NORTH QUEENSLAND OSTOMY ASSOCIATION INC

ABN 42 962 654 704

Open: Monday and Thursday 9:00am – 4.30pm ;
Wednesday 9.00am – 12.30pm
13 Castlemaine Street, Kirwan, Townsville, Qld. 4817
Telephone: (07) 4775 2303 Fax: (07) 4725 9418
PO Box 173, Thuringowa Central, Qld. 4817
E-mail: orders@nqostomy.org.au

Order Forms must be received before the 14th of each month

Surname: First Name:	Entitlement/Membership Number
Address:	
Suburb: Post Code:	
Phone number:	Email:

☐ **COLLECT or** ☐ **POST** ☐ **$18.00** One month ☐ **$22.00** Two month order

Brand Code	Product Code	Item Description	Total Quantity	*Office use only*

Please ensure the product codes are correct. The Association provides products in compliance with the Stoma Appliance Scheme. Orders which do not comply with the Stoma Appliance Scheme guidelines will be adjusted without notice.

☐ **I confirm that all products provided to me through the Stoma Appliance Scheme are for my personal use.**

Signed_____ **Date** _____

Payment: Postage $_____ **Purchase Items $** _____ **TOTAL**..... $ ____

Payment method: EFT / Cash / Cheque / Money Order / Credit card / Debit card

Credit/Debit card payments phone the Association: 07 4775 2303 during our office hours.

EFT To: NAB Account BSB 084-970 ACC 50899 2151

Please reference your Surname and Membership Number on the bank transfer

Office use only	Received	Entered	Picked	Packed	Collected/Posted
Date/Initials					