

REQUEST FOR CUSTOMIZATION NOVATECH® GSS™ / DUMON®



a bess group company

Novatech SA
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Unique patient identifier

.....
Indication

Mark adequate drawing
and indicate:

Ø 1 mm

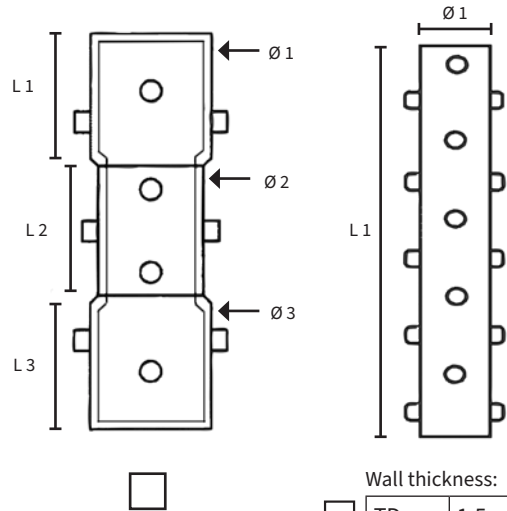
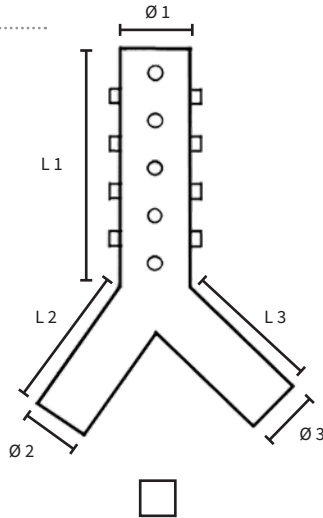
Ø 2 mm

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

Customization Request ID

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 compliance with the Regulation (EU) 2017/745 of the European Parliament and of the Council Annex XIII.

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