

Direct Ordering Form:

scan & email form to info@splashcap.com

Ship To:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Tel: _____

Email: _____

Credit Card Information: (if applicable)

Circle: Amex Visa MC

Credit Card#: _____

Expiration: __ / __ Card Code: _____

I can't order by credit card. Please send invoice to address below.

Credit Card or Invoice Information:

Name: _____
on Card

Address: _____

City: _____ State _____ Zip _____

scan & email form to:

SplashCap-23
Wound Irrigation Shield
(Fits Stericare 38mm Bottles)
23 Parts/Bag @ \$ 73
Item#: 100023 - 23

Schnozzle
Nasal Irrigation Syringe Adapter
50 Parts/Box \$187.50
Item#: 70050

Shipping & Handling = \$25

SPLASH MEDICAL DEVICES, LLC
ATLANTA, GEORGIA 30342
INFO@SPLASHCAP.COM
404-252-5442

	# Items	Cost/ Item	Item Totals
SplashCap-23 Item#:10023		\$73	
Schnozzle Item#: 70050		\$187.50	
Subtotal			
S&H			\$25

Total \$



info@splashcap.com