

INSTRUCTIONS FOR USE

ORTHODONTIC APPLIANCES

1. Intended Use

WCT product(s) are for Professional Use Only by dental professionals in the recommended indications.

Devices are supplied:

- Non-sterile
- Designed for single-use
- For use by dentists and orthodontists only

WCT devices are intended to be used in conjunction with other orthodontic devices. WCT orthodontic appliances are used to aid in the movement of natural teeth in patients with malocclusion during orthodontic treatment.

2. Indications for use

WCT products are intended to aid in the movement of teeth during orthodontic treatment.

3. Contraindications

- Patient's inability or unwillingness to cooperate/or follow the treatment plan.
- Known allergies to any of the components or materials in the system.
- Any illness and/or underlying conditions that preclude orthodontic treatment.
- Any existing tooth root resorption.
- Any existing decalcification of the tooth enamel.
- Patients with deficient oral hygiene.

4. Warnings and Precautionary Measures

	Federal law restricts this device to the sale by or on the order of a licensed orthodontist.
	WCT Orthodontic Appliances are designed for single use patient use only, by a professional or on the order of an orthodontist or a dentist. There is a risk of cross-contamination between patients if re-used.
 Contains Nickel and/or Chromium	Do not use on patients with known allergies to any of the materials in the system.
Immediately remove Orthodontic Appliance(s) in the event of an allergic reaction.	
Follow all regional and national standards regarding the use of orthodontic appliances.	

Do not use any products which are damaged, or do not comply with the labeling specifications.
Patients should avoid hard and/or sticky oral insertions throughout treatment.
MRI Safety Information – Orthodontic Appliance(s) have not been evaluated for safety and compatibility in the MR environment. It has not been tested for heating, migration, or image artifact in the MR environment. The safety of the bracket system in the MR environment is unknown. Scanning a patient who has this device may result in patient injury.
If, in relation to use of WCT Orthodontic Appliances, a death or serious deterioration of health has occurred, this should be reported to the manufacturer and the competent authority of your country.

5. Patient Information

- There is no information available which would preclude the use of commonly available oral healthcare products.
- Chewing hard foods can cause appliances to be damaged.
- Some sports may cause damage to orthodontic appliances, and their presence may increase the risk of harm in the event of certain sports-related injuries.
- When participating in sports, always wear appropriate mouth and/or bracket guards as recommended by the dental professional treating the patient.
- Always inform the MRI or radiology staff that braces are in place before any procedure to ensure appropriate measures are taken for the procedure.

6. General Information for the Dentist/Orthodontist

- As part of developing a treatment plan, and before appliance placement, assess the need for interdisciplinary coordination with other professionals, such as speech pathologists, otolaryngologists, physicians, dentists and/or orthodontists.
- Follow the manufacturer's instructions for any orthodontic bonding agents, instruments or other materials used in the orthodontic treatment.
- Orthodontic training in standard procedures will determine appropriate instruments for use during appliance placement and removal.
- Do not touch bonding surfaces with bare fingers since skin oils may diminish adhesion.
- Oral hygiene is of particular importance for immunocompromised patients. Closely monitor oral hygiene on immunocompromised patients.
- Assess whether further orthodontic treatment is advisable in the presence of root resorption.
- Proper removal of orthodontic appliances is important to avoid any possible damage to tooth enamel.

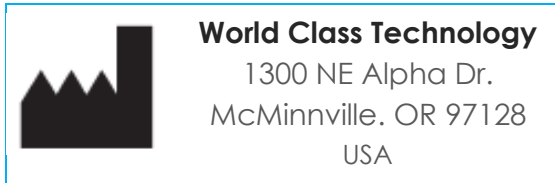
7. Disposal (if applicable)

- Disposal of all orthodontic appliances must follow regional and national regulations.

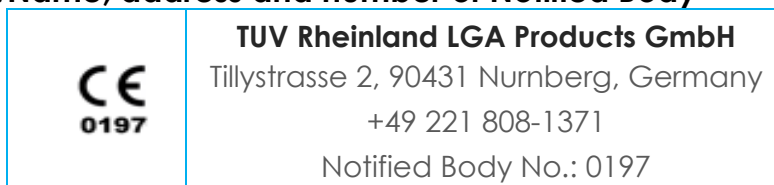
8. Storage and Handling for medical devices (if applicable)

- The device should be kept in original package or airtight box in a dark drawer at room temperature.

9. Name and address of labeler



10. Name, address and number of Notified Body



11. Name, address, and number of Authorized Representative



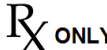
12. Explanation of Symbols

The following are per ISO 15223-1 (References as indicated).

Symbol Standard Reference	SYMBOL TITLE – Explanatory Text
 Ref. 5.1.1	Manufacturer: Indicates the medical device manufacturer.
 Ref. 5.1.2	Authorized Representative: Indicates the Authorized representative in the European Community.
 Ref. 5.1.3	Date of manufacture: Indicates the date when the medical device was manufactured.

The following are per ISO 15223-1 (References as indicated).

Symbol Standard Reference	SYMBOL TITLE – Explanatory Text
 Ref. 5.1.5	Batch Code: Indicates the manufacturer's batch code so that the batch or lot can be identified.
 Ref. 5.1.6	Catalogue or model number: Indicates the manufacturer's catalogue number so that the medical device can be identified.
 Ref. 5.2.7	Non-sterile: Indicates a medical device that has not been subjected to a sterilization process.
 Single Use Ref. 5.4.2	Do not re-use/single patient use: Indicates a medical device that is intended for one use, or for use on a single patient during a single procedure.
 Ref. 5.4.3	Consult instructions for use: Indicates the need for the user to consult the instructions for use.
 Ref. 5.7.7 MDR 2017/745 Annex 1 23.2(q)	Medical Device: Indicates that the device is a medical device.

Symbols Not Derived from Standards	
 21 CFR 801.109	Prescription Only: CAUTION: U.S. Federal law restricts this device for sale by or on order of a licensed dentist or physician.
 Contains Nickel and/or Chromium	Product contains Nickel and/or Chromium FDA 21 Part 872 Sec. 872.3710 Base metal alloy.
 MDD 93/42/EEC Annex II; MDR 2017/745 Annex V	European conformity: European conformity (CE) mark with Notified Body identification number.

Approved By:
[\(CO-74\) Phase 5 - IFU](#)

Description
Please refer to change order form in the evaluation tab for description change.

Justification
.Migration of documents from company drive to gg and updates made to IFU.

Assigned To:	Initiated By:	Priority:	Impact:
Yarely Jimenez	Yarely Jimenez	Medium	Minor

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