

# Request Form for Custom-made medical device

Serial number
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## Biliary stent

<b>Hospital name</b>		<b>Prescribing physician name</b>	
<b>Stent details (all fields are mandatory)</b>			
<b>Type of stent</b> <small>General information Please tick all that apply</small>	Biodegradable, uncovered	<input type="checkbox"/> With flares	<input type="checkbox"/> Tubular
<b>Stent dimensions [mm]</b>	Stent body diameter:	Proximal flare diameter:	Distal flare diameter:
	Length:	Maximum stent length after deployment:	
<b>Radiopaque markers</b>	<input type="checkbox"/> Proximal end	<input type="checkbox"/> In the middle of the stent	<input type="checkbox"/> Distal end
<b>Delivery system</b>	Diameter [F]:	Length [cm]: <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 175	
<b>Other specification for stent and delivery system</b>			
<b>Identification of patient</b>			
<b>Age of patient</b>			
<b>Patient details (all fields are mandatory)</b>			
<b>Indication</b>	<input type="checkbox"/> Postinflammatory stenosis Please specify:		
	<input type="checkbox"/> Post-surgical stenosis	Reason for surgery	
	<input type="checkbox"/> Biliodigestive anastomosis – type:	<input type="checkbox"/> Cholecystectomy <input type="checkbox"/> Calculosis <input type="checkbox"/> Liver transplant <input type="checkbox"/> Other – please specify:	
<input type="checkbox"/> Leak	<input type="checkbox"/> Fistula	<input type="checkbox"/> Other specification:	
<b>Length of stenosis [mm]</b>			
<b>Location of stenosis or lesion</b>	<input type="checkbox"/> Left hepatic duct		<input type="checkbox"/> Right hepatic duct
	<input type="checkbox"/> Common hepatic duct		<input type="checkbox"/> Common bile duct

<b>Original diagnosis</b>		
<b>Treatment history</b> Please detail all treatment(s), procedures & management to date, maximum dilation achieved (if dilated) & potential associated risks, etc.	Previous stent implantation <input type="checkbox"/> Yes <input type="checkbox"/> No  Type of the stent:  Number of implantations:  Dates of implantations:  Surgery <input type="checkbox"/> Yes <input type="checkbox"/> No Specify:  Dilation <input type="checkbox"/> Yes <input type="checkbox"/> No Number:  Dilation up to [mm]:	Other specification:
<b>Reason for using this stent</b> Please include potential benefits & risks to patient		

PRE-0046-P01\_EN/03

Please note that this non-official form is designed to describe the requirements of a customer which is necessary for assessment of general safety and performance requirements according to MDR 2017/745. After confirming the availability of requested product, an official **Prescription form** shall be issued.

The **Prescription form** is an official document strictly required before dispatch of any custom-made medical device!

Please note that the stent pitch numbers, thread diameter and thread crossing angle of custom made stents can cause a length tolerance of +/- a few mm but we will manufacture the stent as accurate as possible.