



Office of Rural and Remote Health Resource Order Form

Please return to:
Email: ORRH-Admin@health.qld.gov.au
Telephone: (07) 4226 3000

Manuals	Unit	Price (GST incl.)	Qty	Postage and Handling Per item within AU (Overseas POA)	Total
Primary Clinical Care Manual 11th edition 2022 (PCCM) **Price reduced as 11th ed expires June 2025**					
 <p>A5 manual Printed: 148 x 210mm, 1.09kgs</p> 	Each	\$75.00 \$33.00		\$15.00	\$
 <p>Spiral bound manual Printed: 210 x 240mm, 1.66kgs</p>	Each	\$95.00 \$77.00		\$15.00	\$
<p>Student price * (A5 manual) 1 per student * Available to students who work less than 20hrs per week</p>	Each	\$55.00 \$33.00		\$15.00	\$
Chronic Conditions Manual 2nd edition 2020 (CCM)					
 <p>A5 manual Printed: 147 x 210mm, 1.0kg</p>	Each	\$70.00		\$15.00	\$
 <p>Spiral bound manual Printed: 200 x 242mm, 1.6kgs</p> 	Each	\$70.00		\$15.00	\$
<p>Student price * (A5 manual) 1 per student * Available to students who work less than 20hrs per week</p>	Each	\$50.00		\$15.00	\$
<p>Health Check Forms – available from: Queensland Health: Health Check Forms - Publication sets</p>					
Date:					Total price: \$

**CCM 3rd edition
resources available
soon**

Details (please ensure all sections are completed in full)

Name:

Delivery address:

Town:

State:

Postcode:

Email:

Telephone:

Invoice address (if different to delivery address):

For invoicing purposes is this a Private purchase Business purchase

Australian Business Number (ABN) (only if business purchase):

Workplace (only if business purchase):

Position (only if business purchase):

Student

Are you a student and work less than 20hrs per week?

Yes

No

Student No.:

Institution:

Course:

Payment method Direct Debit (payment details will be listed on the invoice) Credit Card (payment only accepted by telephone once your tax invoice has been received)**S/4HANA Inter-company Journal** *All sections below with ** MUST be completed for all internal Queensland Health purchases*

Cost centre:*

Company code:

Trading partner (CPID):

Authorised Expenditure Approval Officer

Profit Centre:

Name:*

Position:*

Position ID:*

Phone:

Signature:*

Date: