



Ostomy Tasmania Incorporated

ORDER FORM

P.O. Box 280
Moonah Tasmania 7009

Email: admin@ostomytas.com.au

Fax No: 03 6228 0744
Phone: 03 6228 0799

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

Name: _____ Entitlement No: _____

Address: _____

_____ Postcode _____

Phone no. _____ Date of Order _____

Medicare No: (11 digits) _____ Expiry date: _____

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

APPLIANCES/PHARMACEUTICALS ITEM AND CODE NUMBER	QUANTITY	COST (if applicable)
Doctor/STN certificate for extra supplies herewith/already sent?		Yes <input type="checkbox"/> No <input type="checkbox"/>
CASH SALE ITEMS (tape, spray etc)		
POSTAGE & HANDLING (per parcel) (please tick appropriate box)	prepaid <input type="checkbox"/> DVA <input type="checkbox"/> enclosed <input type="checkbox"/>	\$ 15.00
MEMBERSHIP FEE \$70 Ordinary, \$60 Concession, \$10 Associate	(due 1 July each year)	
DONATION (Tax deductible over \$2.00)		
TOTAL enclosed <input type="checkbox"/> Credit Card <input type="checkbox"/>		\$
Credit Card _____ / _____ / _____ / _____ Expiry Date _____ / _____ CVV (on back of card) _____		
Name on card _____ Signature _____		
Direct Credit details: BSB: 807 009 A/c No.:5109 4661 A/c Name: Ostomy Tasmania Inc (please include your FULL NAME as a reference)		