

# REQUEST FOR CUSTOMIZATION

## NOVATECH® GSS™ / DUMON®



**Novatech SA**  
 Z.I. Athélia III - 1058, Voie Antiope  
 F-13705 La Ciotat CEDEX  
 FRANCE

Tel: +33 (0) 442 98 15 60  
 Fax: +33 (0) 442 98 15 63  
 info@novatech.fr

Unique patient identifier

.....  
 Indication  
 .....

Mark adequate drawing and indicate:

Ø 1 ..... mm

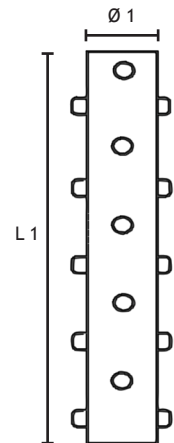
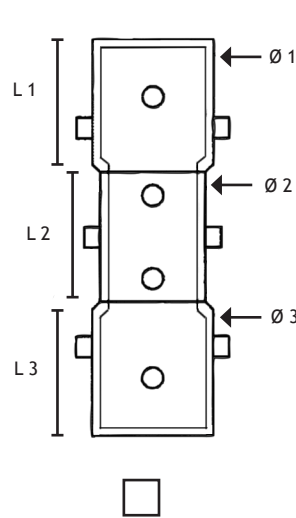
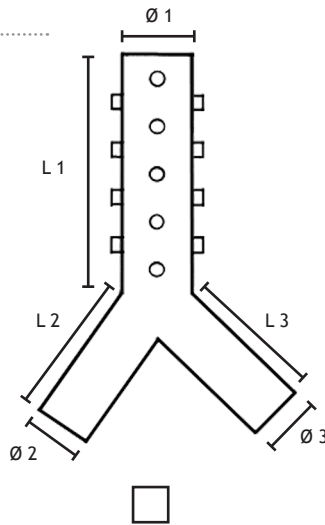
Ø 2 ..... mm

Ø 3 ..... mm

L 1 ..... mm

L 2 ..... mm

L 3 ..... mm



Wall thickness:

<input type="checkbox"/>	TD	1.5 mm
<input type="checkbox"/>	TF, BD	1.0 mm
<input type="checkbox"/>	BB	0.5 mm

**Customer**

.....  
*doctor's name*

.....  
*address*

.....

.....  
*telephone*

.....  
*e-mail*

**stamp and signature for approval**

**Distributor**

.....  
*name*

.....  
*address*

**stamp and signature**

**Novatech**

.....  
*REF*

.....  
*official representative*

.....  
*LOT*

.....  
*Date / Visa*

**Dimensioned drawing**

For a stent that does not correspond to any of the above drawings, please provide a dimensioned drawing:

The manufacturer of the stent (Novatech SA) confirms, that the customized stent described above will be manufactured in strict compliance with the Council Directive 93/42/EEC annexe I.

**It is in the prescribing doctor's responsibility to determine whether this custom made stent is suitable for the patient.**