

# NasalCEASE® Pharmacy 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)

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 Pricing

**Each NasalCEASE box (one consumer sale) contains five sterile packs – five nosebleeds:**

- Minimum Order of six boxes will be invoiced at \$7.50 per box
- Shipping and handling of \$3.50 per order will be added to all orders
- Suggested retail pricing is \$11.50 per box

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

**\_\_\_\_\_ Please list my pharmacy on your web site's Purchase > Locate a Retailer link**

## 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 \_\_\_\_\_