

# Request Form for Custom-made medical device

|               |
|---------------|
| Serial number |
|---------------|

## Pancreatic stent

|   |  |   |                                      |
|---|--|---|--------------------------------------|
| <b>Hospital name</b>  |  | <b>Prescribing physician name</b>   |                                      |
| <b>Stent details (all fields are mandatory)</b>                           |  |   |                                      |
| <b>Type of stent</b><br>General information<br>Please tick all that apply | Biodegradable, uncovered                         | <input type="checkbox"/> Tubular  | <input type="checkbox"/> With flares |
| <b>Stent dimensions [mm]</b>  | Proximal flare diameter:                         | Stent body diameter:  | Distal flare diameter:               |
|   | Length [mm]:                                     | Maximum stent length after deployment [mm]:   |                                      |
| <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 with olive tip</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"/> Fibrotic stricture      | <input type="checkbox"/> Other - Please specify:  |                                      |
|   | <input type="checkbox"/> Chronic pancreatitis    |   |                                      |
|   | <input type="checkbox"/> Anastomotic stenosis    |   |                                      |
|   | <input type="checkbox"/> Lithiasis               |   |                                      |
| <b>Length of stenosis [mm]</b>  |  |   |                                      |
| <b>Location of stenosis or lesion</b>                                     | <input type="checkbox"/> Head                    | <input type="checkbox"/> Body   | <input type="checkbox"/> Tail        |
|   | <input type="checkbox"/> Other - Please specify: |   |                                      |
| <b>Original diagnosis</b>   |  |   |                                      |

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

PRE-0046-P06\_EN/02

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