



**Queensland  
Allergy Services**

Return form to [order@qldallergy.com](mailto:order@qldallergy.com)

Payment details:

- Mastercard
- Visa

**Number:**

**Exp Date:**

**CVS:**

**Cardholder Name:**

**Patient name:  
If different to  
cardholder**

**Contact Tel:**

**Signature:**

**Date:** / /

<b>Name of product:</b>	<b>Amount:</b>

**500g postage \$12 / over 500g \$18**

**Fucoidin is express posted for \$18 up to 500g (2 tubes)**

**Delivery address**

By completing this form you acknowledge that you have given Qld Allergy Services permission to debit your nominated card for products listed.