## BENIK CORPORATION

## **Ostomy Belt Order Form**

BILL TO:	DATE:
Name	
Account# PO#	PATIENT:
Contact Name	Name
E-Mail	Age Height Weight
Phone Fax	
Address	OSTOMY BELT (Required)
City State Zip	Sizing:
SHIP TO: Same as BILL TO	Ostomy PED 1 – Up To 22" Waist Circ. (A)
Name	■ Ostomy PED 2 – Up To 30" Waist Circ. (A)
Phone	☐ Ostomy 3 – 30" to 40" Waist Circ. (A)
Address	Ostomy Custom –Waist Circ. (A)
City State Zip	Custom modification available. Call for additional info.
A neoprene bag is included with each Ostomy Belt. The leak-proof bag supports and protects the collection pouch. The bag is fully removable and washable. <i>Length: Measure from below stoma to end of closed pouch.</i> Small Ostomy Bag – 4" wide x 4" tall Small Ostomy Bag – 5" wide x 4" tall Addium Ostomy Bag – 5" wide x 6" tall Large Ostomy Bag – 5.5" wide x 8" tall Custom –wide xtall Standard Bag Color: Black	Standard Access Hole cutout diameter is 2.75", unless otherwise specified.
Access form online at www.benik.com/ostomy-order-form	Quantity:
NOTES	Color: 🗅 Beige 🗅 Navy Blue
	Red Yellow Turquoise
	Purple   Hot Pink   Flo. Green
	Gray Dark Green
	Black Royal Blue
	Separate colors may be chosen for multiple belts. Specify choices in Notes section.
	Stoma Guard: A black stoma guard is <b>included</b> with each belt. The stoma guard is also available in each belt color. Contact us for more info and cost on the color-matched option.

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