



ORDER FORM

Ostomy Association of South Australia

1 Keele Place, Kidman Park SA 5025
 Telephone: (08) 8235 2727 Fax: (08) 8355 1073
 Email: orders@colostomysa.org.au

*****IT IS NOW COMPULSORY TO SUPPLY YOUR MEDICARE NUMBER & EXPIRY DATE WITH EVERY ORDER**

Medicare No: _____	*Position on card _____	Expiry Date: _____
Pension/Concession No. (If any): _____		*Pension/Concession Exp: _____
Member No: _____		Date _____
Surname: _____		Initials: _____
Address: _____		DOB: _____
		Postcode: _____
Phone: _____	Email: _____	

For the Month/s of: _____ Please circle **PICK UP** OR **POST**

ORDERS MUST BE RECEIVED **BEFORE THE 25TH OF THE MONTH** OR YOUR MONTHS ALLOCATION MAY BE FORFEITED.

Order Details				For Office Use Only		
Brand	Product Code	Description	Quantity	SAS Pack / max Quantity	Med. Cert quantity / expiry	Check & Initials

Fees and Charges (See over for payment options)					Total \$	Office Use Only
Freight <i>Must be paid in advance</i>	1 mth supply	2 mth supply	Interstate orders			Date:
*** Conditions apply	Single Stomas ***	\$15	\$20	\$25		Receipt / Invoice #:
	Dual Stomas ***	\$20	\$30	\$35		
	Extra Supplies ***	\$20	\$30	\$35		
Saleable Items	<i>See over</i>					System updated / initials:
Donations (Thank You)						Notes:
Yearly membership fees :	Pensioner		Full			
Membership fee:	\$50		\$60			
Admin fee:	\$20		\$20			
Late fees (*Applies after 1st of August):	\$20					
Total Membership Fee: \$70 (Pension) OR \$80 (Full)						
Total Amount Payable: (Freight, Saleable items, Donations & Memberships)					\$	\$

Office Use Only	Received On:	VIA Email / Fax / Post / In person	DUAL 1. YES / NO 2.
	Processed On:	By:	For Dispatch On:

ORDER FORM
Ostomy Association of South Australia

Member No.: _____

Date: _____

Surname: _____

Initials: _____

Payment Options

EFT <i>(Electronic Funds Transfer)</i>	BSB: 105 - 074 Account number: 045 135 240 Account name: Ostomy Association of SA Reference: Your Member Number	Please email your receipt to: orders@colostomysa.org.au
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Credit Card Minimum payment is \$10.00	VISA / Mastercard	Card No:	Expiry Date:	CVV

Cheques and Money orders Please make payable to Ostomy Association of SA Inc.

Saleable Items	Quantity	Cost	Total
Scissors		\$8.00	
Room spray			
Orange		\$4.00	
Orange & Lemon Myrtle		\$4.00	
Orange & Lime		\$4.00	
Lavender		\$4.00	
Micropore Tape			
1" Tape		\$1.50	
2" Tape		\$3.00	
Deodorised Nappy Bags			
Pack of 50		\$2.00	
Pack of 200		\$4.00	
Disposable Bluey Bed protector (pack of 10)		\$5.00	
Conni Washable Bed Protector		\$35.00	
Antibacterial Hand Wipes		\$4.00	
Gloves			
Small -		\$7.00	
Medium (<i>non latex free</i>) -		\$16.00	
Large (<i>non latex free</i>) -		\$16.00	
Natra San Antibacterial Hand Santizer Spray (50ml)		\$6.90	
Natra San Antibacterial Hand Santizer Spray (125ml)		\$9.95	
Box Alcohol Swabs		\$7.00	
Urostomy Night Drain Stand		\$12.00	
Optilube lubricant Gel Sachet (2.7g) Catheter Lubricant (144 /box)		\$19.95	
Pre-addressed OASA Envelopes pk 12		\$2.00	
TOTAL SALEABLE ITEMS			

NOTES: