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

JOBST Custom Made New Zealand
Phone: 0508 998 810 Fax: 0508 998 820
Email: 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

General Customer Service New Zealand
Phone: 0508 276 111 Fax: 0508 998 830
Email: customerservice.NZ@essity.com

Please proceed with the following request:

Date Submitted: / /

☐ New Patient ☐ Existing Patient

☐ Quote Only

☐ Quote (Purchase order to follow and then process order)

☐ 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

☐ Patient to Pay Amount: $

Expiry Date: / /

☐ Mastercard ☐ Visa

Signature:

Card No: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Name on Card

☐ Hospital/ Clinic Account to Pay

Essity Account No./Name of Payer:

☐ Purchase Order

☐ Third Party Payer, please indicate below:

- ☐ DVA — RAP Number: _____
- ☐ NSW Enable Scheme — Purchase Order Number (If known): _____
- ☐ ACT Equip. Scheme — Purchase Order Number (If known): _____
- ☐ QLD Garment Scheme — Purchase Order Number (If known): _____
- ☐ SA Lymphoedema Garment Scheme — Purchase Order Number (If known): _____
- ☐ NDIS
- ☐ Insurance Company — Claim Number: _____
  Case Manager: _____
  Contact Number: _____
  Company: _____
- ☐ Other

Deliver to/ Ship to Details

☐ Patient ☐ Hospital/ Clinic ☐ Other

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.