



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 6230 0477**

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

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

| |
|---|
| Delivery address (PO Box not acceptable for courier delivery) |
|---|

| | | |
|----------------|-----------------|---------------|
| Contact person | Phone () | Fax () |
|----------------|-----------------|---------------|

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

| Form description | Code | Content per unit | DE code | Number 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 | 2091 | 50 | 709 | |
| Online services brochure | 1742 | 50 | 679 | |
| Poster | POST-1 | 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.