



## 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

\_\_\_ 70100 100 / box \$175

### 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