



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

*Medicare No: _____	*Position on card _____	*Expiry Date: _____
** Pension / concession n.LNO (if any) _____		Pension/Concession Exp: _____
Member No: _____	Date of Submission: _____	
Surname: _____	Initials: _____	
Address: _____	*DOB: _____	
_____	Postcode: _____	
Phone: _____	Email: _____	

For the Month/s of: _____

Please circle · PICK OR POST

ORDERS MUST BE RECEIVED **BEFORE THE 21st OF THE MONTH** OR YOUR MONTHS ALLOCATION MAY BE FORFEITED.

Order Details					For Office Use Only			
Brand	Product Code	Description	Quantity	SAS Pack / max Quantity	Med. Cert quantity / expiry	Check & Initials		
Fees and Charges (See over for payment options)					Total \$	Office Use Only		
Freight		Must be paid in advance			1 mth supply	2 mth supply	Interstate orders	Date: _____
*** Conditions apply	Single Stomas ***	\$15	\$20	\$25				
	Dual Stomas ***	\$20	\$30	\$35				
	Extra Supplies ***	\$20	\$30	\$35			Receipt / Invoice #:	
Saleable Items					See over - Page 2			System updated / initials: _____ Notes: _____
Donations (Thank You)								
Yearly membership fees :		Pensioner			Full			
		*Membership fee:			\$50	\$60		
		*Plus Admin fee:			\$20	\$20		
		Late fees (*Applies after 1st of August):			\$20			
Total Membership Fee (Mem + Admin) : \$70 (Pension) OR \$80 (Full)								
Total Amount Payable: (Freight, Saleable items, Donations & Memberships)					\$			\$

Office Use Only	Received On: _____	VIA _____ Email / Fax / Post / In person	DUAL 1. YES / NO 2.
	Processed On: _____	By: _____ 26/07/20238:43 AM	For Dispatch On: _____

ORDER FORM
Ostomy Association of South Australia

Member No.: _____

Date: _____

Surname: _____

Initials: _____

Payment Options					
EFT <small>(Electronic Funds Transfer)</small>	BSB: 105 - 074 Account number: 045 135 240 Account name: Ostomy Association of SA ***Reference: Member Number or Full Name Mandatory			Please email your receipt to: orders@colostomysa.org.au	
Credit Card Minimum payment is \$10.00	VISA / 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 *price changed from 2/03/22		\$15.00			
Room spray					
Orange		\$5.00			
Orange & Lemon Myrtle		\$5.00			
Orange & Lime		\$5.00			
Lavender		\$5.00			
Micropore Tape					
1" Tape		\$1.50			
2" Tape		\$3.00			
Deodorised Nappy Bags					
Pack of 50		\$2.00			
Pack of 200 *price changed from 12/1/22		\$5.00			
Disposable Bluey Bed protector (pack of 10)		\$5.00			
Conni Washable Bed Protector *price changed from 1/12/22		\$45.00			
Antibacterial Hand Wipes		\$4.00			
Gloves					
Small -		\$18.00			
Medium (non latex free) -		\$18.00			
Large (non latex free) -		\$18.00			
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 *price changed from 1/7/23		\$25.00			
Optilube Lubricant Gel Sachet (2.7g) Catheter Lubricant (144 /box)		\$19.95			
Pre-addressed OASA Envelopes pk 12		\$2.00			
TOTAL SALEABLE ITEMS:					

NOTES:	
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