

SinuCleanse®

Product Order Form

Please fill out the following information and either mail or fax back to us.
Mailing Address: Med-Systems, Inc., P.O. Box 45634, Madison, WI 53744-5634
Fax Number: 888-430-2809

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone Number: _____ Email Address: _____

Choose which method of payment:

Enclosed Check

Credit Card

Name on Card: _____

Card Number: _____

Exp. Date: _____ 3 or 4-digit Security Code: _____

Signature: _____

Ordering Information:

Send Me _____ SinuCleanse® Neti Pot Systems @ \$9.99 each = _____

Send Me _____ SinuCleanse® Squeeze™ Systems @ \$9.99 each = _____

Send Me _____ SinuCleanse® Kids Mist™ Systems @ \$9.99 each = _____

Send Me _____ SinuCleanse® 60 Count Saline Packets @ \$7.99 each = _____

Send Me _____ SinuCleanse® 100 Count Saline Packets @ \$9.99 each = _____

Shipping & Handling* @ \$5.95 flat = _____

Total = _____

* 90 day money back guarantee. All orders shipped next business day via priority mail to the U.S. and Canada.
Shipping to other countries available through online store at www.sinucleanse.com