

NEW OSTOMY CLIENT FORM

Date: _____

Client Name: _____

Client Phone Number: _____

HSN / Health Card #: _____

Client Address: _____

Email: _____

Contact Person (if different): _____

Contact Person Phone Number: _____

List of products you are using (including item reference numbers): _____

Do you prefer pick-up or delivery? _____

Any special requests? _____

If you would like us to keep a credit card number on file for payment, please write the number below:

CC #: _____ Expiry: _____

Please email or fax this form in and we will get back to you within one business day.

Email: orders@jollysmedical.ca Fax: 306.525.2560 Phone: 306.522.3833



JOLLY'S
MEDICAL + ATHLETIC SUPPLIES