

PU POST VA

Appliance Entitlement Card No



QUEENSLAND OSTOMY ASSOCIATION INC.

Phone (07) 3848 7178
Fax (07) 3848 0561

PO BOX 198
MOOROOKA Q 4105

e-Mail: admin@qldostomy.org.au
Web: www.qldostomy.org.au

ORDER FOR THE MONTH OF

Postage Fees (\$12 per parcel) ▶▶ After you receive this parcel - you are \$ in arrears

Name Title _____ Initials _____ Surname _____

Address _____

Phone No. _____ Post Code _____

Payment enclosed

Postage \$ _____
Pharmaceuticals \$ _____
Membership * \$ _____
Donation \$ _____
Total M/O - Chq \$ _____

(or you can pay by Credit Card over the phone)

Orders to be in as early as possible in the PRECEDING Month

PLEASE PRINT CLEARLY

Brand	Item	Code No. on Box	Quantity Req'd	OFFICE USE ONLY Medical Certificate obtained
				ORDER RECEIVED
				CERTIFIED ISSUED
				CERTIFIED POSTED
				PACKED BY
"I confirm that all products ordered that are listed on the Stoma Appliance Scheme are for my own personal use"				
MEMBER'S SIGN	OFFICE USE ONLY			
	Checked	Entered on Computer	Claim	

* Annual membership fees are due from 1st July each year

_____ Paper Fold Line

Paper Fold Line _____