

# **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: \_\_\_\_\_ CVV: \_\_\_\_\_

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

Email: [orders@jollysmedical.ca](mailto:orders@jollysmedical.ca) Fax: 306.525.2560 Phone: 306.522.3833



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MEDICAL + ATHLETIC SUPPLIES