# ORDER

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| --- | --- |
| **ITEM** | **NUMBER** |
| GP OSC Program Patient Brochures |  |
| GP OSC Program Waiting Room Posters |  |
| Survey Stickers |  |
| GP OSC Program Patient Magnets |  |
| Copy Current Statewide GP OSC PPG |  |
| ‘Opal-3 Study’ Recruitment Pack |  |

|  |
| --- |
| **GP Name:** |
| **GP Practice Address:** |

**Pregnancy Patient Handheld Record Wallets can be ordered directly from**

**SA Health**

[**CLICK HERE FOR DETAILS**](https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/womens+and+babies+health/sa+pregnancy+record/sa+pregnancy+record)

**Email your Completed Order Form to:**

[**leanne.march@gpex.com.au**](mailto:leanne.march@gpex.com.au)

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