Australian Government

Medicare Australia

Application for additional stoma supplies

(This certificate is valid for up to six months)

Member entitlement number: ....

Patient name: ....

Address: ....

Ostomy association: OSTOMY N.S.W. LTD O.N.L. P.O. BOX 3068 KIRRAWEE DC 2232

Approval number: C0003X

Additional supplies request

Appliances/products: ....

Code numbers: ....

Additional quantity required each month: ....

Period required: ....

Commencing: Month .... Year ....

Reason for increased supplies (Tick box)

- ☐ Retraction
- ☐ Stenosis
- ☐ Prolapse
- ☐ Chemo/radiotherapy
- ☐ Bilateral stomas
- ☐ Fistula and stoma
- ☐ Altered physical condition
- ☐ Other

Additional information if required: ....

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Review date: ....

Referring stomal therapy nurse/doctor:

Name: .... Location: ....

Signature: .... Date: ....../....../......

4050 (10/05)