



RAP

Direct Order Form

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' Entitlement 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.

Refer to RAP Schedule for equipment that can be ordered through this form:

Prescriber's Profession (OT, Physio):

Prescriber's Stamp (if applicable)	Name	<input type="text"/>
	Employer	<input type="text"/>
	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Provider Number	<input type="text"/>
	Phone Number	(<input type="text"/>) <input type="text"/>
	Signed	<input type="text"/>

Entitled Person / Delivery Details:

Surname	<input type="text"/>
Given Names	<input type="text"/>
Address	<input type="text"/>
	Post Code <input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Phone Number	(<input type="text"/>) <input type="text"/>
Customer account number (Supplier's use only)	<input type="text"/>
DVA File Number	<input type="text"/>
Veteran's Residential Post Code	<input type="text"/>
Card Type	<input type="checkbox"/> Gold <input type="checkbox"/> White — Please confirm eligibility with DVA prior to ordering
Delivery Address (if different)	<input type="text"/>
	Post Code <input type="text"/>
Delivery instructions (warnings re dogs, etc)	<input type="text"/>
Prior Approval number (only required when issued by DVA)	<input type="text"/>
Does the entitled person live in a Residential Care Facility?	<input type="checkbox"/> No <input type="checkbox"/> Yes - category of care? <input type="checkbox"/> Low 5-8 <input type="checkbox"/> High 1-4 — Contact DVA

Public Hospital Discharge Details:

(please fill out this section where equipment is related to entitled person's discharge from a public hospital)

Date of Discharge	<input type="text"/> / <input type="text"/> / <input type="text"/>
Reason for supply of item	<input type="checkbox"/> Item is a fixture <input type="checkbox"/> Item is not required for safe discharge <input type="checkbox"/> Item is required longer than 30 days after discharge

