



Direct Fax Ordering Form:

Ship To:

Name: _____

Address: _____

City _____ State ____ Zip _____

Telephone _____

Email: _____

Credit Card Information:

Circle: Amex Visa MC

Credit Card#: _____

Expiration: __ / __ Card Code: _____

Name: _____
on Card

Address: _____

City _____ State ____ Zip _____

EasiEar – Comfort Curette

___ 40025: 25 / box \$ 69

___ 40300: 300 / box \$225

Schnozzle – Nasal Adapter

___ 70050 50 / box \$187.50

NoseCap – Nasal Bottle Adapter

___ 80050 50 / box \$225

CanadaCap – Wound Irrigation

___ 100500

EyeCap Water Bottle Adapter

___ 200001

\$10.00 shipping per box

\$____ Total

SPLASH MEDICAL DEVICES, LLC
ATLANTA, GEORGIA 30342
INFO@SPLASHCAP.COM

FAX Order Form

This form is only for ordering
the products listed above
using a credit card via FAX

For other products contact
BSN 800 552-1157

FAX TO 404 252-2112