

# NSW Stoma Limited

ABN 51 610 218 338



## Pick Up Order Form

**Please send orders by:**

**Email:** [orders@nswstoma.com.au](mailto: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](mailto:info@nswstoma.com.au)  
Web: [www.nswstoma.com.au](http://www.nswstoma.com.au)

**Please allow 5 business working days from the day we receive the order before picking up supplies**

BLOCK LETTERS PLEASE

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

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

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

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

I would like a  PHONE CALL  TEXT MESSAGE (PLEASE TICK)  
when my order is ready to be picked up

**ORDER FOR THE MONTH OF**

\_\_\_\_\_

**\*\*MUST BE PICKED UP BEFORE  
THE END OF THE MONTH OR SUPPLIES  
WILL BE PUT BACK TO STOCK  
AND YOUR MONTHS ALLOCATION  
WILL 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
Picked up by: (PRINT NAME & SIGN)				Approved for release by	
I have received my <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL monthly supply (PLEASE TICK)				Date:	

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.