





## General Order Form

**Fax:** (09) 373 7947  
**Email:** admin@glaucoma.org.nz

**Ph:** (09) 373 8779  
**Post:** Glaucoma NZ, Dept of Ophthalmology  
University of Auckland, Private Bag 92019  
AUCKLAND 1142

		Quantity
	<p><b>'Your Eyes' booklet</b></p> <p>Comprehensive small booklet with information about glaucoma and general information on your eyes and eye care. Suitable for waiting areas.</p>	
	<p><b>Eye Drop Administration card</b></p> <p>How to administer eye drops with helpful hints and invitation to join GNZ Suitable for waiting areas.</p>	
	<p><b>Enrolment pads</b></p> <p>Forms to give to glaucoma patients to join GNZ's mailing list for free information and support.</p>	
	<p><b>'Free Glaucoma Information' cards</b></p> <p>Photo of contents of introductory pack and enrolment option on the reverse. Suitable for waiting areas.</p>	
<b>Fact Sheets order form</b>		
Glaucoma NZ Fact Sheets available to professional members of Glaucoma NZ		
	<ul style="list-style-type: none"> <li>• <b>Acute Angle Closure Glaucoma</b></li> </ul>	
	<ul style="list-style-type: none"> <li>• <b>Angle-Closure Glaucoma (ACG)</b></li> </ul>	
	<ul style="list-style-type: none"> <li>• <b>Laser Peripheral Iridotomy (PI)</b></li> </ul>	
	<ul style="list-style-type: none"> <li>• <b>Laser Trabeculoplasty</b></li> </ul>	
	<ul style="list-style-type: none"> <li>• <b>Normal Tension (Normal Pressure) Glaucoma</b></li> </ul>	
	<ul style="list-style-type: none"> <li>• <b>Ocular Hypertension (OHT)</b></li> </ul>	
	<ul style="list-style-type: none"> <li>• <b>Pigment Dispersion Syndrome (PDS)/Pigmentary Glaucoma</b></li> </ul>	
	<ul style="list-style-type: none"> <li>• <b>Primary Open Angle Glaucoma</b></li> </ul>	
	<ul style="list-style-type: none"> <li>• <b>Pseudoexfoliation Syndrome PXF (or Exfoliation Syndrome)</b></li> </ul>	
	<ul style="list-style-type: none"> <li>• <b>Trabeculectomy Surgery</b></li> </ul>	

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_ (Postcode) \_\_\_\_\_

**We would like to donate \$ \_\_\_\_\_ to Glaucoma NZ**

- Cheque enclosed made out to Glaucoma NZ  
 Direct credit to Glaucoma NZ account number 12 - 3013 - 0180964 - 00  
 Credit card     Visa         Mastercard

Card No: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Name on Card \_\_\_\_\_      Signature \_\_\_\_\_