



1 MOORE STREET, CANBERRA CITY, ACT, 2601
GPO BOX 1260, CANBERRA CITY, ACT 2601
STOMA@ACTSTOMA.NET.AU
Online Ordering - WWW.ACTSTOMA.NET.AU
(02) 51244888

ORDER FOR SUPPLIES

GIVEN NAME _____ **MIDDLE INITIAL** _____ **LAST NAME** _____

(NAME MUST MATCH WHAT IS PRINTED ON YOUR MEDICARE CARD)

MEDICARE DETAILS **INDIVIDUAL REF #** **EXP** /

POSTAL ADDRESS _____ **STATE** _____ **POSTCODE** _____

PHONE _____ **EMAIL** _____

Order for the month of _____

IS THIS A TWO MONTH ORDER?

DELIVERY PREFERENCES (NOTE: packages not requiring a signature cannot be reissued in the event they are not received)

LEAVE MY PACKAGE **SIGNATURE REQUIRED**

Postal Charges: \$16 one month supplies, \$25 Two month supplies

Cheques/Money Orders payable to ACT & Districts Stoma Association Inc.

**Direct Credit
Commonwealth Bank
Account Name: ACT & Districts Stoma
Association
BSB: 062 919 A/C: 00910631
Ref: PLEASE INCLUDE YOUR NAME**

CREDIT CARD (VISA/ MASTERCARD)

EXPIRY / **CVV**

By submitting this order, I consent to ACT & Districts Stoma Association verifying my Medicare information with Services Australia. I also confirm that all products provided to me through the Stoma Appliance Scheme are for my own personal use.

*Orders cannot be amended once submitted.