



The prescriber is responsible for ensuring that the client is aware that their personal information is to be forwarded to DVA, and companies authorised by DVA to deliver products, for determining and/or providing benefits under the *Veterans' Entitlements Act 1986*. The information will be treated in a confidential manner. However, in certain circumstances it may be used for clinical review, audit or management purposes or disclosed to the client's local medical officer.

For any queries regarding the completion of this form please contact the DVA's Rehabilitation Appliances Program Section on (07) 3223 8623.

Patient/Entitled Person - Delivery Details

Surname	<input type="text"/>		
Given names	<input type="text"/>		
Address	<input type="text"/>		Postcode <input type="text"/>
Phone number	(<input type="text"/>) <input type="text"/>	Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
DVA file number	<input type="text"/>		
Card type	<input type="checkbox"/> Gold <input type="checkbox"/> White → For White Card holders it is recommended that the prescriber contacts DVA to check eligibility under the patient's Accepted Disability(ies). Please call 133 254 (nearest State Office) or 1300 131 945 (interstate).		
Delivery address (if different to above)	<input type="text"/>		Postcode <input type="text"/>
Prior Approval number (when required and issued by DVA)	<input type="text"/>	Does the patient live in a Commonwealth funded Residential Aged Care Facility (RACF)?	<input type="checkbox"/> No <input type="checkbox"/> Yes → If Yes, ongoing oxygen treatment will be provided by the RACF under the <i>Aged Care Act 1997</i> and not through DVA.

Specialist Physician Details

In accordance with DVA Guidelines for Prescribers, where a respiratory physician, cardiologist, oncologist or other DVA approved medical practitioner is not available for personal endorsement, a verbal endorsement is acceptable provided that the name, address and other details are provided.

<i>Prescriber's Stamp (if applicable)</i>	Speciality	<input type="text"/>	
	Name	<input type="text"/>	
	Address	<input type="text"/>	
		Postcode <input type="text"/>	
	Provider number	<input type="text"/>	
	Phone number	(<input type="text"/>) <input type="text"/>	
	Fax number	(<input type="text"/>) <input type="text"/>	
	Signature	<input type="text"/> / /	

Local Medical Officer Details

This section should be completed when possible.

<i>Prescriber's Stamp (if applicable)</i>	Name	<input type="text"/>	
	Address	<input type="text"/>	
		Postcode <input type="text"/>	
	Provider number	<input type="text"/>	
	Phone number	(<input type="text"/>) <input type="text"/>	
	Fax number	(<input type="text"/>) <input type="text"/>	
	Signature	<input type="text"/> / /	

