

Request Form To List Your Pharmacy On NasalCEASE® – BleedCEASE® Website Let Us Drive Customers To Your Store

If you stock NasalCEASE and/or BleedCEASE let us list you as a stocking pharmacy on our website. We list stores by state, city, pharmacy name, street address and telephone number. We also tie listed stocking stores into our doctor sampling program driving customers from the doctor office to your store.

To have your store listed, please complete the below information and mail or fax the form to Catalina Healthcare. Mailed forms should be addressed to Catalina Healthcare, PO Box 303, Mendon NY 14506. Or you can fax the forms to 1-585-624-9768. If you have any questions call 1-800-650-6673.

NasalCEASE and BleedCEASE are the # 1 doctor recommended OTC products for stopping bleeding from nosebleeds and topical cuts and minor wounds.

New BleedCEASE is the same effective product as NasalCEASE packed in economy pack boxes of 25 and 100 sterile packs. If your customers like NasalCEASE, they will love the economics of BleedCEASE.

Please complete all information below:

Pharmacy Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ Email* (optional) _____

Check the appropriate items: _____ Stock NasalCEASE _____ Stock BleedCEASE

_____ My wholesaler is: _____

_____ I order the products directly from your company (Catalina Healthcare)

*By providing your email address we will add you to our pharmacy database. You will receive periodic information from us on nosebleeds, topical bleeding and the products. This information should be of interest to you, your pharmacy staff and your customers.