

Medical Device Registration Submission Form

1. Manufacturer Information

Company Name:

Address:

Contact Person:

Email:

Phone:

2. Device Information

Device Name:

Model Number:

Device Class:

Intended Use:

3. Regulatory Documentation

ISO Certification: Choose File No file selected

Product Brochure: Choose File No file selected

Clinical Data/Studies: Choose File No file selected

4. Declaration

I declare that all information provided is accurate to the best of my knowledge.