



1 MOORE STREET, CANBERRA CITY, ACT, 2601
 GPO BOX 1260, CANBERRA CITY, ACT 2601
STOMA@ACTSTOMA.NET.AU
WWW.ACTSTOMA.NET.AU
 (02) 51244888

ORDER FOR SUPPLIES

GIVEN NAME _____ MIDDLE INITIAL _____ LAST NAME _____

(NAME MUST MATCH WHAT IS PRINTED ON YOUR MEDICARE CARD)

MEDICARE DETAILS INDIVIDUAL REF # EXP /

POSTAL ADDRESS _____ STATE _____ POSTCODE _____

PHONE _____ EMAIL _____

Order for the month of _____

IS THIS A TWO MONTH ORDER?

DELIVERY PREFERENCES (NOTE: packages not requiring a signature cannot be reissued in the event they are not received)

LEAVE MY PACKAGE SIGNATURE REQUIRED

Postal Charges: \$16 one month supplies, \$22 Two month supplies

Product Code	Brand	Description (Members must ensure that the product code quoted is correct as goods will be supplied in accordance with this code.)	Quantity (Box)

Cheques/Money Orders payable to ACT & Districts Stoma Association Inc.

Direct Credit
 Commonwealth Bank
 Account Name: ACT & Districts Stoma Association
 BSB: 062 919 A/C: 00910631
 Ref: PLEASE INCLUDE YOUR NAME

CREDIT CARD (VISA/ MASTERCARD)

 EXPIRY / CVV

By submitting this order, I consent to ACT & Districts Stoma Association 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.
 *Orders cannot be amended once submitted.