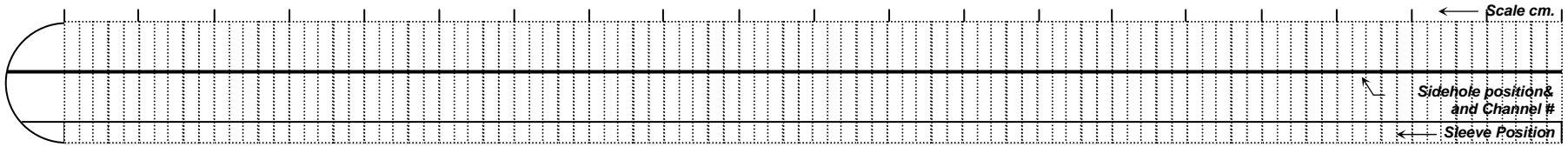




CUSTOMIZED FOR:	Phone:	CUSTOMER APPROVAL	
	Fax:	SIGNATURE:	
	Email:	DATE:	
CATHETER DESCRIPTION:			

Tip End

Connector End



Cross Section View

Extrusion spec # _____	No. of Lumen _____	Tip to 1 st Hole/Sleeve _____ cm
Extrusion length _____	Sleeve length _____	Tip: <input type="checkbox"/> Open <input type="checkbox"/> Close
Connector tube length _____	Total length _____	Balloon(s) _____
Marking Specifications _____		Weight _____
Large Lumen Specifications _____		Stiffening _____

PART #:	
PRICE:	
PREPARED BY:	
APPROVED BY:	
DATE:	