



**FEMCAP
PURCHASE ORDER FORM FOR CLINICIANS**

Date: _____

FemCap, Inc.
14058 Mira Montana Drive
Del Mar, CA 92014

Tel : 858 481 8837

Fax: 858-792-2624

Email: femcap@yahoo.com

Pay Online or Make checks payable to: *FemCap Inc.*

Buyer: _____

Shipping Address: _____

Telephone: _____

Fax: _____

Email: _____

Ordered by:

Name _____

Signature _____

Complete fitting Kit for clinic use: \$89.00 plus \$8.95 for shipping and handling.

Kit contains; three devices, Size 22m, 26m, and 30m and three DVDs and all the needed instructions and literature.

Complete fitting Kit **Quantity** _____ @ \$89.00 + 8.95 = \$ _____

Single Unit FemCap + instructional video, Size 22m _____ @ \$58.00 each = \$ _____

Single Unit FemCap + instructional video, Size 26m _____ @ \$58.00 each = \$ _____

Single Unit FemCap + instructional video, Size 30m _____ @ \$58.00 each = \$ _____

Single Unit FemCap + instructional **DVD**, Size 22m _____ @ \$61.00 each = \$ _____

Single Unit FemCap + instructional **DVD**, Size 26m _____ @ \$61.00 each = \$ _____

Single Unit FemCap + instructional **DVD**, Size 30m _____ @ \$61.00 each = \$ _____

Shipping and Handling \$ **8.95**

TOTAL DUE \$ _____

Print and fax your order to (858) 792-2624.

Your order will be shipped 3-5 working days after payment is received.