



Please **print** all details **Note:** Failure to complete the details required on this form correctly could lead to delays in stock deliveries

Date / /		Provider number (must be provided)		Name ( Not practice name)	
Street Address including business name (PO Box not acceptable for courier delivery)					
Details of person placing order					
Name		Signature		Daytime telephone number ( )	
				Fax number ( )	
Email address					

Form Description	Code	Content per Unit	DE Code	Number of units required
PBS Medicines Overseas Mini Brochure	577.07.09.2005	25 Forms	322	
PBS Medicines Overseas Information Sheet English	1385.04.01.06.01	10 Forms	500	
PBS Medicines Overseas Information Sheet Arabic	1385.04.01.06.02	10 Forms	501	
PBS Medicines Overseas Information Sheet Bosnian	1385.04.01.06.03	10 Forms	502	
PBS Medicines Overseas Information Sheet Chinese	1385.04.01.06.04	10 Forms	503	
PBS Medicines Overseas Information Sheet Croatian	1385.04.01.06.05	10 Forms	504	
PBS Medicines Overseas Information Sheet Farsi	1385.04.01.06.06	10 Forms	505	
PBS Medicines Overseas Information Sheet Filipino	1385.04.01.06.07	10 Forms	506	
PBS Medicines Overseas Information Sheet Greek	1385.04.01.06.08	10 Forms	507	
PBS Medicines Overseas Information Sheet Hindi	1385.04.01.06.09	10 Forms	508	
PBS Medicines Overseas Information Sheet Indonesian	1385.04.01.06.10	10 Forms	509	
PBS Medicines Overseas Information Sheet Italian	1385.04.01.06.11	10 Forms	510	
PBS Medicines Overseas Information Sheet Khmer	1385.04.01.06.12	10 Forms	511	
PBS Medicines Overseas Information Sheet Korean	1385.04.01.06.13	10 Forms	512	
PBS Medicines Overseas Information Sheet Macedonian	1385.04.01.06.14	10 Forms	513	
PBS Medicines Overseas Information Sheet Russian	1385.04.01.06.15	10 Forms	514	
PBS Medicines Overseas Information Sheet Serbian	1385.04.01.06.16	10 Forms	515	
PBS Medicines Overseas Information Sheet Turkish	1385.04.01.06.17	10 Forms	516	
PBS Medicines Overseas Information Sheet Vietnamese	1385.04.01.06.18	10 Forms	517	
PBS Medicines Overseas Patient Travel Letter Pad	ODDP Travel pad	1 Pad	341	
Taking or Sending PBS Medicines out of the Country maybe Illegal DL Brochure	1336.09.10.06	1 Form	525	

For items not included on these order forms (DB6BA/B/C) please telephone 132 150

Please send your re-order form to:		A re-order form is supplied with every order delivered, or you can download one from <a href="http://www.medicareaustralia.gov.au">www.medicareaustralia.gov.au</a> You are required to complete and mail to the address supplied or fax to <b>02 6160 3888</b>
<b>Postal address</b> Medicare Australia Locked Bag 4444 TUGGERANONG ACT 2901	<b>Facsimile</b> 02 6160 3888  <b>Stationery enquiries only</b> 1800 067 307	

**Privacy note:** The information provided by you on this form will be used by Medicare Australia and its stationery supplier to forward requested Medicare stationery to you. This information will not be disclosed to any other bodies