



May 10, 2023

Island Dental Lab, Inc dba Emerald Dental  
% Colette Cozean, Phd  
Regulatory Consultant  
The EyeDeas Company  
21581 Midcrest Dr.  
Lake Forest, California 92630

Re: K223624

Trade/Device Name: Emerald Herbst

Regulation Number: 21 CFR 872.5570

Regulation Name: Intraoral Devices For Snoring And Intraoral Devices For Snoring And Obstructive  
Sleep Apnea

Regulatory Class: Class II

Product Code: LRK, LQZ

Dated: November 30, 2022

Received: December 5, 2022

Dear Colette Cozean, Phd:

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. Although this letter refers to your product as a device, please be aware that some cleared products may instead be combination products. The 510(k) Premarket Notification Database located at <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm> identifies combination product submissions. 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. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to 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); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803) for devices or postmarketing safety reporting (21 CFR 4, Subpart B) for combination products (see <https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products>); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820) for devices or current good manufacturing practices (21 CFR 4, Subpart A) for combination products; and, if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <https://www.fda.gov/medical-devices/medical-device-safety/medical-device-reporting-mdr-how-report-medical-device-problems>.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (<https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance>) and CDRH Learn (<https://www.fda.gov/training-and-continuing-education/cdrh-learn>). Additionally, you may contact the Division of Industry and Consumer Education (DICE) to ask a question about a specific regulatory topic. See the DICE website (<https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice>) for more information or contact DICE by email ([DICE@fda.hhs.gov](mailto:DICE@fda.hhs.gov)) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

**Michael E. Adjodha**  
-S 

Michael E. Adjodha, M.ChE.

Assistant Director

DHT1B: Division of Dental and  
ENT Devices

OHT1: Office of Ophthalmic, Anesthesia,  
Respiratory, ENT and Dental Devices

Office of Product Evaluation and Quality  
Center for Devices and Radiological Health

Enclosure

## Indications for Use

510(k) Number (if known)  
K223624

Device Name  
Emerald Herbst

Indications for Use (Describe)

The Emerald Herbst appliance is intended to treat snoring and mild to moderate Obstructive Sleep Apnea (OSA) in adults 18 years of age or older.

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

Prescription Use (Part 21 CFR 801 Subpart D)

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

### CONTINUE ON A SEPARATE PAGE IF NEEDED.

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## 5. 510(k) Summary

|                          |   |
|--------------------------|---|
| Applicant:               | Island Dental Lab, Inc dba Emerald Dental Lab<br>76 S. Central Ave., # 1D<br>Valley Stream, NY, 11580<br>516-327-0810<br>347-522-9800   |
| Contact Person:          | Colette Cozean, PhD<br>21581 Midcrest Drive<br>Lake Forest, CA 92630<br>(949) 855-2885<br><a href="mailto:colettecozean@gmail.com">colettecozean@gmail.com</a>  |
| Date Prepared            | August 15, 2022   |
| Proprietary Name         | Emerald Herbst Appliance (Hard and Hard/Soft)   |
| Common Name              | Device, Snoring and Mild to Moderate Obstructive Sleep Apnea  |
| Classification Name      | Intraoral devices for snoring; intraoral devices for snoring and obstructive sleep apnea<br>(Class II, 21 CFR872.5570, Product Code LRK and LQZ)  |
| Primary Predicate Device | Respire Pink Series with DentiTrac(K170692) refers to Herbst ( (K131138), Respire Pink Series – Herbst EF (K150572)   |
| Reference Device         | Dent-O-Cryl Orthodontic Acrylic (K942667) is used to justify the use of a different color. Emerald Dental certifies that the Herbst Emerald Device uses the following identical materials found in the Respire Pink Series: |

**Description:** The Emerald Herbst appliance is a customized oral device featuring both lower and upper trays and interlocking system. The product is non-sterile, biocompatible, and provided in a sealed box with instructions for use and an adjustment screw. The upper and lower trays are connected by an adjustable hinge allowing the patient to open and close the mouth while wearing the appliance. The Herbst Telescopic Hardware on the side of the device allows the patient to move forward and left and right but not backwards. This freedom of movement is important for comfort and overall success of the device.

The Emerald Herbst appliance is intended to treat snoring and mild to moderate sleep apnea (OSA) in adults 18 years of age or older by guiding the mandible forward during sleep, preventing the tongue and soft tissues of the throat from collapsing into the airway.

The Emerald Herbst is offered in two options:

1. Hard devices which are all acrylic and retained with ball clasps that allow the device to be tightened if it becomes loose.
2. Hard /Soft which has a laminate layer that provides a soft layer on the tooth surface.

These two options are also available in the predicate, Respire Pink Series.

**Indications for Use:** The Emerald Herbst appliance is intended to treat snoring and mild to moderate obstructive sleep apnea (OSA) in adult patients 18 years of age or older. This indication for use is identical to that of the predicate device(s).

**Technological Characteristics:** The Emerald Herbst appliance consists of upper and lower interlocking, customized trays. The Emerald Herbst appliance is customized on models of the patient's teeth, using standard orthodontic acrylics and standard orthodontic ball clasps for retention. The Emerald Herbst appliance allows for interlocking of the upper and lower trays to adjust the mandibular position of the user. The technical characteristics are identical to the predicate devices.

**Mechanism of Action:** All predicate devices (Respire Pink Series) also function as mandibular advancement devices to increase the patient’s pharyngeal space and improve the ability to exchange air during sleep. They each have customized upper and lower trays that interlock to advance the mandible. The mechanism of action of the subject device is substantially equivalent to the predicate devices.

**Substantial Equivalence Table:**

|                     |   | Subject Device  | Primary Predicate Device  | Included in Primary Predicate Device    | Included in Primary Predicate Device       |
|---------------------|---|---|---|---|--|
|                     |   | Emerald Dental  | Respire Pink Series<br>K170692  | Respire Pink Series - Herbst<br>K131138 | Respire Pink Series - Herbst EF<br>K150572 |
| <b>Intended Use</b> |   |   |   |   |  |
|                     | Indication for Use                          | Intended to treat snoring and mild to moderate obstructive sleep apnea (OSA) in adult patients 18 years of age or older | Intended to treat snoring and mild to moderate Obstructive Sleep Apnea (OSA) in adult patients 18 years of age or older | Intended to treat mild to moderate OSA  | Intended to treat mild to moderate OSA     |
|                     | Class                                       | II  | II  | II                                      | II   |
|                     | Intended as Intraoral Device                | Yes   | Yes   | Yes                                     | Yes  |
|                     | Intended to reduce snoring                  | Yes   | Yes   | Yes                                     | Yes  |
|                     | Intended to treat mild to moderate OSA      | Yes   | Yes   | Yes                                     | Yes  |
|                     | Intended for nighttime use                  | Yes   | Yes   | Yes                                     | Yes  |
|                     | Intended for single patient multiuse        | Yes   | Yes   | Yes                                     | Yes  |
|                     | Intended for use at home or sleep labs      | Yes   | Yes   | Yes                                     | Yes  |
|                     | Intended for adults, 18 years or older      | Yes   | Yes   | Yes                                     | Yes  |
| <b>Design</b>       |   |   |   |   |  |
|                     | Customized fit for each patient             | Yes   | Yes   | Yes                                     | Yes  |
|                     | Mechanism of action: Mandibular Advancement | Yes   | Yes   | Yes                                     | Yes  |

|                  |   |                          |                          |                          |                          |
|------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|
|                  | Can be adjusted or refit  | Yes                      | Yes                      | Yes                      | Yes                      |
|                  | Range of forward movement of mandible                             | Yes                      | Yes                      | Yes                      | Yes                      |
|                  | Upper & lower trays disengage for easy removal                    | Yes                      | Yes                      | Yes                      | Yes                      |
|                  | Permits patient to breathe through the mouth                      | Yes                      | Yes                      | Yes                      | Yes                      |
|                  | Has tracking device   | No                       | Yes                      | No                       | No                       |
|                  | Cleaned and inspected daily by patient                            | Yes                      | Yes                      | Yes                      | Yes                      |
| <b>Materials</b> |   |                          |                          |                          |                          |
|                  | Hard surface material   | Yes                      | Yes                      | Yes                      | Yes                      |
|                  | Soft lining material  | No Hard, Yes Hard/Soft   | No Herbst, Yes Herbst EF | No                       | Yes                      |
|                  | Advancement mechanism   | Yes                      | Yes                      | Yes                      | Yes                      |
|                  | Advancement mechanism - Herbst telescoping hinge, stainless steel | Yes                      | Yes                      | Yes                      | Yes                      |
|                  | Cobalt Chrome Mesh inside Acrylic                                 | Yes                      | Yes                      | Yes                      | Yes                      |
| <b>Mechanism</b> |   |                          |                          |                          |                          |
|                  | Mechanism of Action   | Mandibular Advancement   | Mandibular Advancement   | Mandibular Advancement   | Mandibular Advancement   |
|                  | Method of Positioning the Mandible                                | Herbst Telescoping Hinge | Herbst Telescoping Hinge | Herbst Telescoping Hinge | Herbst Telescoping Hinge |
|                  | Maximum Amount of Mandible Protrusion                             | 6 mm                     | 6 mm                     | 6 mm                     | 6 mm                     |
| <b>Labeling</b>  |   |                          |                          |                          |                          |
|                  | Prescription Only   | Yes                      | Yes                      | Yes                      | Yes                      |

**Clinical and Non-Clinical Data:** A biocompatibility and physical properties assessment was completed based on the material composition of the primary predicate, which concluded that the subject device was substantially equivalent to the primary predicate device. A risk assessment has also been conducted with the subject device, which concluded there are no additional risks as compared to the predicate device(s).

**Performance Testing:** The Emerald Herbst is equivalent to the predicate device, Pink Series, as it uses all the same materials, same manufacturing procedure and same manufacturer. Therefore, no mechanical testing was conducted to establish equivalence. The Emerald Herbst was subjected to pre and post accelerated aging test measured by deflection strength. Aging did not decrease the strength of the device.

**Differences:** The Emerald Herbst is green unlike the Pink Series, which is pink. Both colors have received premarket approval in K942667 for the reference device, Dent-O-Cryl. This reference device justifies the use of all colors submitted by Dentaurum for Dent-O-Cryl, including the Emerald Herbst green and the Pink Series pink color additives. This 510(k) contains all the information considered by the FDA to determine substantial equivalence, including physical parameters and biocompatibility.

**Summary:** Based on the intended use, technical characteristics, biocompatibility assessment, labeling and other data provided in this submission, the Emerald Herbst appliance demonstrates substantial equivalence to the predicate devices in both safety and efficacy.