



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 nuNO (if any) _____		Pension/Concession Exp: _____
Member No: _____	Date of Submission: _____	
Surname: _____	Initials: _____	
Address: _____	*DOB: _____	
_____	Postcode: _____	
Phone: _____	Email: _____	

For the Month/s of: _____ Please circle - PICKL 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		
Saleable Items	See over - Page 2					Receipt / Invoice #:
Donations (Thank You)						
Yearly membership fees :	Pensioner		Full			System updated / initials:
*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)						Notes:
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:	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
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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	
Micropore Tape			
1" Tape		\$1.50	
2" Tape		\$3.00	
Deodorised Nappy Bags			
Pack of 50		\$3.00	
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:
