



FITPACK ORDER FORM

Contact Name: _____

Pharmacy Name: _____

Delivery Address: _____

_____ Postcode: _____

Phone: _____ Fax: _____

Email: _____

STEP 1: Mail or email order below (estimate 3 month supply)

STEP 2: On receipt of Fitpack order, record quantity received and mail or email again to details below.

	date ordered ____/____/____	date received ____/____/____
BD 3 Pack (DS-005) 100/carton	_____ cartons	_____ cartons
Terumo 3 Pack (DS-022) 100/carton	_____ cartons	_____ cartons
BD 5 Pack (DS-019) 20/carton	_____ cartons	_____ cartons
Terumo 5 Pack (DS-017) 20/carton	_____ cartons	_____ cartons
BD 10 Pack (DS-029) 10/carton	_____ cartons	_____ cartons
Terumo 10 Pack (DS-027) 10/carton	_____ cartons	_____ cartons

BY EMAIL	BY MAIL
healthservices@nsw.guild.org.au	NSW Pharmacy Needle and Syringe Program The Pharmacy Guild of Australia (NSW Branch) Suite 201, 10 Norbrik Drive, Bella Vista NSW 2153

SUBMIT FORM