



Immunisation stationery order form

for QLD and NT

Important information

Please print all details clearly. Failure to complete all fields correctly may lead to delays in stock delivery. A new order form is supplied with every order delivered. Urgent orders may be faxed to the number shown below.

Assistance

For additional information or enquiries call **1800 067 307****

Lodgement

Send completed and signed forms to:

Medicare Australia
Locked Bag 1026
Tuggeranong ACT 2901

or fax to **02 6160 3888**

****Call charges apply from mobile and pay phones only**

Provider name	Medicare provider / ACIR registration number
---------------	--

Delivery address, including business name (PO Box not acceptable for courier delivery)
--

Contact person	Phone ()	Fax ()
Email address		

Signature	Date / /
-----------	-------------

Form description	Code	Content per unit	DE code	Number of units
Immunisation history form	IMMU13	10	182	
Medical contraindication form	IMMU11	6	183	
Conscientious objection form	IMMU12	6	184	
Parents/guardians brochure	2091	50	709	
Online services brochure	1742	50	679	
Poster	POST1	1	186	

Privacy note

The information provided by you on this form will be used by the Australian Childhood Immunisation Register (ACIR) and its stationery distributor to forward requested ACIR stationery to you. This information will not be disclosed to any other third party unless authorised or required by law.