

Order Form for Silicone Dilators

To order, please complete this form, print a copy and mail to Soul Source.

All orders are discreetly packaged.

Name _____ Check one: Individual Clinician

Facility (if applicable) _____

Shipping Address _____

City _____ State _____ Zip Code _____ Country _____

Phone Number _____ Order Date _____

To receive email confirmation of mailing date,
please clearly print your email address _____

QUANTITY	NUMBER	DILATOR SIZE: DIAMETER* X LENGTH	CIRCUMFERENCE	PRICE EACH	TOTAL
	# 1	1/2" x 2 1/2" (size of a junior tampon)	1.6"	\$19	
	# 2	3/4" x 3" (size of a super tampon)	2.4"	\$25	
	# 3	7/8" x 3 1/2"	2.7"	\$32	
	# 4	1" x 4"	3.1"	\$40	
	# 5	1 1/8" x 4 1/2"	3.5"	\$48	
	# 6	1 1/4" x 5"	3.9"	\$56	
	# 7	1 7/16" x 5 1/2"	4.5"	\$64	
	# 8	1 5/8" x 6"	5.1"	\$72	

* Soul Source dilators are tapered; dilator diameters do not exceed the stated dimensions.

When four or more dilators are purchased, deduct \$20 from the total cost of the dilators.

Soul Source customizes bulk orders to medical centers and offices. Please contact us.

Soul Source Dilators



Order 4 or more dilators and save \$20.00 subtract \$20.00

Subtotal _____

Add Shipping/Handling \$10.00

Total Check or Money Order Enclosed _____

All orders are discreetly packaged.

Make Checks Payable to: Soul Source Enterprises, LLC

Mail to:

Soul Source Enterprises

PO Box 80602

Portland, Oregon 97280-1602

Checks or money orders only by mail. Credit cards accepted by phone or on-line at www.soulsourceenterprises.com.

Please expect delivery in 2 weeks or less.

Dilators are non-returnable and non-refundable.



Soul Source Enterprises
PO Box 80602
Portland, Oregon 97280-1602
503-750-1802
503-892-5787 fax
www.SoulSourceEnterprises.com