

ORDER FORM

Telephone: (07) 3359 7570
Facsimile: (07) 3350 1882

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 <input type="checkbox"/>				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

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

Signed: _____ Medicare # _____ Ref: _____ Exp : _____

FOR THE MONTH OF

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 \$15 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** \$ _____

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