

WetAlert® Enuresis Alarm

An Effective Bedwetting Solution

- A high quality product designed and tested in Australia
- Ready for use with handy instructions and progress diary included
- 12 months warranty



Why treat Bedwetting?

Bedwetting is one of the most common childhood problems and can have a significant negative impact on a child's emotional and social development.

Bedwetting does not always resolve by itself. If a child is 6 years old, still wets the bed and is unhappy and uncomfortable about bedwetting, treatment should be considered.

Bedwetting treatments

The recommended initial treatment for bedwetting is with a bedwetting alarm. Bedwetting alarms are effective in stopping bedwetting.

A bedwetting alarm is used to train the child to wake up and go to the toilet. The alarm will sound when the child begins to wet the bed.

For a child who continues to wet the bed despite alarm treatment, further advice should be sought from your doctor.

How to order your WetAlert® Alarm



Go to www.wetalert.com.au and order online



Call our Freephone line on **1800 33 77 46** with your details



Complete your WetAlert® order form overleaf and fax back

ORDER FORM

Please complete the details below and fax back to

(02) 8822 4999

Your order will be processed within 48 hours, and posted from Sydney.

Please allow 7 to 10 days to receive your WetAlert®.



Complete WetAlert® unit

Product	Quantity	Price (\$A)	Total Cost (\$A)
WetAlert® Alarm (Complete WetAlert® unit)		\$110 each	
Additional sensor cord*		\$35 each	
Postage and Handling (within Australia)	Orders under \$255	\$10	
	Orders \$255 and over	\$15	
Price effective from 1 June 2011		Total \$A	

*It is recommended an additional sensor cord is purchased if a second person will use the alarm.

Terms are:

Payment on placement of order by credit card or cheque made payable to Ferring Pharmaceuticals or directly to our bank (details below). Please forward cheques and the accompanying order form to Linfox Pharmatrans, Locked Bag 2013, Seven Hills NSW 1730.

Visa Mastercard Direct to Bank

Name on Card: _____ Card No: _____

Expiry Date: _____ / _____

Name: _____ Signature: _____

Address: _____

City: _____ State: _____ Postcode: _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____

BANK: Westpac BSB Number: 032 289 A/C Number: 166795 A/C Name: Ferring Pharmaceuticals



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