

**BIOTEQUE AMERICA, INC.**  
**2051 Junction Ave. # 128**  
**San Jose, CA. 95131**  
**1-800-889-9008 FAX-408-526-9399**

**PATIENT RX PESSARY ORDER FORM**

*PESSARY Type*

*Size- Inches or MM*

**INCONTINENCE:**

**RING with KNOB w/Support\_\_\_ w/OUT Support\_\_\_ SIZE\_\_\_**  
**DISH with Support \_\_\_ w/OUT Support\_\_\_ SIZE\_\_\_**  
**MARLAND with Support \_\_\_ w/OUT Support \_\_\_ SIZE\_\_\_**  
**CUP with Support \_\_\_ w/OUT Support \_\_\_ SIZE\_\_\_**

**PROLAPSE:**

**RING with Support\_\_\_w/OUT Support \_\_\_ SIZE\_\_\_**  
**SHAATZ\_\_\_\_\_ SIZE\_\_\_**  
**DONUT\_\_\_\_\_ SIZE\_\_\_**  
**INFLATABLE DONUT \_\_\_\_\_(silicone) SIZE\_\_\_**  
**CUBE with Drain\_\_\_ w/OUT Drain\_\_\_ SIZE\_\_\_**  
**GELLHORN \_\_\_\_\_ Short Stem GELLHORN\_\_\_\_\_ SIZE\_\_\_**  
**HODGE with Support\_\_\_ w/OUT Support \_\_\_ SIZE\_\_\_**  
**GEHRUNG \_\_\_\_\_ SIZE\_\_\_**  
**OVAL with Support \_\_\_ w/OUT Support\_\_\_ SIZE\_\_\_**

**RX:**

**PROVIDER'S SIGNATURE      LICENSE NUMBER**

\_\_\_\_\_

**PROVIDER'S NAME (PLEASE PRINT) PRACTICE NAME & PHONE#**

\_\_\_\_\_

**PATIENT NAME** \_\_\_\_\_

**The provider must call to order 1-800-889-9008 and copy of RX needs to be faxed to 408-526-9399. Patient pays by VISA, MC, AE or check/money order made out to Bioteque and sent to above address.**

