



Users Name (if applicable):

**Send Bill To:** (you must obtain bill payer's approval before ordering)

Full Name

Address

Suburb

State

Post Code

Phone

Email

Ordered by:

Phone:

**Deliver To:** (Write "SAME AS" if same as the *Send Bill To* address)

Name/Facility

Address

Suburb

State

Post Code

Phone

**Qty \$ Each**

Treat-Lite Pressure Care Air Cushion 45x45x4cm

Code # →   \$265



Treat-Lite Pressure Care Air Cushion 50x45x4cm

Code # →   \$265



Treat-Eezi Pressure Ulcer Pillow Case 50x70x2cm

Code # →   \$175



**Qty \$ Each**

Treat-Eezi Full Length **Cover Only** 1.95mx90cm

Code # →   \$214.50



Treat-Eezi Full Length Mattress Overlay, 4 layers 1.95mx90cm

Code # →   \$465



Treat-Eezi Community 4-Layer Pressure Pad 1mx80cm

Code # →   \$285



Please add \$15.95 per order for Postage

For more information & order forms please visit:

[www.healthsaver.com.au](http://www.healthsaver.com.au)

**FAX Order to: 1300 767 999**

E-MAIL ORDER TO:  
[info@healthsaver.com.au](mailto:info@healthsaver.com.au)

	Units	Amount
Totals	<input type="text"/>	\$ <input type="text"/>