

"NICHE" GASTROENTERIC THERAPEUTICS

TRI-MED ORPHAN DRUG ORDER FORM

Patient's Name: _____ Patient's Contact number: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Doctor's Name: _____ Surgery number: _____

Name of Medication	Price Ex GST	Quantity	Value
1. Colloidal Bismuth Subcitrate – 1 Box of 40 tabs, 120mg per tab	\$65.00		
1. Colloidal Bismuth Subcitrate – 2 Box of 40 tabs, 120mg per tab	\$115.00		
2. Furazolidone – 30 tabs per bottle , 100 mg per tab	\$65.00		
2. Furazolidone – 2 x 30 tabs per bottle, 100 mg per tab	\$115.00		
3. Tetracycline – 60 caps per bottle, 250mg per cap	\$65.00		
3. Tetracycline – 2 x 60 caps per bottle, 250mg per cap	\$115.00		
4. Nitazoxanide – 6 tabs per box – 500mg per tab	\$52.00		
4. Nitazoxanide – 30 tabs per box – 500mg per tab	\$246.00		
4. Nitazoxanide – 60 tabs per box – 500mg per tab	\$445.00		
4. Nitazoxanide Paediatric Oral Suspension -30ml per bottle, 100mg/5ml	\$60.00		
4. Nitazoxanide Paediatric Oral Suspension-2 x 30ml per bottle,100mg/5ml	\$110.00		
Levofloxacin – 10 tabs per box – 500mg per tab	\$65.00		
Levofloxacin – 20 tabs per box – 500mg per tab	\$120.00		
Rifabutin – 6 caps per box – 150mg per cap	\$40.00		
Secnidazole – 7 x 2 tabs per box – 1000mg per tab	\$115.00		
Postage Fee (Choose a. or b.)	Inc GST		
a. Express Post – PLEASE ALLOW 4-5 DAYS	\$10.00		
b. Overnight courier service	\$32.00		

TOTAL PAYABLE(Goods +Postage Fee): \$ _____

Delivery Address: _____

TO SUPPLY ABOVE MEDICATION TRI-MED MUST HAVE A COPY OF THE SAS FORM/TGA APPROVAL LETTER EXCEPT PRODUCT 1 - 4

PAYMENT Details – Cheques / Money orders or CREDIT CARD can be used.

Name on Card: _____ Expiry Date:

Card number:

Please make Cheques / Money orders payable to **Tri-Med Distributors P/L**
and posted to Locked Bag 15, Subiaco WA 6904.

PLEASE FAX ALL OTHER FORMS TO (08) 9388 1744.

If you have any other queries please ring (08) 9388 1444.



Corporate Office:
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