

PU  POST  VA

Appliance Entitlement Card No .....



QUEENSLAND OSTOMY ASSOCIATION INC.

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PO BOX 198  
MOOROOKA Q 4105

e-Mail: [admin@qldostomy.org.au](mailto:admin@qldostomy.org.au)  
Web: [www.qldostomy.org.au](http://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**

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

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

**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 1<sup>st</sup> July each year

\_\_\_\_\_ Paper Fold Line

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