



Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information](#)

RAP and NDIS – Aids and appliances can be provided by both DVA, through the Rehabilitation Appliances Program or by the NDIS, through an individual care plan, as long as the same aid/appliance is not provided by both NDIS and DVA.

Patient/Entitled Person - Delivery Details

Surname	<input type="text"/>		
Given names	<input type="text"/>		
Address	<input type="text"/>		<input type="text" value="POSTCODE"/>
	<input type="text"/>		
Delivery address (if different to above)	<input type="text"/>		<input type="text" value="POSTCODE"/>
	<input type="text"/>		
Telephone number	<input type="text" value="[]"/>		
Date of birth	<input type="text" value="/ /"/>		
DVA File number	<input type="text"/>		
Card type	Gold <input type="checkbox"/>	White <input type="checkbox"/>	For White Card holders it is recommended that eligibility be confirmed with DVA on 133 254.
Current hospital inpatient?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
	Name of hospital <input type="text"/>		
	Discharge date (if known) <input type="text" value="/ /"/>		

Specialist Physician Details (Respiratory or Sleep Physician)

Name	<input type="text"/>		
Specialty	<input type="text"/>		
Address	<input type="text"/>		<input type="text" value="POSTCODE"/>
	<input type="text"/>		
Telephone number	<input type="text" value="[]"/>	Fax	<input type="text" value="[]"/>
Provider number	<input type="text"/>		
Specialist Physician signature	<input type="text" value="✍"/>		Date <input type="text" value="/ /"/>

Sleep Clinic Details

Clinic name	<input type="text"/>		
Contact person	<input type="text"/>		
Telephone number	<input type="text" value="[]"/>	Fax	<input type="text" value="[]"/>

Equipment Request

First supply Subsequent supply Replacement Mask only

PART A

Sleep Study Results

Diagnostic Sleep Study	Date <input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	Result <input type="text"/>
CPAP/Bi-Level Information	Date <input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	Result <input type="text"/>
Clinical Information	<input type="text"/> <input type="text"/>	

PART B

Machine Details

Machine Type <input type="checkbox"/> Fixed Pressure CPAP <input type="checkbox"/> Auto Titration CPAP <input type="checkbox"/> Bi-level <input type="checkbox"/> Spontaneous <input type="checkbox"/> Spontaneous Timed <input type="checkbox"/> Spontaneous Timed and Alarmed <input type="checkbox"/> SV (Complex Sleep Apnoea) <input type="checkbox"/> Humidifier	Settings <input type="text"/> cmH2O <input type="text"/> cmH2O ▶ <input type="text"/> cmH2O <input type="text" value="min"/> <input type="text" value="max"/> IPAP <input type="text"/> EPAP <input type="text"/> BPM (if applicable) <input type="text"/> Other Settings: <input type="text"/>
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PART C

Mask Details

<input type="checkbox"/> Full Face Mask	Size <input type="text"/>	Model <input type="text"/>	Positional Devices <input type="text"/>
<input type="checkbox"/> Nasal Mask	Size <input type="text"/>	Model <input type="text"/>	Accessories
<input type="checkbox"/> Nasal Pillows	Size <input type="text"/>	Model <input type="text"/>	<input type="checkbox"/> Chin strap <input type="text" value="Size"/> <input type="checkbox"/> Filters (select one): <input type="checkbox"/> Reusable <input type="checkbox"/> Disposable <input type="checkbox"/> Hypoallergenic <input type="checkbox"/> Other <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

If this is a request for a replacement mask, was the previous mask issued by DVA?

No Yes

Date of previous mask issue

If date of previous issue is less than 12 months, please give reason for new mask

Any further instructions?

DVA Rehabilitation Appliances Program
Contracted Suppliers of CPAP/BI-Level Therapy Equipment
Effective 1 June 2016

<i>Supplier</i>	<i>Location</i>	<i>Phone</i>	<i>Fax - General</i>
Air Liquide Healthcare	NSW/ACT	(02) 9364 7474	(02) 9364 7476
	SA	(08) 8331 1648	(02) 9364 7477
	Qld	(07) 3250 3900	(02) 9364 7497
	Vic/Tas	(03) 9310 1200	(02) 9364 7482
	WA/NT	(08) 6389 1199	(08) 6389 0707 (WA does not have eFax)

<i>Supplier</i>	<i>National Phone</i>	<i>National Fax</i>
BOC	1300 933 185	1300 779 835
ResMed	1800 625 088	1800 647 259

Prescribers are reminded that the choice of supplier is theirs. The alphabetical listing above is for administrative ease only.

Please do not fax this page.