

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 MEDICA	RE NUMBER & EXPIR	Y DATE WITH EVERY OR	DER				
*Medicare	• No:		*Position on card	1	*Expiry Date:					
Pension/Concession No: _(If any):					Pension/Co	ncession	Ехр:			
Member N					Date of Subn					
Surname:				_ Initials:						
Address:				*DOB:	Initials:*DOB:					
					Postcode:					
Phone:			Email:	·						
For the M	onth/s of:				Please circle	PICK UP	<u>OR</u>	POST		
		RECEIVED BEFORE THE	21 st OF THE MON	ITH OR YOUR M	ONTHS ALLOCATION M	 1AY BE FORF	EITED.			
			Order Details	1	For Office Use Only					
Brand	Product Code		Description	Description		SAS Pack / max Quantity	Med. Cert quantity / expiry	Check & Initials		
						,				
						_				
Fees and	l Charges(Se	ee over for payment o	options)			Total \$	Office U	Jse Only		
Freight	Mus	t be paid in advance	1 mth supply	2 mth supply	Interstate orders		Date:			
***	Single Stomas **	**	\$15	\$20	\$25					
Conditions apply	Dual Stomas ***		\$20	\$30	\$35		Receipt / Invoice #:			
	Extra Supplies *	**	\$20	\$30	\$35	<u> </u>				
Saleable			See over - Page 2			<u> </u>	System upo	dated /		
	S (Thank You)	\ .	Donois		T. III	 	initials:	uutou /		
Yearly membership fees :			Pensioner Full		<u> </u>	Notes:				
*Membership fee: *Plus Admin fee:			\$50 \$20		\$60 \$20		-			
Late	fees (*Applies af	ter 1st of August):	ΨΖΟ	\$20	ΨΣΟ		-			
		ee (Mem + Admin) :	\$70 (Pension)	OR	\$80 (Full)	1	-			
		Freight, Saleable items			,	\$	\$			
	,	<u> </u>	<u> </u>	1 . /		<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>			

Email / Fax / Post / In person

DUAL 1.

YES / NO 2.

For Dispatch On:

VIA

Ву:

Received On:

Processed On:

Office Use

Only

ORDER FORM

Ostomy Association of South Australia

Member No.: Date					:						
Surname:											
Payment Opt	tions										
EFT (Electronic Funds Transfer)		Account number: 045 135 240 Account name: Ostomy Association of SA ***Reference: Member Number or Full Name Mandatory	il your receipt to: ostomysa.org.au								
Credit Card Minimum payment is \$10.00	VISA / Mastercard	Card No:	1		Expiry Date:	CVV					
Cheques and Money orders	Please make payable to Ostomy Association of SA Inc.										
Saleable Iten	Quantity	Cost	Total								
Scissors					\$8.00						
Room spray											
Orai	-				\$4.00						
	nge & Lemo	n Myrtle			\$4.00						
	nge & Lime				\$4.00						
	ender				\$4.00						
Micropore Tape					04.50						
1" T	•				\$1.50						
Deodorised Nap					\$3.00						
•	ру Бадs k of 50				\$2.00						
	k of 200				\$4.00						
		ctor (pack of 10)			\$5.00						
Disposable Bluey Bed protector (pack of 10) Conni Washable Bed Protector											
Antibacterial Hai		\$35.00 \$4.00									
Gloves					,						
Sma	all -				\$7.00						
Med			\$16.00								
Larg			\$16.00								
Natra San Antiba			\$6.90								
Natra San Antiba			\$9.95								
Box Alcohol Swa		\$7.00									
Urostomy Night			\$12.00								
		et (2.7g) Catheter Lubricant (144 /box)			\$19.95						
Pre-addressed C		<u> </u>			\$2.00						
		TOTAL SALEABL	E ITEMS:								
NOTES:	1										
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