



AUSTRALIAN ASSOCIATION OF STOMAL THERAPY NURSES INC.
ABN 16 072891322

I give
(STOMAL THERAPY NURSE'S NAME)

.....
(PATIENT'S NAME)

Authority to collect initial irrigation set/ conseal plugs (circle relevant item) from their ostomy association .

The above-mentioned patient has agreed to return to the above-mentioned stomal therapy nurse for education and training on irrigation or use of conseal plug before attempting to use these items.

The stomal therapy nurse has consulted the relevant surgeon who agrees irrigation is appropriate for this patient.

Signed: Signed:
STOMAL THERAPY NURSE PATIENT

Date:

NOTE: *Above must be ordered within 2 months of above date.*

OSTOMY ASSOCIATION:

Membership number:

.....
(SIGNATURE OF DISTRIBUTION PERSON)

Print Name: Date: