



## Stationery re-order form

QLD NT

Please **PRINT** all details

Provider name	Medicare provider / ACIR registration number
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Delivery address (PO Box not acceptable for courier delivery)

Name of person placing the order (or contact person)	Contact phone number (   )	Facsimile number (   )
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Signature	Date  /   /
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FORM DESCRIPTION	CODE	CONTENT PER UNIT	DE CODE	NO. OF UNITS
IMMUNISATION HISTORY FORM	IMMU-13	10	182	
MEDICAL CONTRAINDICATION FORM	IMMU-11	6	183	
CONSCIENTIOUS OBJECTION FORM	IMMU-12	6	184	
PARENTS / GUARDIANS BROCHURE	BROCH-1	25	187	
POSTER	POST-1	1	186	

<p><b>Please post your re-order form to:</b></p> <p><b>Postal address</b> Medicare Australia Locked Bag 1026 Tuggeranong ACT 2901</p> <p><b>Facsimile</b> (02) 6230 0477</p> <p><b>Additional information &amp; enquiries call:</b> <b>1800 067 307</b></p>	<p>One re-order form is supplied with every order delivered. Complete and mail the form to the address supplied. Urgent replacement orders may be arranged by faxing your order to:</p> <p style="text-align: center;"><b>(02) 6230 0477</b></p> <hr/> <p><b>Date received:</b></p>
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**Privacy note**

The information provided by you on this form will be used by the Australian Childhood Immunisation Register and its stationery distributor to forward requested ACIR stationery to you. This information will not be disclosed to any other bodies.