

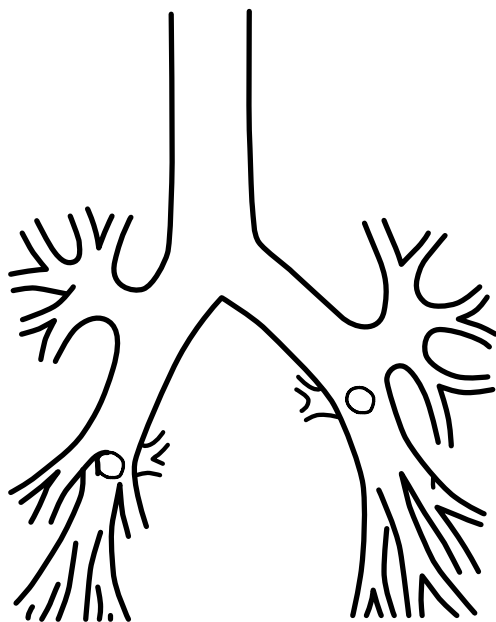
**Request for the production of a Custom Medical Device**

Dear Doctor: in Stening® we know that each patient has their own story. Equally particular is each case. Stening® therefore has a wide range of stents in different lengths, sizes and diameters. Nonetheless, in special cases, where existing standard measures are not adapted to the patient's needs, we can manufacture custom-made devices following the patient special requirements.

| <b>Indications</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Tracheostomy / Laryngology</b><br><input type="checkbox"/> Laryngeal Stent <input type="checkbox"/> T-Tube <input type="checkbox"/> Tracheostomy Tutor <input type="checkbox"/> Cannula<br><br><input type="checkbox"/> <b>Bronchology</b><br><input type="checkbox"/> Bronchial Stent <input type="checkbox"/> Tracheal Stent <input type="checkbox"/> Y Stent<br><input type="checkbox"/> J Stent <input type="checkbox"/> Occlusive Stent (spigot) |
| Please specify the most accurate device reference number you find in our catalogue:<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                             |

| <b>Specifications</b>                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Material:</b> Medical grade silicone <input type="checkbox"/> Translucent <input type="checkbox"/> Radiopaque<br><b>Number of devices:</b> _____<br><b>Sterilization:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO<br><b>Description:</b> _____<br>_____<br>_____<br>_____ |

**Implant location**



Draw the approximate position where the medical device will be implanted

**Medical device scheme (measures in mm)**

I, Dr.

\_\_\_\_\_  
*(name and surname)*

hereby order for my patient

\_\_\_\_\_  
*(name, surname and number of the patient)*

\_\_\_\_\_  
*Date of birth*

\_\_\_\_\_  
*Gender*

the manufacture of the device previously specified.

Seal and signature of the doctor:

Date:

Inquiries' telephone:

**Important:**

- Attach recipe, study of images or any document or information that is considered relevant for the production of the medical device.
- Orders for customize products cannot be canceled, replaced or returned once this request has been sent.

|                                                                                           |                      |             |             |           |
|-------------------------------------------------------------------------------------------|----------------------|-------------|-------------|-----------|
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