

”CUSTOM MADE”

COLONIC / RECTAL STENT

FAX ORDER: +49(0)211 7327626-99

E-MAIL: CONTACT@MICRO-TECH-EUROPE.COM

MICRO-TECH offers stents in special sizes and as custom-made products, which are specially customized to the anatomical characteristics of your patient. With this form, you can easily order your custom-made stents from us.

Areas

- colonic*
- rectal

Introducer system

- TTS (Through the scope)*
 - Length: 2.300 mm/ø: 3,3 mm (10 F)
- OTW (Over the wire)
 - Length: 700 mm/ ø: 8 mm /24 F)
 - Length: 1.100 mm/ ø: 8 mm /24 F)

Stent- ø

proximal: _____ middle: _____ distal: _____

Proximal-handle-sided

Distal-tip-sided

Stent Length

proximal: _____ middle: _____ distal: _____

Proximal-handle-sided

Distal tip-sided

Covering

- proximal
- middle
- distal

X-ray markers

Each stent comes with standard x-ray markers. You can find their positions indicated by dots in the different stent designs listed below.
Please indicate additional required x-ray markers by an X.

Extraction threads

- proximal
- distal

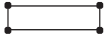
YOUR TRUSTED PARTNER IN ENDOSCOPY

MICRO-TECH Europe GmbH | Mündelheimer Weg 48 | 40472 Düsseldorf | Germany | P +49(0)211 7327626-0 | F +49(0)211 7327626-99
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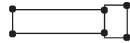
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EC REP: Shanghai International Holding Corp. GmbH (Europe) | Eiffestraße 80 | 20537 Hamburg | Germany

Designs

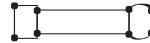
Straight



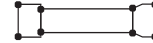
Single cup



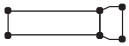
Cup-spherical



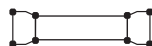
Cup-medgic horn



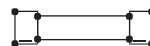
Single medgic-horn



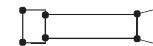
Double medgic-horn



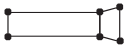
Double cup



Cup-horn



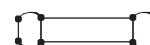
Single horn



Double horn



Double spherical



Spherical-Mushroom



Bending

straight

angled

curved

conical

Diagnosis

Special attention

Please indicate the planned stent position in the anatomic graphic. A dimensioned drawing is mandatory if the "custom made" stent requires a special shape differing from the stent designs listed above.



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Contact data

Person to contact / Delivery address

Invoice address

(If different from delivery address)

Customer / Person to contact

Customer / Person to contact

Hospital / Medical Practice

Hospital / Medical Practice

Street

Street

Zip Code / Town

Zip Code / Town

Phone / Fax

Phone / Fax

Person to contact purchasing department

Order number

Time, date

Signature

Confirmation of the doctor in charge

I confirm that the "custom made" stent as described on this form is required for a specific patient.

Patient number

Attending doctor name

Hospital / Medical practice name

Please note the attachment with the CE regulatory aspects for "custom made" products according to Annex VIII section VIII of the Directive 93/42/EEC on Medical Devices.
IMPORTANT: Any orders for special sizes or "custom made" stents may not be cancelled once placed. An exchange or return of these stents is not possible in any event.

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