

# Order of a customized pessary (ad FB 07.5.1-08-01 Rev.5.0)

**Producer:** Dr. Arabin GmbH & Co. KG

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**Hierby I prescribe a customized device from the Dr. Arabin GmbH & Co KG**

**Description:**

\_\_\_\_\_

**Indication for a customized device:**

\_\_\_\_\_

**Cost covered by insurance?**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Patient Name:**

Name:

\_\_\_\_\_

Pat.-ID / Akronym:

\_\_\_\_\_

**Health care provider:**

Name

\_\_\_\_\_

Hospital/Ambulatory:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Details related tot he product:**

Simillarity with previous models (e.g. Hodge

Pessary / Hybrid Pessary/Ring pessary):

Sizes:

Maximal length

(mm):

Maximal width (mm):

Diameter

(mm):

Maximal thicknesss (mm):

Consiteny:

O soft (<50Shore A)

O Hard (> 50 Shore A)

Hereby, I declare that I shall perform a follow-up oft he patient according to the protocol after.....weeks.

The clinical report will be sent to info@dr-arabin.de

Signature:

\_\_\_\_\_

Date

Physician /Stamp



**Dr. Arabin**  
dare to care

## **Final clinical evaluation**

MEDDEV 2.7/1 Revision 4, Art. 9

- 1. Summary**
- 2. Interest group**
- 3. Clinical background**
- 4. Customized model under observation**
- 5. Conclusion with clear statements**
  
- 6. Date of following evaluation**
- 7. Date and signature**
- 8. Qualification**
- 9. References**