



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 No: (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 UP 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	<i>Must be paid in advance</i>			1 mth supply	2 mth supply	Interstate orders	Date: _____ Receipt / Invoice #: _____
*** Conditions apply	Single Stomas ***	\$15	\$20	\$25			
	Dual Stomas ***	\$20	\$30	\$35			
	Extra Supplies ***	\$20	\$30	\$35			
Saleable Items		<i>See over - Page 2</i>					
Donations (Thank You)							System updated / initials: _____
Yearly membership fees :		Pensioner		Full		Notes: _____	
	*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: _____	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 _____
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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		\$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 *price changed from 12/1/22		\$5.00	
Disposable Bluey Bed protector (pack of 10)		\$5.00	
Conni Washable Bed Protector *price changed from 21/02/22		\$40.00	
Antibacterial Hand Wipes		\$4.00	
Gloves			
Small -		\$16.00	
Medium (non latex free) -		\$16.00	
Large (non latex free) -		\$16.00	
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 29/7/22		\$18.00	
Optilube lubricant Gel Sachet (2.7g) Catheter Lubricant (144 /box)		\$19.95	
Pre-addressed OASA Envelopes pk 12		\$2.00	
TOTAL SALEABLE ITEMS:			

NOTES: _____