

NasalCEASE®-BleedCEASE® Doctor/Nurse/Hosp. Order

If you wish to order NasalCEASE or BleedCEASE, please mail or fax this order to Catalina Healthcare. Mail orders should be addressed to Catalina Healthcare, PO Box 303, Mendon, NY 14506. Orders can be faxed to: 1-585-624-9678. Any questions, call 1-800-650-NOSE (6673).

NasalCEASE is the #1 doctor recommended OTC product for treating nosebleeds. It is also the #1 product sold in retail pharmacies as tracked by IRI data.

When placing an order, please complete all information below:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Ship to Address (if different than above)

Address: _____

City: _____ State: _____ Zip: _____

NasalCEASE and BleedCEASE: 5 pack pricing

- Orders of up to five boxes will be invoiced at \$11.50 per box
- Orders of six to eleven boxes will be invoiced at \$10.00 per box (13% discount)
- Orders of twelve+ boxes will be invoiced at \$9.00 per box (22% discount)

BleedCEASE: 25 and 100 pack pricing

- BleedCEASE 25 pack invoiced at \$21.05 per box
- BleedCEASE 100 pack invoiced at \$73.92 per box

Indicate # of boxes ordered: ____ NC ____ BC 5 ____ BC 25 ____ BC 100

Payment

We accept checks as well as Visa and MasterCard. If you wish to pay by check, simply remit your check upon receipt of your order (we will include an invoice with your shipment). If you wish to pay by credit card, please provide the following information with your order.

Credit card number: _____ Expiration Date: _____

Card Billing Address (if different than above):

Street address # _____ Zip Code: _____

Signature of credit card holder: _____