



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 continence 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.

Prescriber Details

- Continence Clinic/Adviser
 Registered Nurse
 Urologist
 LMO
 OT

Prescriber Stamp <i>(if applicable)</i>	Name	
	Employer	
	Date	/ /
	Provider number	
	Phone number	()
	Signed	

Entitled Person/Delivery Details

Surname	
Given name(s)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Phone number	()
Customer account number <i>(Supplier Use Only)</i>	
DVA File number	
Residential postcode	
Card type	<input type="checkbox"/> Gold <input type="checkbox"/> White - confirmed eligibility with DVA
Delivery address	<div style="text-align: right; padding-right: 10px;">POSTCODE</div>
Delivery instructions <i>(warning re dogs etc.)</i>	
Prior Approval Number <small>(only required in specific circumstances i.e. exceed supply limits)</small>	
Does the entitled person live in a Residential Care Facility?	<input type="checkbox"/> No <input type="checkbox"/> Yes - what category of care? <input type="checkbox"/> High 1 - 4 <input type="checkbox"/> Low 5 - 8
Is this an order additional to initial order or as a result of a new assessment?	<input type="checkbox"/> Additional <input type="checkbox"/> New assessment

Order *(Prescriber to complete)*

Please refer to "Description of Items" overleaf

DVA Item No.	Supplier Item No.	Description of Continence Products (e.g. Brand, Size etc.)	Quantity