



# Clinical Justification for Additional Stoma Supplies

Where more than twice and up to four times the maximum quantity allowed is required

## Patient details

1 Medicare number

2 Family name

Given names(s)

3 Address

Postcode

4 Ostomy association

## Additional supplies requested that require clinical justification

5	Product name/ manufactures code	Govt Code no.	Additional no. required each month

## Clinical justification

6

## Referring stomal therapy nurse / doctor details

7 Name

8 Location

9 Signature

10 Date

## Association use only

Member entitlement no.

Association approval no.