Request Form for Custom-made medical device

Serial number

Bronchial stent

Hospital name	**Prescribing physician name**

Stent details (all fields are mandatory)

Type of stent General information Please tick all that apply	☐ Biodegradable – uncovered	☐ Nitinol – covered	
	☐ Tubular		
Stent dimensions [mm]	Diameter:	Length:	
	Maximum stent length after deployment:		
Radiopaque markers – *Specify quantity*	☐ Proximal end Quantity:	☐ In the middle of the stent Quantity:	☐ Distal end Quantity:
Delivery system	Diameter [F]:	Length [mm]:	
	☐ Olive tip	☐ Balloon catheter	
Other specification for stent and delivery system			
Identification of patient			
Age of patient			

Patient details (all fields are mandatory)

Indication	☐ Postinflammatory stenosis Please specify:		
	☐ Congenital bronchomalacia		
	☐ Congenital heart defect and/or the great vessels defect Please specify:		
	☐ Postsurgical stenosis	Reason for the surgery ☐ Lung transplant ☐ Other:	
	Tumor stenosis ☐ Extraluminal ☐ Intraluminal		
	☐ Leak	☐ Fistula	☐ Other specification:
Length of stenosis [mm]			
Location of stenosis or lesion	☐ Left main bronchus	☐ Right main bronchus	
	☐ Left upper lobar bronchus	☐ Right upper lobar bronchus	
	☐ Left lower lobar bronchus	☐ Right middle lobar bronchus	
		☐ Right lower lobar bronchus	

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

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