

THIS ORDER IS FOR THE MONTH/S OF:

PICK UP  DELIVERY  
 VIC TAS SA NSW \$14 / \$21  
 WA QLD NT - contact CAV for charges

COLOSTOMY ASSOCIATION OF VICTORIA

SUITE 221, 98 ELIZABETH ST, MELBOURNE, VIC, 3000  
 PO BOX 65, FLINDERS LANE POST OFFICE, VIC, 8009  
 PHONE - 9650 1666 EMAIL info@colovic.org.au  
 OFFICE HOURS - WEEKDAYS - 9am to 2pm

SURNAME

FIRST NAME

RESIDENTIAL ADDRESS

PHONE CONTACT

MEDICARE CARD NUMBER - 11 DIGITS

MEDICARE CARD EXPIRY DATE

POSTAL ADDRESS if different to above address

SAS NUMBER

DATE OF BIRTH

STOMA INFORMATION

 SINGLE  MULTIPLE

Complete ONE ORDER FORM per stoma

SUPPLIER	PRODUCT CODE	QUANTITY	CERTIFICATE expires end of

THIS ORDER WILL NOT BE PROCESSED IF THE SAS FEE OR THE DELIVERY FEE HAS NOT BEEN PAID.

CREDIT CARD NUMBER

CREDIT CARD EXPIRY

PAYMENT FOR  
A \$1 CARD FEE APPLIES

SAS FEE  
\$

DELIVERY FEE  
\$

PRODUCT SALE  
\$

DEPOSIT FUNDS to COMMONWEALTH BANK OF AUSTRALIA - 063 001 0090 8831

Ensure that the **CAV CLIENT'S SURNAME** is recorded in every transaction.

Make CHEQUES payable to COLOSTOMY ASSOCIATION OF VICTORIA INC

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