WIDE BAY OSTOMATES ASSOCIATION INC.
88A Crofton Street, Bundaberg West, Qld, 4670
PO Box 3350, Bundaberg Qld 4670
Telephone: (07) 4152 4715
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ABN 27 545 116894

WBOA
Wide Bay Ostomates Assn

TRANSFER FORM – ASSOCIATION USE ONLY

Transfer From: ______________________ Transfer To: _______________________

Membership (SAS) number: _________________ Date of Birth: ________________

Title: ____ First Name: ____________________ Surname: ____________________

Address: ____

____ Postcode: ___________

Phone: _________________________ Mobile: _____________________________

Email: ____

Financial To: _____________ Last Issue (Month & Duration): _________________

Medicare Card: __ __ __ __ __ __ __ __ __ __ Indiv. #: __ Expiry Date: _______

Concessional/Pension Card: _________________ Expiry Date: ______________

DVA Card Colour: _________ & No: ___________ Expiry Date: ______________

Date of Surgery: _________ Hospital: _______________ STN: _______________

Surgery Type: Colostomy Ileostomy Urostomy Other

Other: _____________________________ Perm or Temp _______ Mths

Medical Certificates: if yes please provide a copy as required

Annual Products: if yes: ____

Authorisations: if yes: ____

Main Product Used (e.g. company): ______________________________________

Other Notes

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