



ORDER FORM

Telephone: (07) 3848 7178

ORDERS ARE PROCESSED WITHIN STOMA APPLIANCE SCHEME (SAS) RULES

SURNAME:	GIVEN NAMES:	STOMA APPLIANCE ENTITLEMENT CARD NO: _____
POSTAL ADDRESS:		
SUBURB:	POSTCODE:	
PLEASE SELECT IF POSTAL ADDRESS HAS CHANGED SINCE LAST ORDER ☐		FOR THE MONTH OF: _____
PHONE NO:	EMAIL:	
DELIVERY METHOD – PLEASE SELECT ONE: ☐ PICK UP ☐ POST		

By submitting this order, I consent to QLD Ostomy Association Inc. verifying my Medicare information with Services Australia. I also confirm that all products provided to me through the Stoma Appliance Scheme are for my own personal use.

Signed: _____

OFFICE USE ONLY – DATE RECEIVED: _____

COMPANY	PRODUCT CODE	ITEM DESCRIPTION	QTY IN PACK	# OF PACKS ORDERED	TOTAL
NON-SAS ITEMS PURCHASED:					

Members must ensure that the product code quoted is correct as goods will be supplied in accordance with this code. QOA recommends that the advice of a Stoma Therapy Nurse or medical practitioner be sought before using products which have not previously been used. Information provided by QOA about the availability and/or features of any product is not intended to be advice or recommendation as to the suitability of that product for use.

PAYMENT OPTIONS:

POSTAGE	\$17 for one month delivery/ \$23 for double month delivery	\$ _____
SAS ACCESS FEE	\$76 full/ \$66 Concession – As of July 1 st 2026	\$ _____
DONATION	Donation of \$2 and over are tax deductible	\$ _____
\$1 PROCESS FEE	For payments made by VISA or Mastercard	\$ _____

PAYMENT METHOD (Do not send cash):

BANK DETAILS: Westpac,

A/c. Name: Queensland Ostomy Assn. Inc.; BSB: 034-081; A/c. No.: 28-7976

☐ Visa/Mastercard ☐ Cheque/Money Order ☐ Prepaid Balance

Card Number ____/____/____/____. Expiry ____/____ CCV: ____

Card Name: _____ Signature: _____

TOTAL \$ _____

NOTE: ONCE AN ORDER FORM HAS BEEN SUBMITTED, WE MAY NOT BE ABLE TO MAKE ALTERATIONS