

REQUEST FOR CUSTOMIZATION

Nitinol Stent for Gastroenterology



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Unique patient identifier / Patient number

.....
 Indication

Please draw and provide dimensions!

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

Stent-Ø
 proximal: _____ middle: _____ distal: _____
Side of the handle *Side of the tip*

Length of stent
 Total length: _____
 divided into (in case length of proximal and/or distal section differ from standard):
 proximal: _____ middle: _____ distal: _____

Ends of stents

<p>proximal</p> <p><input type="checkbox"/> straight</p> <p><input type="checkbox"/> cup</p> <p><input type="checkbox"/> ball</p>	<p>distal</p> <p><input type="checkbox"/> </p> <p><input type="checkbox"/> </p> <p><input type="checkbox"/> </p> <p><input type="checkbox"/> cardia umbrella</p>
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X-ray marker ■ if applicable, draw differing position of x-ray marker
 without x-ray marker

Delivery system

PTW – Ø 2.8 mm/8.5 F – L: 500 mm

TTS – Ø 2.8 mm/8.5 F – L: 1800 mm

TTS – Ø 3.3 mm/10 F – L: 2300 mm

OTW – Ø 4 mm/12 F – L: ○ 650 mm / ○ 1300 mm

OTW – Ø 8 mm/24 F – L: ○ 700 mm / ○ 1100 mm

Cover

partial Cover (Please mark in drawing)

complete Cover

without Cover

Extraction thread

proximal distal

The manufacturer of the stent (bess pro gmbh) 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.