## DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

## **Indications for Use**

Form Approved: OMB No. 0910-0120

Expiration Date: 06/30/2023 See PRA Statement below.

510(k) Number (if known)	
K143590	
Device Name	
Eczemol OTC	
Indications for Use (Describe)	
OTC Indication: Eczemol OTC is indicated to manage and retypes of dermatoses, including radiation dermatitis and atopic pain of first-and second-degree burns. Helps to relieve dry was environment, which is beneficial to the healing process.	dermatitis. Eczemol OTC may be also used to relieve to
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Type of Use (Select one or both, as applicable)	· ·
Prescription Use (Part 21 CFR 801 Subpart D)	☑ Over-The-Counter Use (21 CFR 801 Subpart C)
CONTINUE ON A SEPARATE PAGE IF NEEDED.	

This section applies only to requirements of the Paperwork Reduction Act of 1995.

## \*DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.\*

The burden time for this collection of information is estimated to average 79 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

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"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."