

ORDER FORM

ORDERS ARE PROCESSED WITHIN STOMA APPLIANCE SCHEME RULES

SURNAME:		GIVEN NAMES:		STOMA APPLIANCE ENTITLEMENT CARD NO
POSTAL ADDRESS:				
SUBURB:		POSTCODE:		Office Use Only Received: Goods Issued:
PLEASE INDICATE IF POSTAL ADDRESS HAS CHANGED SINCE LAST ORDER <input type="checkbox"/>				
TELEPHONE NO: -		EMAIL: -		

DELIVERY OPTION – PLEASE TICK ONE

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

FOR THE MONTH OF

MEDICARE CARD DETAILS (must be completed)

MEDICARE CARD NO INDIV REF EXPIRY /

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

Signed: _____

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

NON-SAS ITEMS PURCHASED:

*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 used. 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	\$15 per parcel (Interstate parcels may incur a surcharge to cover additional freight cost).....	\$ _____
NON-SAS ITEMS	Refer QSA pharmaceuticals item list	\$ _____
ANNUAL SUBSCRIPTION	\$62 full/\$52 Concession (SAS Access Fee+Assoc m/ship fee) due 1 July each year)	\$ _____
DONATION	Donations of \$2 and over are tax deductible	\$ _____
2% CARD FEE	For payments made by visacard or mastercard	\$ _____
PAYMENT METHOD (Do not send cash):	TOTAL	\$ _____

Cheque/Money Order Prepaid balance

Visa/Mastercard (+2% fee) Card No ____ / ____ / ____ / ____ Expiry: ____ / ____ CCV: ____

Card Name: _____ Signed: _____

Direct Deposit: BSB 064-135 Account: 1002 1069 (please use name and/or Appliance Entitlement Number as reference and attach receipt)

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