OSTOMY tasmania INCORPORATED

P.O. Box 280 Moonah Tasmania 7009
Email: admin@ostomytas.com.au
Phone: 03 6228 0799
Fax No: 03 6228 0744

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)_____Ref No_____ 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 ☐ No ☐
CASH SALE ITEMS (tape, spray etc)		
POSTAGE & HANDLING (per parcel) *(please tick appropriate box)*	prepaid ☐ DVA ☐ enclosed ☐	$ 15.00
MEMBERSHIP FEE $85 Ordinary, $75 Concession, $25 Associate	(due 1 July each year)	
DONATION (Tax deductible over $2.00)		
TOTAL *enclosed* ☐ *Credit Card* ☐		$

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)