Ostomy Tasmania Incorporated

ORDER FORM

P.O. Box 280
Moonah Tasmania 7009

Fax No: 03 6228 0744
Phone: 03 6228 0799
Email: admin@ostomytas.com.au

Please provide name, address and phone number; update other details where necessary.

Name: _____ Entitlement No:_____

Address:_____

_____Postcode_____

Phone no._____ Date of Order_____

Medicare No: _____Expiry date:_____

Concession Card (if applicable): _____ Expiry date:_____

ITEM and CODE No.	QUANTITY	COST (if applicable)
APPLIANCES/PHARMACEUTICALS		
Doctor/STN certificate for extra supplies herewith/already sent?		Yes ☐ No ☐
PURCHASED ITEMS (tape, spray etc)		
RAFFLE TICKETS	50c ea or 3 for $1	
POSTAGE & HANDLING (per parcel) *(please tick appropriate box)*	prepaid ☐ DVA ☐ enclosed ☐	$ 15.00
STOMA APPLIANCE SCHEME ACCESS FEE $70 Ordinary, $60 Concession, $10 Associate	(due 1 July each year)	
DONATION		
TOTAL *enclosed* ☐ *Credit Card* ☐		$

Credit Card __ __ __ __ / __ __ __ __ / __ __ __ __ / __ __ __ __ Expiry Date _____ / _____

Name on card _____ Signature _____

Direct Credit details: BSB: 807 009 A/c No.:5109 4661 A/c Name: Ostomy Tasmania Inc
(please include your NAME as a reference)