

# Hospital & Clinicians Order Form

Product Code	Product Description	Single Price	Box Price	Bulk Price	Qty	Total
<b>KCSol15 Solaire</b>	<b>15g Tube – No gst</b> <i>Kelo-cote® Solaire – with sunscreen built in.</i> <i>Sufficient to provide 60-90 days of therapy for a 12-17cm scar with</i>	\$47.95	\$41.95 <b>Box of 36</b> <b>\$1,510.20</b>	\$35.95 <b>Box of 144</b> <b>\$5,176.80</b>		
<b>KCG6</b>	<b>6g Tube</b> <i>Sufficient to provide 60-90 days of therapy for a 5-7cm scar</i>	\$24.75	\$22.75 <b>Box of 36</b> <b>\$819.00</b>	\$19.95 <b>Box of 144</b> <b>\$2,872.80</b>		
<b>KCG15</b>	<b>15g Tube</b> <i>Sufficient to provide 60-90 days of therapy for a 12-17cm scar</i>	\$44.95	\$38.75 <b>Box of 36</b> <b>\$1,395.00</b>	\$32.25 <b>Box of 144</b> <b>\$4,664.00</b>		
<b>KCG60</b>	<b>60g tube</b> <i>Sufficient to provide 60-90 days of therapy for a 50-70 cm linear scar or a 10 x 10cm<sup>2</sup> area</i>	\$139.75	\$129.75 <b>Box of 10</b> <b>\$1297.50</b>	\$109.75 <b>Box of 40</b> <b>\$4,390.00</b>		
<b>KCS50</b>	<b>50ml Spray</b> <i>Sufficient to provide 60 days of therapy for a 7 x 7cm<sup>2</sup> area</i>	\$76.50	\$64.75 <b>Box of 10</b> <b>\$647.50</b>	\$57.95 <b>Box of 40</b> <b>\$2,318.00</b>		
<b>KCS100</b>	<b>100ml spray</b> <i>Sufficient to provide 60 days of therapy for a 10 x 10 cm<sup>2</sup> scar</i>	\$129.75	\$99.75 <b>Box of 10</b> <b>\$997.50</b>	\$89.50 <b>Box of 40</b> <b>\$3,580.00</b>		
<b>CR39381</b>	<b>SILTAPE Single roll</b> <i>2cm x 3m roll</i>	\$17.95				
<b>CR39391</b>	<b>SILTAPE Single roll</b> <i>4cm x 1.5m roll</i>	\$17.95				
<b>CR3938</b>	<b>SILTAPE Box of 12</b> <i>2cm x 3m roll</i>		<b>Box of 12</b> \$189			
<b>CR3939</b>	<b>SILTAPE Box of 12</b> <i>4cm x 1.5m roll</i>		<b>Box of 12</b> \$189			
					<b>Sub-total</b>	
	<b>Freight exempt for orders over \$250</b>				<b>Freight</b>	\$12.50
	Note No GST on Solaire				<b>GST @ 10%</b>	
					<b>Total</b>	

**PLEASE PRINT CLEARLY**

Contact Name: \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Contact email: \_\_\_\_\_

CREDIT CARD Holder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Visa / Mastercard

Expiry Date \_\_\_\_\_ CCV No.: \_\_\_\_\_

Signature \_\_\_\_\_ Todays Date \_\_\_\_\_

IF you wish to pay by EFT please contact us on 1300 362 482