



# Quote and Order Cover Sheet

For custom made products, please return to:

**JOBST Custom Made Australia**

Phone: 1300 998 810 Fax: 1300 998 820

Email: [jobstcs.au@essity.com](mailto:jobstcs.au@essity.com)

**JOBST Custom Made New Zealand**

Phone: 0508 998 810 Fax: 0508 998 820

Email: [jobstcs.NZ@essity.com](mailto:jobstcs.NZ@essity.com)

For ready to wear products, please return to:

**General Customer Service Australia**

Phone: 1300 276 633 Fax: 1300 998 830

Email: [customerservice.au@essity.com](mailto:customerservice.au@essity.com)

**General Customer Service New Zealand**

Phone: 0508 276 111 Fax: 0508 998 830

Email: [customerservice.NZ@essity.com](mailto:customerservice.NZ@essity.com)

Please proceed with the following request:	
Date Submitted:                    /                    /	<input type="checkbox"/> New Patient <input type="checkbox"/> Existing Patient
<input type="checkbox"/> Quote Only	<input type="checkbox"/> Quote (Purchase order to follow and then process order)
<input type="checkbox"/> Process Order	Essity Quote Reference Number (if known): _____

Please complete the following fields. Note: all fields are compulsory.

### Patient details

Name:	
Address:	Postcode:
Contact Details:	

### Therapist details

Name:	
Facility/ Department:	
Address:	Postcode:
Contact Details:	

### Payment details/ Bill to details

<input type="checkbox"/> Patient to Pay                    Amount: \$	Expiry Date:                    /                    /
<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa	Signature:
Card No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name on Card

<input type="checkbox"/> Hospital/ Clinic Account to Pay	Essity Account No./Name of Payer:
	<input type="checkbox"/> Purchase Order

<input type="checkbox"/> Third Party Payer, please indicate below:	
<input type="checkbox"/> DVA	RAP Number: _____
<input type="checkbox"/> NSW Enable Scheme	Purchase Order Number (If known): _____
<input type="checkbox"/> ACT Equip. Scheme	Purchase Order Number (If known): _____
<input type="checkbox"/> QLD Garment Scheme	Purchase Order Number (If known): _____
<input type="checkbox"/> SA Lymphoedema Garment Scheme	Purchase Order Number (If known): _____
<input type="checkbox"/> NDIS	
<input type="checkbox"/> Insurance Company	Claim Number: _____
	Case Manager: _____
	Contact Number: _____
	Company: _____
<input type="checkbox"/> Other	

### Deliver to/ Ship to Details

<input type="checkbox"/> Patient	<input type="checkbox"/> Hospital/ Clinic	<input type="checkbox"/> Other
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**Note:** For custom made orders, a measurement form needs to accompany this cover sheet. For all ready to wear orders, a detailed outline of the product codes is required.

