

Request Form for Custom-made medical device

Serial number

Pancreatic stent

Hospital name		Prescribing physician name	
Stent details (all fields are mandatory)			
Type of stent General information Please tick all that apply	<input type="checkbox"/> Biodegradable uncovered	<input type="checkbox"/> Tubular	<input type="checkbox"/> With flares
	Stent dimensions [mm] Proximal flare diameter: Length [mm]:	Stent body diameter: Maximum stent length after deployment [mm]:	Distal flare diameter: Distal end Quantity
Radiopaque markers – Specify quantity Proximal end Quantity:	<input type="checkbox"/> Proximal end Quantity:	<input type="checkbox"/> In the middle of the stent Quantity:	<input type="checkbox"/> Distal end Quantity
Delivery system with olive tip	Diameter [F]:	Length [mm]:	
Other specification for stent and delivery system			
Identification of patient			
Age of patient			
Patient details (all fields are mandatory)			
Indication	<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		
Length of stenosis [mm]			
Location of stenosis or lesion	<input type="checkbox"/> Head	<input type="checkbox"/> Body	<input type="checkbox"/> Tail
	<input type="checkbox"/> Other - Please specify:		
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 <input type="checkbox"/> Yes <input type="checkbox"/> No Type of the stent <input type="checkbox"/> plastic <input type="checkbox"/> SEMS <input type="checkbox"/> biodegradable Stent diameter [mm]: 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:
Reason for using this stent Please include potential benefits & risks to patient		

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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