

BleedCEASE® - NasalCEASE® Pharmacy 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 stopping bleeding from nosebleeds, topical cuts and minor wounds. BleedCEASE is sold in boxes of five sterile packs and value packs of twenty-five and one hundred sterile packs.

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.

When placing an order, please complete all information below:

Pharmacy Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Ship to Address (if different than above)

Address: _____

City: _____ State: _____ Zip: _____

NasalCEASE and BleedCEASE pricing

NasalCEASE and BleedCEASE 5 packs box contain five sterile packs:

- Minimum order of six boxes will be invoiced at \$8.35 per box
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BleedCEASE is sold in value pack boxes of 25 and 100 count sterile packs:

- Minimum order of three boxes mix and match 25's and 100's
- 25 count boxes are \$15.28 per box / 100 count boxes are \$53.66 per box

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

Please indicate # of boxes ordered: _____ NC _____ BC 5 _____ BC 25 _____ BC 100

Payment

We accept checks as well as Visa, Master Card 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: _____