

Request Form To List Your Pharmacy On

BleedCEASE® - NasalCEASE® Website

Let Us Drive Customers To Your Store

If you stock BleedCEASE and/or NasalCEASE let us list you as a stocking pharmacy on our website. We list stores by state, city, pharmacy name, street address, and telephone number. We also tie listed stocking stores into our doctor sampling program driving customers from the doctor's office to your store. **This is a win-win for all.**

To have your store listed, please complete the below information and mail or fax the form to Catalina HealthCare.

Mailed forms should be addressed to Catalina HealthCare, P.O. Box 303, Mendon, NY 14506. Or you can fax the forms to 1-585-624-9768. If you have any questions call 1-800-650-6673.

BleedCEASE and NasalCEASE are the #1 doctor recommended OTC products for stopping bleeding from nosebleeds and topical cuts and minor wounds.

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 BleedCEASE.

Please complete all information below:

Pharmacy Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email*(optional): _____

Check the appropriate items: Stock BleedCEASE Stock NasalCEASE

My wholesaler is: _____

I order the products directly from your company (Catalina HealthCare)

*By providing your email address we will add you to our pharmacy database. You will receive periodic information from us on nosebleeds, topical bleeding, and the products. This information should be of interest to you, your pharmacy staff and your customers.