Prior to sending this order form, ensure the following mandatory information is included:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Referring medical practitioner name and provider number - equipment is a referred service under the *Workplace Injury Rehabilitation and Compensation Act 2013* |
|  |  |  | Prescribing therapist occupational therapist (OT)/ assistive daily living (ADL) or equipment prescription report.  |
|  |  |  | Supplier quote for recommended equipment attached |

|  |
| --- |
| **Section 1 - Equipment order details** |

Agent Date of lodgement Level of equipment urgency

|  |  |  |
| --- | --- | --- |
| Choose an item. |       | Choose an item. |

Equipment category Equipment service/s

|  |  |
| --- | --- |
| Choose an item. | Choose an item. |

Equipment supplier name Equipment supplier email

|  |  |
| --- | --- |
| Choose an item. | Choose an item. |

Case Manager Case manager phone Case manager email

|  |  |  |
| --- | --- | --- |
|       |       |       |

Equipment prescribing therapist name Prescribing therapist discipline

|  |  |
| --- | --- |
|       |       |

**Prescribing therapist’s contact details**

Mobile phone Work phone Email

|  |  |  |
| --- | --- | --- |
|       |       |       |

**Providing medical practitioner details**

GP or specialist name Provider number Date of referral

|  |  |  |
| --- | --- | --- |
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| **Section 2 - Injured worker details** |

Claim number Injured Workers Name Date of birth

|  |  |  |
| --- | --- | --- |
|       |       |       |

Contact phone (Mobile) Contact phone (Home) Date of injury

|  |  |  |
| --- | --- | --- |
|       |       |       |

Email address

|  |
| --- |
|       |

Delivery address (Street, PO Box, etc) Town/suburb Postcode

|  |  |  |
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| **Is worker the contact person for delivery?** | [ ]  |  Yes – go to section 3 | [ ]   | No – complete details below for an alternate contact person |

Alternate contact name

|  |
| --- |
|       |

Alternate contact phone (Mobile) Alternate contact phone (Home) Relationship to injured worker

|  |  |  |
| --- | --- | --- |
|       |       |       |

| **Section 3 - Equipment supply** |
| --- |

| Product description(include make and model if known) | Product item code  | Size/dims. | Pre-approvedRepair order(PARO) | CommentsIf PARO required, Please enter | Attachments |
| --- | --- | --- | --- | --- | --- |
|  |  |  |

|  |  |
| --- | --- |
| YES | NO |

 |

|  |  |
| --- | --- |
| NO | NO |

 | Start date | End date | YES | NO |
|       |       |       |       |       |       |       |       |       |
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| **Section 4 - Continence, wound care, nutritional supplement supply** |

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| Product description(include make and model if known) | Product item code  | Size/dims. | Use this form for one off supply only.If ongoing supply is required obtain valid script from prescribers in line with WorkSafe policy | Attachments |
| --- | --- | --- | --- | --- |
| YES | NO |
|       |       |       |       |       |       |
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| **Section 5 - Equipment repair/maintenance** |
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| Product description(include make and model if known) | Product item code  | Size/dims. | Comments | Attachments |
| --- | --- | --- | --- | --- |
| YES | NO |
|       |       |       |       |       |       |
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| **Section 6 – Equipment hire or hire extension** |
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| Product description(include make and model if known) | Product item code  | Size/dims. | Start date | End date | Comments | Attachments |
| --- | --- | --- | --- | --- | --- | --- |
| YES | NO |
|        |       |       |       |       |       |       |       |
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| **Section 7 - Collection of personal information and health information** |

The equipment supplier/repairer and its employees and/or subcontractors must ensure that the use of any information, including personal information and health information, provided in this form is only for the purpose of processing and providing the services specified in this order form. The equipment supplier/repairer must not use, disclose or otherwise allow disclosure of the information provided in this form other than as authorised by law. Any personal information and health information in this form must be handled in accordance with WorkSafe’s Privacy Policy available on worksafe.vic.gov.au and the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic). This form is for the intended recipient only and contains personal and confidential information. If you have received it in error, please notify the sender immediately and return or destroy the original. Any other use of this communication by you is unauthorised and prohibited.