

# REQUEST FOR CUSTOMIZATION Nitinol Stent for Pneumology



**Leufen Medical GmbH**  
Gustav-Krone-Straße 7  
D-14167 Berlin

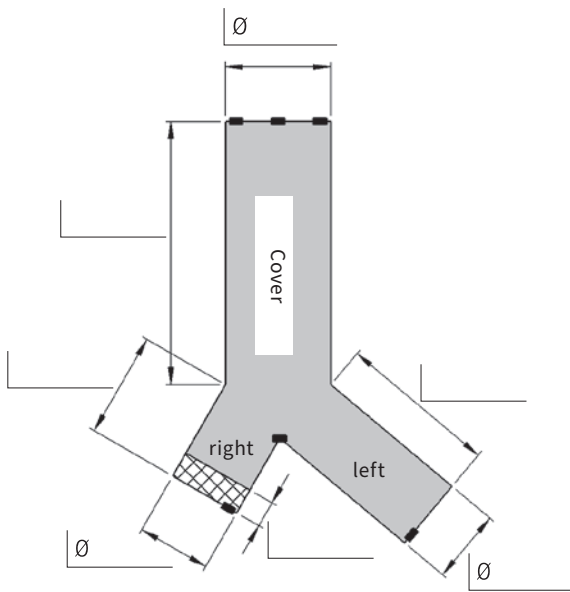
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contact@leufen-medical.eu



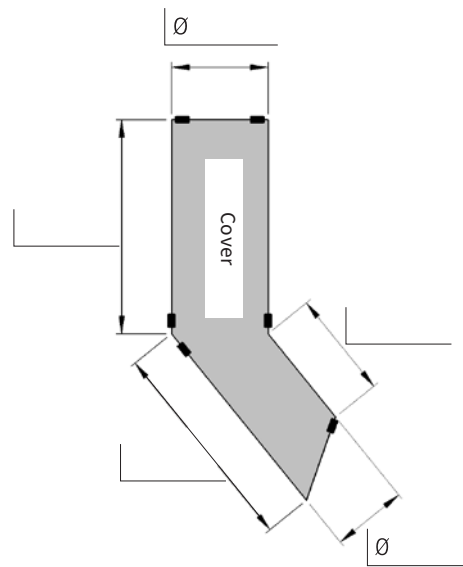
.....  
Unique patient identifier / Patient number

.....  
Indication

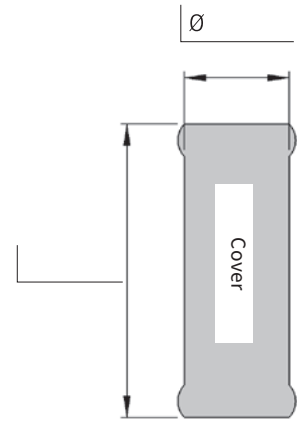
**Please tick and provide dimensions!**



Y Carina



J Carina



Bronchus  
 Trachea

**It is in the prescribing doctor's responsibility to determine whether this custom made stent is suitable for the patient.**

.....  
Doctor's name

.....  
Address / stamp

.....  
Telephone

.....  
Doctor's signature

**Order by purchasing department**

.....  
Order number

.....  
Signature

**Leufen Medical internal: checked and approved**

.....  
Medical device consultant Leufen

.....  
Date / Signature

**Customization Request ID**

**Cover**

- partial Cover (Please mark in drawing,  
Y Carina: right main bronchus 5 mm without cover)
- complete Cover
- without cover

**Extraction thread**     Proximal     Distal

**X-ray marker**     if applicable, draw differing position of x-ray marker

The manufacturer of the stent (bess pro gmbh – Leufen Division) confirms, that the customized stent described above will be manufactured in compliance with the Regulation (EU) 2017/745 of the European Parliament and of the Council Annex XIII.