



Treat-Eezi & Treat-Lite Order Form



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Users Name (if applicable):		Ordered by:	Phone:		
Send Bill To: (you must obtain bill payer's approval before ordering)		Deliver To: (Write "SAME AS" if same as the Send Bill To address)			
Full Name		Name/Facility			
Address		Address			
Suburb State	Post Code	Suburb		State	Post Code
Phone Email		Phone			
Qty \$ Eacl			Qty	\$ Each	
Treat-Lite Pressure Care Air Cushion 45x45x4cm		Treat-Eezi Full Length Cove			
Code # → TETL4545 \$265		Code # → TI	EMC	\$214.50	
		Treat-Eezi Full Length Mattr	ess Overlay,4 la	ayers 1.95m	ix90cm
Treat-Lite Pressure Care Air Cushion 50x45x4cm		Code # →	TEM	\$465	
Code # → TETL5045 \$265					
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		Treat-Eezi Community 4-Lag	yer Pressure Pa	d 1mx80cm	1
Treat-Eezi Pressure Ulcer Pillow Case 50x70x2cm		Code # → TE	BP4	\$285	
Code # → TEPC \$175					
TREAT-EEZI®					
	Please add \$15.95 per order for Postage				
For more information & order for	orms please visit:	www.l	nealths	aver.	com.au
	F-M	AIL ORDER TO:		Units	Amount
FAX Order to: 1300	767 QQQ				Φ.
Nov. 2017	mo@	healthsaver.com.a	au Totals		