



www.australiangirdoll.com.au

Instructions:

- 1 Complete the form
- 2 Attach payment or proof of payment
- 3 Detach postage label at the bottom of this form
- 4 Place doll and form in a sturdy box with some packing to ensure safe travel
- 5 One form per doll
- 6 Seal the box
- 7 Affix postage label to the box
- 8 Send your doll to hospital
- 9 Trackable post is recommended

DOLL HOSPITAL ADMISSION FORM

Owner's Name: _____ Owner's date of birth: / /

Parent/Guardian Name: _____

Address: _____

State: _____ Country: _____ Postcode: _____

Phone: _____ Email: _____

Return Address (if different to above): _____

State: _____ Country: _____ Postcode: _____

Doll's name: _____

Any special comments about your doll's condition: _____

Treatment description	Charge	Tick treatment needed
Skin & hair rejuvenation	\$45	
*Eyes replaced	\$50	
*Limbs replaced (includes new torso)	\$55	
*Torso replaced (includes limbs)	\$55	
*Head reattachment/replacement	\$50	
Sub total (max charge \$55)		
Return Postage - Perth metro only	\$10.60	
Return Postage - Rest of Australia	\$16.90	
International post: please email us info@australiangirdoll.com.au		
	Total	

Hospital Policy:

- 1 All parts of the doll must be sent to hospital (no clothing)
- 2 No separate parts will be returned
- 3 Allow enough time for your doll to travel to hospital, have her treatment or surgery then travel home. Probably 2-3 weeks altogether.

*Note: *Eyes and limb replacement necessarily includes both eyes & all limbs. We endeavour to match eye colour as closely as possible but cannot guarantee exact original colour. *Hair and skin rejuvenation are included with all procedures. If your doll needs more than one procedure only the maximum of \$55 will be payable.*

Payment Method:

I enclose a cheque
(to *Australian Girl*)

Direct Funds transfer

I attach a copy of evidence of payment made to

Bank: **COMMONWEALTH**

Bank Account Name: **Australian Girl**

BSB: **066102**

MasterCard Visa

BarterCard

Card Number

CSC (3 digit number on back of card)

Expiry date

Signature

Month year

TO:



**PO BOX 7154
KARAWARA, AUSTRALIA 6152**

From: _____

