



Fax Ordering Form:

EASIEAR

Disposable Comfort Curette

___ EASIEAR 40025: 25 / box \$ 69

___ EASIEAR 40300: 300 / box \$225

\$10.00 shipping

\$___ Total

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 _____

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

EasiEar
FAX Order Form

This form is only
for ordering the

EASIEAR curette
by credit card via FAX.

FAX TO 404 252-2112