



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 <input type="checkbox"/> No <input type="checkbox"/>
PURCHASED ITEMS (tape, spray etc)		
RAFFLE TICKETS	50c ea or 3 for \$1	
POSTAGE & HANDLING (per parcel) <i>(please tick appropriate box)</i>	prepaid <input type="checkbox"/> DVA <input type="checkbox"/> enclosed <input type="checkbox"/>	\$ 12.50
NATIONAL ADMINISTRATION FEE \$60 Ordinary, \$50 Concession, \$10 Associate	(due 1 July each year)	
DONATION		
TOTAL enclosed <input type="checkbox"/> Credit Card <input type="checkbox"/>		\$
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)		