

# NSW Stoma Limited

ABN 51 610 218 338



## Parcel Delivery Order Form

**Please send orders by:**

**Email:** orders@nswstoma.com.au

**Fax:** (02) 9565 4317

**Post:** NSW Stoma Limited, PO Box 164  
Camperdown NSW 1450

All correspondence to: NSW Stoma Limited  
PO Box 164, Camperdown NSW 1450

Unit 5, 7-29 Bridge Road, Stanmore NSW 2048  
Tel: 1300 678 669 / (02) 9565 4315  
Fax: (02) 9565 4317 Email: info@nswstoma.com.au  
Web: www.nswstoma.com.au

**Please allow 5 business working days from the day we receive the order to process and dispatch**

BLOCK LETTERS PLEASE

Name: \_\_\_\_\_

Residential address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Membership No: \_\_\_\_\_ Phone No: \_\_\_\_\_

Postal address (if different to above): \_\_\_\_\_

Postcode: \_\_\_\_\_

**ORDER FOR THE MONTH OF**

**\*\*WE MUST RECEIVE YOUR ORDER  
BEFORE THE 25<sup>th</sup> OF THE MONTH  
OR YOUR MONTHS ALLOCATION  
MAY BE FORFEITED.**

Appliance item or description	Code No. on box	Qty ordered	Brand	Office use only	
				Total supplied	Date we received Order
					Medical Certificate received for extra supply
					Month / Holiday checked
					Scheme checked
					Coded by
					Stock picked by
					Stock checked by
					Approved for release by

(Please circle applicable)

**Please accept my freight and order processing payment of \$ \_\_\_\_\_**

Paying by: Cash/Cheque/Money order/Mastercard/Visa (minimum \$36.00 on Credit Card)

**Cardholder's name** (as appearing on card): \_\_\_\_\_

**Card number:**

**Expiry:** \_\_\_\_ / \_\_\_\_ (mm/yyyy)

**Cardholder's signature:** \_\_\_\_\_

NSW Stoma Limited recommends that members obtain the advice of an STN or medical practitioner before obtaining or using products, which have not previously been used by the member. Information provided by NSW Stoma Limited about the availability and/or features of any product is not intended to be an advice or recommendation as to the suitability of that product for use.