

ErecAid and PosTVac Order Form

Date: ____ / ____ / ____

PATIENT INFORMATION *(please print)*

First Name: _____ Last Name: _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone No: _____ D.O.B: _____

How did you first learn about our system? _____

REFERRING DOCTOR'S DETAILS *(optional)*

Prescribing Doctor's Name: _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone No: _____ Medical Speciality: _____

ORDERING DETAILS

Amount \$

PRODUCT: Osbon ErecAid Esteem Manual System \$654 _____

PosTVac Battery Operated System \$654 _____

Osbon ErecAid Classic Manual System \$443 _____

Postage & Handling **\$ 7.00** _____

Total _____

PATIENT PAYMENT DETAILS *(payment also available via our website www.osbon.com.au with PayPal or Credit Card)*

► **Credit Card** (Visa or Mastercard only)

Cardholder Name: _____

Credit Card Number: ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ Expiry Date: _____

Amount: \$ _____ Signature: _____ CCV: _____

► **Electronic Funds Transfer** Please contact us via phone or email to obtain current bank details