



Infection Control Manual Order form

Reviewed and Updated February 2009 for the New Zealand Aged Care Association

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Facility Name: _____

Mailing Address: _____

Postcode: _____

Phone: _____

Email: _____

Cost:\$150.00 + GST + Postage and Handling

Number of copies required:

Fax back order form to : New Zealand Aged Care Association

Fax: 04 473 3554

Office use only

Date Received:

Sent: