LISTING OF DEVICES FOR WHICH COMPLIANCE IS REQUIRED EFFECTIVE—Continued

[Insert date 3 years after date of publication of the final rule]

Phase	Product code	CFR section	Class	Device name
2	84 GZN	882.1825	III	Rheoencephalograph.
2	84 HCB	882.5235	II	Device, Adverse Conditioning.
2	85 HII	884.5940	III	Stimulator, Vaginal, Muscle, Powered, for Therapeutic Use.
2	86 HLT	886.1640	II	Preamplifier, Ophthalmic.
2	86 HQR	886.4100	II	Apparatus, Electrocautery, Radio Frequency.
2	86 HQO	886.4115	II	Unit, Cautery, Thermal.
2	86 HRO	886.4250	II	Unit, Electrolysis, Ophthalmic.
2	86 HQC	886.4670	II	System, Phacofragmentation.
2	86 HQE	886.4150	II	Instrument, Vitreous Aspiration & Cutting.
2	87 KQX	888.1500	I	Goniometer, AC-Powered.
2	87 LBB	888.1240	II	Dynamometer, AC-Powered.
2	87 LOF	.....	III	Stimulator, Bone Growth, Noninvasive.
2	87 LWB	.....	III	Stimulator, Functional Neuromuscular, Scoliosis.
2	89 EGJ	890.5525	III	Device, Iontophoresis, Other Uses.
2	89 KTB	890.5525	II	Device, Iontophoresis, Specific Uses.
2	89 IKN	890.1375	II	Electromyograph, Diagnostic.
2	89 IKP	890.1225	II	Chronaximeter.
2	89 IKT	890.1385	II	Electrode, Needle, Diagnostic Electromyograph.
2	89 IMG	890.5860	II/III	Stimulator, Ultrasound and Muscle, for Use in Applying Therapeutic Deep Heat.
2	89 IPF	890.5850	II	Stimulator, Muscle, Powered.
2	89 ISB	890.1850	II	Stimulator, Muscle, Diagnostic.
2	89 LPQ	890.5860	II/III	Stimulator, Ultrasound and Muscle.
2	89 MBN	.....	III	Stimulator, Muscle, Powered, Invasive.
2	89 MKD	.....	III	Stimulator, Functional Walking Neuromuscular, Noninvasive.
2	90 LNH	892.1000	II	System, Imaging, Nuclear Magnetic Resonance.

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Deputy Commissioner for Policy.

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