

Clinic: _____ Date: _____

Patients Name: _____ Telephone: _____

Address: _____

Condition: _____

Equipment Recommendation

- 9 **Aquaflex AF-55** Weighted Vaginal Cone Set
- 9 **P.F.X. II** Pelvic Floor Excerciser - Vaginal
- 9 **P.F.X. A** Pelvic Floor Excerciser - Anal
- 9 **FemiScan** Home Trainer
- 9 **FemiScan** Incotrode Sensor
- 9 **ELPHA 2000** Muscle and Nerve Stimulator
- 9 **ELPHA II 3000** Muscle and Nerve Stimulator
- 9 **ETS-290** Trophic Continence Stimulator
- 9 **Femetone** Trophic Continence Stimulator
- 9 **Neuro-4** Trophic Continence Stimulator, 3-program
- 9 **Femelex** Vaginal Probe
- 9 **6340 MB-A** Anal Probe
- 9 **"In Control Again"** Workbook
- 9 **"Womens Waterworks"** Booklet

- 9 Purchase
- 9 Rental

This recommendation identifies quality equipment deemed appropriate for this individual. The determination of such a recommendation is based upon the professional judgement of the therapist(s) involved in consultation with the client. The client agrees to accept the equipment described above upon delivery as authorized by his/her signature.

Authorized by:

Client

- 1 copy to Therapist
- 1 copy to Biomation
- 1 copy to Insurance Company
- 1 copy to Client

Recommended by:

Therapist's Signature

Please Print Name

Supplier:

BIOMATION
335 Perth Street
P.O. Box 156
Almonte, Ontario K0A 1A0

Tel: 613-256-2821
Toll Free: 1-888-667-2324
Fax: 613-256-5872
E-Mail: sales@biomation.com
Web: www.biomation.com/inco