



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 |  | 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 / / | Result |
| CPAP/Bi-Level Information | Date / / | Result |
| Clinical Information | | |

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 cmH2O cmH2O ▶ cmH2O min max IPAP EPAP BPM (if applicable) Other Settings: |
|--|---|

PART C

Mask Details

| | | | |
|---|------|-------|--|
| <input type="checkbox"/> Full Face Mask | Size | Model | Positional Devices Accessories <input type="checkbox"/> Chin strap 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="checkbox"/> Nasal Mask | Size | Model | |
| <input type="checkbox"/> Nasal Pillows | Size | Model | |

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.