**Declaration of Conformity**

This declaration of conformity is issued under the sole responsibility of manufacturer name.

SRN: Manufacturer SRN

Manufacturer name
Street
Postal code, City
Country

In case of an Authorized Representative please add the information here:

Name EC Rep
Address EC Rep
SRN EC Rep:

Manufacturer name

herewith declares that the device(s)

Basic UDI-DI Basic UDI-DI

of enter product group here (UMDNS-group XX-XXX)

to which this certificate refers, including the accessories

Name of accessory 1

are in conformity with the REGULATION (EU) 2017/745 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 5 April 2017.

According to rule x of annex VIII of Council Regulation 2017/745 (2017) the lasers are class x medical devices.

The conformity assessment procedure has been performed according to Annex IX and the GSPR of Annex I.

Notified Body involved in the conformity assessment procedure:

Name of the Notified Body, Notified Body number:

Address Notified Body

Identification of the certificate or certificates issued:

<to be entered>

Validity: This declaration of conformity ceases to be valid with the issue of a new declaration of conformity or withdrawal, as well as with the expiry of the certificates issued by the notified body.

Place, Date

                                                             Name / Signature