

# NasalCEASE® Doctor/Nurse/Hospital Order Form

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

## 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 Pricing

**Regular price - \$11.50 per box of five sterile packs – good for five nosebleeds:**

- 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)
- Shipping and handling of \$5.00 per order will be added to all orders.

**Please indicate the number of NasalCEASE boxes (5 sterile packs each) ordered \_\_\_\_\_**

## Payment

**We accept VISA and MasterCard – or you can be invoiced with your shipment.**

**Please indicate your choice: \_\_\_\_\_ credit card \_\_\_\_\_ invoice**

**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 – supply the following two pieces of information)

Street Address # \_\_\_\_\_ Zip Code \_\_\_\_\_

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