

[Attached Form No. 1]

Application for Pre-examination/Re-examination of Medical Device Advertisement				Handling period
				10 days
Applicant	① Name		② Date of birth	-
	③ Address	(☎, FAX)		
Company	④ Name or business name			
	⑤ Location			
	⑥ Type of business		⑦ Business license (report) number	
Product for examination	⑧ Commercial name		⑨ Product license (notification) number	
Re-examination	⑩ Examination number		⑪ Purport and reason for application for re-examination	(Attachment)
Description of examination	⑫ Advertising medium		⑬ Advertiser	
	⑭ Advertising slogan subject to examination	(Attachment)		
<p>I apply for pre-examination (re-examination) of advertisement of the above-mentioned product pursuant to Articles 5 and 7 of the Regulations for Prior Review of Medical Device Advertisement.</p> <p style="text-align: center;">Date:</p> <p style="text-align: right;">Applicant (sign or seal)</p> <p>To the Head of the Examination Agency</p>				
<p>※ Documentary requirements</p> <ol style="list-style-type: none"> 1. 1 copy of product license (notification) 2. 1 copy of the content of medical device advertisement 3. 1 copy of product manual 4. 1 copy of purpose and reason of application for re-examination (only for re-examination) 5. Other necessary data for examination (only to the extent necessary) 				

210mm x 297mm[general paper 60g/m²(recyclable)]