



IDOMAN CANADA ORDER FORM

1 St Clair Ave. W, Suite 403
 Toronto, ON M4V 1K6
 Toll Free: 1 (800) 768-1836
 Toll Free Fax: 1 (888) 763-1356
 customerservice@idoman-med.com
 www.idoman-med.com

ALL PRODUCT IS SUPPLIED FOR MEDICAL PROFESSIONAL USE ONLY. ALL ORDERS MUST BE PAID PRIOR TO SHIPMENT.

BIOTEQUE PESSARIES

Ring (w) Support		Ring (w/o) Support		Cube (w) Drains		Cube (w/o) Drains		Dish (w) Support		Dish (w/o) Support	
Size	Qty	Size	Qty	Size	Qty	Size	Qty	Size	Qty	Size	Qty
R1.75S#0	_____	R1.75#0	_____	CU25D#0	_____	CU25#0	_____	DSH50S#0	_____	DSH50#0	_____
R2.00S#1	_____	R2.00#1	_____	CU29D#1	_____	CU29#1	_____	DSH55S#1	_____	DSH55#1	_____
R2.25S#2	_____	R2.25#2	_____	CU33D#2	_____	CU33#2	_____	DSH60S#2	_____	DSH60#2	_____
R2.50S#3	_____	R2.50#3	_____	CU37D#3	_____	CU37#3	_____	DSH65S#3	_____	DSH65#3	_____
R2.75S#4	_____	R2.75#4	_____	CU41D#4	_____	CU41#4	_____	DSH70S#4	_____	DSH70#4	_____
R3.00S#5	_____	R3.00#5	_____	CU45D#5	_____	CU45#5	_____	DSH75S#5	_____	DSH75#5	_____
R3.25S#6	_____	R3.25#6	_____	CU50D#6	_____	CU50#6	_____	DSH80S#6	_____	DSH80#6	_____
R3.50S#7	_____	R3.50#7	_____	CU56D#7	_____	CU56#7	_____	DSH85S#7	_____	DSH85#7	_____
R3.75S#8	_____	R3.75#8	_____	CU63D#8	_____	CU63#8	_____				
R4.00S#9	_____	R4.00#9	_____	CU70D#9	_____	CU70#9	_____				
				CU75D#10	_____	CU75#10	_____				

Oval (w) Support		Oval (w/o) Support		Marland (w) Support		Marland (w/o) Support		Hodge (w) Support		Hodge (w/o) Support	
Size	Qty	Size	Qty	Size	Qty	Size	Qty	Size	Qty	Size	Qty
OV2.00S#1	_____	OV2.00#1	_____	M2.25S#2	_____	M2.25#2	_____	HD65S#0	_____	HD65#0	_____
OV2.25S#2	_____	OV2.25#2	_____	M2.50S#3	_____	M2.50#3	_____	HD70S#1	_____	HD70#1	_____
OV2.50S#3	_____	OV2.50#3	_____	M2.75S#4	_____	M2.75#4	_____	HD75S#2	_____	HD75#2	_____
OV2.75S#4	_____	OV2.75#4	_____	M3.00S#5	_____	M3.00#5	_____	HD80S#3	_____	HD80#3	_____
OV3.00S#5	_____	OV3.00#5	_____	M3.25S#6	_____	M3.25#6	_____	HD85S#4	_____	HD85#4	_____
OV3.25S#6	_____	OV3.25#6	_____	M3.50S#7	_____	M3.50#7	_____	HD90S#5	_____	HD90#5	_____
OV3.50S#7	_____	OV3.50#7	_____	M3.75S#8	_____	M3.75#8	_____	HD95S#6	_____	HD95#6	_____
OV3.75S#8	_____	OV3.75#8	_____					HD100S#7	_____	HD100#7	_____
OV4.00S#9	_____	OV4.00#9	_____					HD105S#8	_____	HD105#8	_____
								HD110S#9	_____	HD110#9	_____

Ring with Knob (w) Support		Ring with Knob (w/o) Support		Incontinence Ring		Cup (w) Support		Cup (w/o) Support		Gellhorn (w) Drain	
Size	Qty	Size	Qty	Size	Qty	Size	Qty	Size	Qty	Size	Qty
RK1.75S#0	_____	RK1.75#0	_____	IR1.75#0	_____	CP50/18S#0	_____	CP50/18#0	_____	G1.50D#0	_____
RK2.00S#1	_____	RK2.00#1	_____	IR2.00#1	_____	CP55/23S#1	_____	CP55/23#1	_____	G1.75D#1	_____
RK2.25S#2	_____	RK2.25#2	_____	IR2.25#2	_____	CP60/28S#2	_____	CP60/28#2	_____	G2.00D#2	_____
RK2.50S#3	_____	RK2.50#3	_____	IR2.50#3	_____	CP65/33S#3	_____	CP65/33#3	_____	G2.25D#3	_____
RK2.75S#4	_____	RK2.75#4	_____	IR2.75#4	_____	CP70/38S#4	_____	CP70/38#4	_____	G2.50D#4	_____
RK3.00S#5	_____	RK3.00#5	_____	IR3.00#5	_____	CP75/43S#5	_____	CP75/43#5	_____	G2.75D#5	_____
RK3.25S#6	_____	RK3.25#6	_____	IR3.25#6	_____	CP80/48S#6	_____	CP80/48#6	_____	G3.00D#6	_____
RK3.50S#7	_____	RK3.50#7	_____	IR3.50#7	_____	CP85/52S#7	_____	CP85/52#7	_____	G3.25D#7	_____
				IR3.75#8	_____					G3.50D#8	_____
				IR4.00#9	_____					G3.75D#9	_____

Short Stem Gellhorn (w) Drain		Donut		Gehring		Shaatz		Silicone Inflatable Donut Pessary		FlexiShelf Type	
Size	Qty	Size	Qty	Size	Qty	Size	Qty	Size	Qty	Size	Qty
G1.50#0	_____	D2.00#0	_____	GH50S#0	_____	SH1.50#0	_____	ID 2	_____	FS06#1	_____
G1.75#1	_____	D2.25#1	_____	GH55S#1	_____	SH1.75#1	_____	ID 3	_____	FS08#2	_____
G2.00#2	_____	D2.50#2	_____	GH60S#2	_____	SH2.00#2	_____	ID 4	_____	FS10#3	_____
G2.25#3	_____	D2.75#3	_____	GH65S#3	_____	SH2.25#3	_____	ID 5	_____	FS12#4	_____
G2.50#4	_____	D3.00#4	_____	GH70S#4	_____	SH2.50#4	_____				
G2.75#5	_____	D3.25#5	_____	GH75S#5	_____	SH2.75#5	_____				
G3.00#6	_____	D3.50#6	_____	GH80S#6	_____	SH3.00#6	_____				
G3.25#7	_____	D3.75#7	_____	GH85S#7	_____	SH3.25#7	_____				
G3.50#8	_____			GH90S#8	_____	SH3.50#8	_____				
G3.75#9	_____			GH95S#9	_____						

Submit completed order form to customerservice@idoman-med.com or fax to 1 (888) 768-1356.

Payment for Bioteque products must be received prior to shipment. Contact Customer Service to pay by phone or complete the Credit Card Authorization. **Returns:** Idoman will credit and accept returns of non-sterile product at a 25% restocking fee. Product must be returned in its original marketable condition. **See product catalogue for detailed Return Policy.**

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PESSARY FITTING SET (SET OF 6)

SKU	Type	Qty
FS-1000	Ring Pessary Fitting Set (Sizes 2-7)	_____
FS-2000	Cube Pessary Fitting Set (Sizes 2-7)	_____
FS-3000	Dish Pessary Fitting Set (Sizes 2-7)	_____
FS-4000	Oval Pessary Fitting Set (Sizes 2-7)	_____
FS-5000	Gelhorn Pessary Fitting Set (Sizes 2-7)	_____
FS-6000	Ring Pessary with Support Fitting Set (Sizes 2-7)	_____
FS-7000	Ring Pessary with Knob Fitting Set (Sizes 2-7)	_____
FS-8000	Marland Pessary Fitting Set (Sizes 2-7)	_____
FS-9000	Cup Pessary Fitting Set (Sizes 2-7)	_____
FS-1100	FlexiShelf Fitting Set (Size 6-12)	_____

SILICONE VAGINAL DILATORS SETS

SKU	Qty
DT-A (Large Set)	_____
DT-B (Medium Set)	_____
DT-C (Small Set)	_____

INDIVIDUAL VAGINAL DILATOR SETS

SKU	Qty	Size	Qty	Size	Qty
DT-A/XL	_____	DT-B/XL	_____	DT-C/XL	_____
DT-A/L	_____	DT-B/L	_____	DT-C/L	_____
DT-A/M	_____	DT-B/M	_____	DT-C/M	_____
DT-A/S	_____	DT-B/S	_____	DT-C/S	_____

OS FINDER SETS

SKU		UOM	Qty
OS260BA	Reusable Complete Set - OS Finder, Canal Locator, Fundus Dilator	3 pc. set	_____
OS265BA-1	Disposable OS Finder	25/box	_____
OS265BA-2	Disposable Canal Finder	25/box	_____
OS264BA-3	Disposable Fundus Dilator	25/box	_____

CATHETERS

SKU		UOM	Qty
BA05F	Stiff 5 French HSG Catheter	10/box	_____
BA07F	Stiff 7 French HSG Catheter	10/box	_____
BA051F	Flexible 5 French Sureflex HSG Catheter	10/box	_____
BA071F	Flexible 7 French Sureflex HSG Catheter	10/box	_____
WC-400MM	Word Bartholin Catheter Set	6/box	_____
BA001	H/S Catheter Stylet	25/box	_____
UIC5F	Bellota™ Balloonless Sono Catheter (Length 350mm)	25/box	_____
UIC5FA	Bellota™ Balloonless Sono Catheter (Length 299mm)	25/box	_____
UIC5FAX	Bellota™ Balloonless Sono Catheter (Length 282mm)	25/box	_____
UMI4.5	Uterine Manipulator Injector (Length 262mm, 4mm OD)	12/box	_____
UMI4.5K	Uterine Manipulator Injector (Length 262mm, 2mm OD)	12/box	_____
UI4.0	Uterine Injector (Length 262mm, 4mm OD)	12/box	_____
UI2.0	Uterine Injector (Length 262mm, 2mm OD)	12/box	_____

SURGICAL INSTRUMENTS

SKU		UOM	Qty
BA100	Disposable Uterine Sounds (245mm length, 3mm OD)	25/box	_____

ENDOMETRIAL SAMPLING SET

SKU		UOM	Qty
M0014	Preferred Curette, 3.0mm OD	25/box	_____
M0015	Preferred Curette (Sure Flex)	25/box	_____
M0016	Preferred Curette (EZ) 3.6mm OD	25/box	_____
RD003	Ensula™ Curette 3mm OD	25/box	_____

POP Q CLINICAL ASSESSMENT TOOL

SKU		UOM	Qty
PR20	Pop Q Clinical Assessment Tool	50/box	_____

22101	Thermablate® EAS - Treatment Control Kit
21004	Thermablate® EAS - Disposable Cartridge
05TC1001	Sterile Covers
FK05	ExEm® Foam Kit

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ACCOUNT INFORMATION / CC AUTHORIZATION**

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www.idoman-med.com

ACCOUNT INFORMATION

Account Name (Clinic Name): _____
Physician's Name (Print): _____
Address: _____
City / Province: _____
Postal Code: _____
Email: _____
Phone: _____

SHIP TO INFORMATION

Same as Above

Attention (Name): _____
Address: _____
City / Province: _____
Postal Code: _____
Email: _____
Phone: _____

PAYMENT

Please Select a Payment Option MasterCard Visa EFT

Credit Card - Please fill out the Credit Card Authorization below.

EFT - Please contact Idoman Canada Customer Service 1 (800) 768-1836.

CREDIT CARD AUTHORIZATION FOR PRE PAYMENT

You may cancel this authorization at any time by contacting Idoman Canada Customer Service 1 (800) 768-1836.

I authorize Idoman Canada to charge my credit card for the above purchases.

I understand my credit card and billing information will be saved for future transactions.

I am aware that I can cancel this authorization at any time by emailing customerservice@idoman-med.com.

Customer Signature

Date (YYYY-MM-DD)

Cardholder Information

Name (as shown on card): _____

Credit Card Number: _____

Expiry Date: Month: Year: CVV: _____

Credit Card Billing Address Same as Acct Info Address Same as Ship To Address

Address: _____

City / Province: _____

Postal Code: _____



Bioteque Products Imported From:
2051 Junction Ave.
128 San Jose, California
951131
USA



Distributed By:
1 St. Clair Ave W.
Suite 403
Toronto, ON
M4V1K6

Submit Order Form:
customerservice@idoman-med.com
Fax: 1 (888) 763-01356

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