

# Order Form Incident Report & Analysis



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Name of Organisation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postcode: \_\_\_\_\_

Please  as appropriate

High Care  Low Care  Other  State.....  
 No of Beds: \_\_\_\_\_

Contact Person: .....  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

No of Incident Reports:	No of Incident Reports:
<i>Duplicate: Blue &amp; Pink (pads of 50)</i>	<i>Triplicate: Blue/ Pink / Yellow (pads of 50)</i>
<input type="checkbox"/> Up to 50 Reports	<input type="checkbox"/> Up to 50 Reports
(\$0.70/per report + GST) = \$ .....	(\$0.85/per report + GST) = \$ .....
<input type="checkbox"/> Up to 100 reports	<input type="checkbox"/> Up to 100 reports
(\$ 0.60/per report + GST) = \$ .....	(\$ 0.75/per report + GST) = \$ .....
<input type="checkbox"/> Up to 150 or over reports	<input type="checkbox"/> Up to 150 or over reports
(\$ 0.55/per report + GST) = \$ .....	(\$ 0.70/per report + GST) = \$ .....
Plus postage and handling = \$ _____	Plus postage and handling = \$ _____
<b>Total Cost = \$</b> =====	<b>Total Cost = \$</b> =====

Please allow 7 days for delivery