

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

If you wish to order BleedCEASE or NasalCEASE, 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).

BleedCEASE is the #1 doctor recommended OTC product for treating nosebleeds.

### **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 \$13.42 per box
- Orders of six to eleven boxes will be invoiced at \$12.10 per box (10% discount)
- Orders of twelve+ boxes will be invoiced at \$11.40 per box (15% discount)

### **BleedCEASE: 25 and 100 pack pricing**

- BleedCEASE 25 pack invoiced at \$24.55 per box
- BleedCEASE 100 pack invoiced at \$86.18 per box

Indicate # of boxes ordered: \_\_\_\_ NC \_\_\_\_ BC 5 \_\_\_\_ BC 25 \_\_\_\_ BC 100

Shipping and handling of \$7.50 per order will be added to all orders

### **Payment**

We accept checks as well as Visa, MasterCard and Discover Card. 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.

Pay by check: \_\_\_\_\_

Credit card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CC 3 Digit Code: \_\_\_\_\_

Card Billing Address (if different than above):

Street address # \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of credit card holder: \_\_\_\_\_