Attleboro, MA 02760

Re: K052289  
Trade/Device Name: Deepwave Neuromodulation Pain Therapy Device  
Regulatory Class: Unclassified  
Product Codes: LIH  
Dated: November 16, 2005  
Received: November 17, 2005

Dear Mrs. McNamara-Cullinane:

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) 276-0120. Also, please note the regulation entitled, "Misbranding by Page 2 - Mrs. McNamara-Cullinane

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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,

  
for Mark N. Melkerson  
Acting Director  
Division of General, Restorative  
and Neurological Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

## Indications for Use

510(k) Number (if known): K052289

Device Name: *Deepwave Neuromodulation Pain Therapy Device*

The Deepwave Neuromodulation Pain Therapy Device is indicated for:

- Symptomatic relief of chronic, intractable pain, post surgical and post-traumatic acute pain;
- Symptomatic relief of post-traumatic acute pain
- Symptomatic relief of post-operative pain

Prescription Use  X   
(Part 21 CFR 801 Subpart D)


AND/OR.

Over-the-Counter Use \_\_\_\_\_  
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

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Concurrence of CDRH, Office of Device Evaluation (ODE)

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

**510(k) Number** K052289



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**Product Classification Database**

<b>Device</b>	Interferential Current Therapy
<b>Review Panel</b>	Neurology
<b>Product Code</b>	LIH
<b>Unclassified Reason</b>	Pre-Amendment
<b>Submission Type</b>	510(k)
<b>Device Class</b>	Unclassified
<b>GMP Exempt?</b>	No
<b>Third Party Review</b>	Not Third Party Eligible

Database Updated 1/09/2007

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