Queensland Stoma Association

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ORDER FORM

PLEASE ALLOW 14 DAYS FOR AVAILABILTY.
ORDERS ARE PROCESSED WITHIN STOMA APPLIANCE SCHEME RULES

SURNAME: **GIVEN NAMES:**	**APPLIANCE ENTITLEMENT CARD NO** _____
POSTAL ADDRESS:	
SUBURB: **POSTCODE:**	
PLEASE INDICATE IF POSTAL ADDRESS HAS CHANGED SINCE LAST ORDER ☐	**Office Use Only:** **Received:**
TELEPHONE NO:- **EMAIL:-**	**Goods issued:**

DELIVERY OPTION – PLEASE TICK ONE

☐ **PICK UP** ☐ **POST – please ensure correct postage has been paid** ☐ **POST - DVA APPROVED**

FOR THE MONTH OF _____

I confirm that all products provided to me through the Stoma Appliance Scheme are for my own personal use

Signed: _____ **Medicare #** _____ **Ref**: _____

PRODUCT CODE*	BRAND	ITEM OR DESCRIPTION	QTY IN PACK	# PACKS ORDERED	OFFICE USE ONLY

NON SAS ITEMS PURCHASED
(please list):

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

PAYMENT OPTIONS:

POSTAGE $13 per parcel (Interstate parcels may incur a surcharge to cover increased freight cost) ……..$_____

NON SAS ITEMS PURCHASED refer pharmaceutical items price list .$_____

SAS ACCESS FEE Due 30th June each year $60 full/$50 Concession (please send copy of concession card) ……$_____

ASSOCIATION FEE Due 30th June each year $2.00 ……..$_____

DONATION Donations of $2 and over are tax deductible ……$_____

2% CREDIT CARD FEE For payment made by credit card only ……$ _____

PAYMENT METHOD (Do not send cash): **TOTAL** **$** 0

☐ Cheque/Money Order ☐ Prepaid balance

☐ Visa/Mastercard Card No _ _ _ _ / _ _ _ _/ _ _ _ _/ _ _ _ _ Expiry: ____/____ CCV: _____

Cardholder Name _____ Signature _____

☐ Direct Deposit: BSB 064-135 Account: 1002 1069 (please use name as reference and attach receipt)

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