


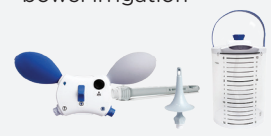


## Select style & size

A 5-Pack of LoFric catheters will be delivered. To see the full catheter range or request samples of other LoFric products, please contact **Mediplast Australia Customer Care on 1800 622 492**

<p><b>LoFric® Origo™</b></p> <ul style="list-style-type: none"> <li>• Unique insertion grip for non-touch control</li> <li>• Foldable to pocket size</li> </ul>  <p><b>40cm</b></p> <p><input type="checkbox"/> CH 10    <input type="checkbox"/> CH 16</p> <p><input type="checkbox"/> CH 12    <input type="checkbox"/> CH 18</p> <p><input type="checkbox"/> CH 14</p> <p><input type="checkbox"/> Tiemann (optional)</p>	<p><b>LoFric® Sense™</b></p> <ul style="list-style-type: none"> <li>• Textured handle for a sturdy grip</li> <li>• Discretely packaged</li> </ul>  <p><b>15cm</b></p> <p><input type="checkbox"/> CH 8    <input type="checkbox"/> CH 12</p> <p><input type="checkbox"/> CH 10    <input type="checkbox"/> CH 14</p>	<p><b>LoFric® Elle™</b></p> <ul style="list-style-type: none"> <li>• Unique L-shaped handle offers greater control, hygiene and more comfortable positioning.</li> </ul>  <p><b>10cm</b></p> <p><input type="checkbox"/> CH 10</p> <p><input type="checkbox"/> CH 12</p> <p><input type="checkbox"/> CH 14</p>	<p><b>Navina</b></p> <ul style="list-style-type: none"> <li>• The user-friendly and effective choice for bowel irrigation</li> </ul>  <p><b>Options</b></p> <p><input type="checkbox"/> Adult catheter</p> <p><input type="checkbox"/> Child catheter</p> <p><input type="checkbox"/> Cone</p>
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## Delivery details

Patient consent must be obtained prior to submitting this form to Wellspect HealthCare

Prescriber's name:\* \_\_\_\_\_ Organisation: \_\_\_\_\_

Company address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact number: \_\_\_\_\_ Email: \_\_\_\_\_

Patient's name (if carer, carer's name):\* \_\_\_\_\_

Postal address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
*(No PO Boxes please)*

Contact number: \_\_\_\_\_ Email: \_\_\_\_\_

Send samples to:  Patient     Prescriber    Catheter usage: \_\_\_\_\_ / day

Duration:  Short-term     Long-term

Funding:  Self-funding     NDIS     CAPS     DVA     Other

Prescriber/Patient does not wish to receive notification about continence updates and special offers.

**Please send this form to  
customerserviceAU@mediplast.com**

**Mediplast NDIS Provider number:  
94926359**