



MILEX Products • A division of CooperSurgical, Inc.
 95 Corporate Drive • Trumbull, CT 06611
 Customer Service 1-800-243-2974 • www.coopersurgical.com

PESSARY FAX ORDER FORM 1-800-262-0105

To fulfill your order all sections (1, 2 & 3) must be completed in full.

Section 1- Pessary Type		Folding	Use	Qty	Kit	Numeric Size Code	OR	Physical Size (mm / inches)
Dish	<input type="checkbox"/> Incontinence With Support	Y	P,I		<input type="checkbox"/>			
	<input type="checkbox"/> Incontinence No Support	Y	P,I		<input type="checkbox"/>			
Ring	<input type="checkbox"/> No Support	Y	P		<input type="checkbox"/>			
	<input type="checkbox"/> With Support	Y	P		<input type="checkbox"/>			
	<input type="checkbox"/> With Knob	Y	P,I		<input type="checkbox"/>			
	<input type="checkbox"/> With Support & Knob	Y	P,I		<input type="checkbox"/>			
	<input type="checkbox"/> Incontinence (Flexible)	N	I		<input type="checkbox"/>			
Cube	<input type="checkbox"/> With Drainage Holes	N	P		<input type="checkbox"/>			
	<input type="checkbox"/> No Holes	N	P		<input type="checkbox"/>			
	<input type="checkbox"/> Tandem (\$75.00)	N	P		<input type="checkbox"/>			
Hodge	<input type="checkbox"/> With Support	Y	I		<input type="checkbox"/>			
	<input type="checkbox"/> Standard	Y	I		<input type="checkbox"/>			
	<input type="checkbox"/> With Knob	Y	I		<input type="checkbox"/>			
	<input type="checkbox"/> With Support & Knob	Y	I		<input type="checkbox"/>			
Gehrung	<input type="checkbox"/> Standard	Y	P		<input type="checkbox"/>			
	<input type="checkbox"/> With Knob	Y	I		<input type="checkbox"/>			
Gellhorn	<input type="checkbox"/> Short Stem (Flexible)	N	P		<input type="checkbox"/>			
	<input type="checkbox"/> Long Stem (Flexible)	N	P		<input type="checkbox"/>			
	<input type="checkbox"/> 95% Rigid	N	P		<input type="checkbox"/>			
Regula		Y	P		<input type="checkbox"/>			
Donut (Order in Inches Only)		N	P		<input type="checkbox"/>			
Smith		Y	I		<input type="checkbox"/>			
Risser		Y	I		<input type="checkbox"/>			
Shaatz		Y	P		<input type="checkbox"/>			
Inflatoball		N	P		<input type="checkbox"/>			

Use = Prolapse, Incontinence ▪ Kit = Pessary & Trimosam Tube, available at no additional cost. ▪ Size Code/Physical Size = See Pessary Fitting Chart

Section 2 - Physician Rx and Practice Information

Facility Name: _____ Street Address: _____
 Physician Name: _____ City, St & Zip: _____
 Physician Signature: _____ Office Phone: _____
 Patient Name: _____ Patient Phone: _____
 Patient File #: _____ Patient Name on Shipper Inside Box? Yes No
 Ship To: Same Address Other: _____

Street Address Suite # City St Zip
 (Regulations prevent shipping direct to patient. Ship to MUST be a medical facility.)

Section 3 - Pricing and Payment Information

Payment Method <input type="checkbox"/> Invoice Physician Account Account # _____ <input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex Card # _____ Name on Card: _____ Expiration Date: _____ / _____
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	Pessary Pricing	
	<u>Each</u>	<u>Tax & Shipping</u>
	\$51.50	Calculated at time of order
Tandem	\$77.25	Calculated at time of order

Standard shipping costs \$10.69 plus your state tax rate.