



P.O. Box 1518
Fremont, CA 94538
800-889-9008 Toll Free
408-526-9399 Fax

PATIENT PESSARY RX ORDER FORM

Company: _____ Acct# _____ Patient's Name: _____
Address: _____ D.O.B. _____
City: _____ State: _____ Zip: _____ Provider's Signature: _____
Phone: _____ Fax: _____ License Number: _____
Physician's Name (Please Print): _____

PESSARY TYPE:

INCONTINENCE:

Ring with Knob	w/o support	w/ support	Size _____
Dish with Knob	w/o support	w/ support	Size _____
Marland	w/o support	w/ support	Size _____

PROLAPSE:

Ring	w/o support	w/ support	Size _____
Cube	w/o drain	w/ drain	Size _____
Flexible Gellhorn	Long Stem	Short Stem	Size _____
Hodge	w/o support	w/ support	Size _____
Oval	w/o support	w/ support	Size _____
Cup	w/o support	w/ support	Size _____
Donut	Inflatable Donut		Size _____
Shaatz	Gehrung		Size _____

Shipping Instruction:

Ground	3rd day	2nd day	Standard Overnight	Priority Overnight	First Overnight
--------	---------	---------	--------------------	--------------------	-----------------

Please fax this order to **408-526-9399**, and call Bioteque **800-889-9008** for payment to process order.

Payment Info: Card Holder's Name: _____

CC# _____ Exp ____/____ CVV Code _____

We accept Visa, Master-card, and AMEX. A check / money order with this order form can be sent to:

Bioteque America, Inc.
P.O. Box 1518
Fremont, CA 94538