



# ORDER FORM

## Ostomy Association of South Australia

1 Keele Place, Kidman Park SA 5025  
 Telephone: (08) 8235 2727 Fax: (08) 8355 1073  
 Email: orders@colostomysa.org.au

\*\*\*IT IS NOW COMPULSORY TO SUPPLY YOUR MEDICARE NUMBER & EXPIRY DATE WITH EVERY ORDER

|                           |                                 |                           |
|---------------------------|---------------------------------|---------------------------|
| <b>Medicare No:</b> _____ | <b>* Position on card</b> _____ | <b>Expiry Date:</b> _____ |
| <b>Member No:</b> _____   |                                 | <b>Date</b> _____         |
| <b>Surname:</b> _____     |                                 | <b>Initials:</b> _____    |
| <b>Address:</b> _____     |                                 | <b>DOB:</b> _____         |
|                           |                                 | <b>Postcode:</b> _____    |
| <b>Phone:</b> _____       | <b>Email:</b> _____             |                           |

**For the Month/s of:** \_\_\_\_\_ Please circle **PICK UP** or **POST**

ORDERS MUST BE RECEIVED **BEFORE THE 25<sup>TH</sup> OF THE MONTH** OR YOUR MONTHS ALLOCATION MAY BE FORFEITED.

| Order Details |              |             |          | Office Use Only         |                             |                  |
|---------------|--------------|-------------|----------|-------------------------|-----------------------------|------------------|
| Brand         | Product Code | Description | Quantity | SAS Pack / max Quantity | Med. Cert quantity / expiry | Check & Initials |
|               |              |             |          |                         |                             |                  |
|               |              |             |          |                         |                             |                  |
|               |              |             |          |                         |                             |                  |
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|               |              |             |          |                         |                             |                  |

|   |                    |              |              |                   |          |                            |
|---|--------------------|--------------|--------------|-------------------|----------|----------------------------|
| <b>Fees and Charges ( See over for payment options )</b>                                  |                    |              |              |                   | Total \$ | <b>Office Use Only</b>     |
| <b>Freight</b> <span style="color: red; font-size: small;">Must be paid in advance</span> |                    | 1 mth supply | 2 mth supply | Interstate orders |          | Date:                      |
| *** Conditions apply  | Single Stomas ***  | \$15         | \$20         | \$25              |          | Receipt / Invoice #:       |
|   | Dual Stomas ***    | \$20         | \$30         | \$35              |          |                            |
|   | Extra Supplies *** | \$20         | \$30         | \$35              |          |                            |
| <b>Saleable Items</b>   |                    | See over     |              |                   |          |                            |
| <b>Donations (Thank You)</b>  |                    |              |              |                   |          | System updated / initials: |
| <b>Yearly membership fees :</b>   |                    | Pensioner    |              | Full              |          | Notes:                     |
| Membership fee:   |                    | \$50         |              | \$60              |          |                            |
| Admin fee:  |                    | \$20         |              | \$20              |          |                            |
| Late fees (*Applies after 1st of August):   |                    | \$20         |              |                   |          |                            |
| <b>Total Membership Fee: \$70 (Pension) OR \$80 (Full)</b>                                |                    |              |              |                   |          |                            |
| <b>Total Amount Payable:</b> (Freight, Saleable items, Donations & Memberships)           |                    |              |              |                   | \$       | \$                         |

|                        |                     |                                       |                        |
|------------------------|---------------------|---------------------------------------|------------------------|
| <b>Office Use Only</b> | Received On: _____  | VIA<br>Email / Fax / Post / In person | DUAL 1.<br>YES / NO 2. |
|                        | Processed On: _____ | By: _____                             | For Dispatch On: _____ |

**ORDER FORM**  
Ostomy Association of South Australia

Member No.: \_\_\_\_\_

Date: \_\_\_\_\_

Surname: \_\_\_\_\_

Initials: \_\_\_\_\_

**Payment Options**

|  |  |   |
|--|--|---|
| <b>EFT</b><br><i>(Electronic Funds Transfer)</i> | BSB: 105 - 074<br>Account number: 045 135 240<br>Account name: Ostomy Association of SA<br>Reference: Your Member Number | Please email your receipt to:<br><a href="mailto:orders@colostomysa.org.au">orders@colostomysa.org.au</a> |
|--|--|---|

|  |                      |          |              |     |
|--|----------------------|----------|--------------|-----|
| <b>Credit Card</b><br>Minimum payment is \$10.00 | VISA /<br>Mastercard | Card No: | Expiry Date: | CVV |
|--|----------------------|----------|--------------|-----|

**Cheques and Money orders** Please make payable to Ostomy Association of SA Inc.

| Saleable Items   | Quantity | Cost           | Total |
|--|----------|----------------|-------|
| Scissors   |          | \$8.00         |       |
| Room spray   |          |                |       |
| Orange   |          | \$4.00         |       |
| Orange & Lemon Myrtle  |          | \$4.00         |       |
| Orange & Lime  |          | \$4.00         |       |
| Lavender   |          | \$4.00         |       |
| Micropore Tape   |          |                |       |
| 1" Tape  |          | \$1.50         |       |
| 2" Tape  |          | \$3.00         |       |
| Deodorised Nappy Bags  |          |                |       |
| Pack of 50   |          | \$2.00         |       |
| Pack of 200  |          | \$4.00         |       |
| Disposable Bluey Bed protector (pack of 10)                        |          | \$5.00         |       |
| Conni Washable Bed Protector                                       |          | \$35.00        |       |
| Antibacterial Hand Wipes   |          | \$4.00         |       |
| Gloves   |          |                |       |
| Small -  |          | \$7.00         |       |
| Medium ( <i>non latex free</i> ) -                                 |          | <b>\$16.00</b> |       |
| Large ( <i>non latex free</i> ) -                                  |          | <b>\$16.00</b> |       |
| Natra San Antibacterial Hand Santizer Spray (50ml)                 |          | \$6.90         |       |
| Natra San Antibacterial Hand Santizer Spray (125ml)                |          | \$9.95         |       |
| Box Alcohol Swabs  |          | \$7.00         |       |
| Urostomy Night Drain Stand   |          | <b>\$12.00</b> |       |
| Optilube lubricant Gel Sachet (2.7g) Catheter Lubricant (144 /box) |          | \$19.95        |       |
| Pre-addressed OASA Envelopes pk 12                                 |          | \$2.00         |       |
| <b>TOTAL SALEABLE ITEMS</b>  |          |                |       |

**NOTES:**