FDA CERTIFICATION

a. I certify that I am a licensed practitioner and/or other person regularly

items ineces	awfully engaged in the manufacture and/identified below. I also certify that prior to sary steps to assure that such devices are eaning of those terms in the Federal Food,	sale of use of such device not adulterated or misbro	ces I will take anded within
(21 U.S	S.C.311, et seq.)		
	Item Number(s)		
	Print Name		
	Title		
	Full Address		
	Telephone Number		
	(Sign)	Date	
or mis or oth descri	b. Recognizing that Federal law places stringent restrictions on adulterated branded medical devices (2) U.S.C.311, et seq.) I certify that I either will sell erwise proffer the medical device item(s) identified below only to the persons bed in aabove: I will not use those items for their original or usual intended use any other medical use.		
	Item Number(s)		
	Print Name		
	Title		
	Full Address		
	Telephone Number		
	(Sign)		

False or misleading statements may result in a fine for not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 1001).