

# EQUIPMENT ORDER FORM



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

|  |   |
|--|---|
|  | Referring Medical Practitioner name and provider number - Equipment is a referred service under the Act |
|  | Recommending therapist ADL  |
|  | Supplier quote for recommended equipment attached   |

## Section 1 - Equipment Order Details

|  |                                  |                            |
|--|----------------------------------|----------------------------|
| Agent  | Date of Lodgement                | Level of Equipment Urgency |
|  |                                  |                            |
| Equipment Category                             | Equipment Service/s              |                            |
|  |                                  |                            |
| Equipment Supplier Name                        | Equipment Supplier Email         |                            |
|  |                                  |                            |
| Case Manager Name                              | Case Manager Phone               | Case Manager Email         |
|  |                                  |                            |
| Equipment Prescribing Therapist Name           | Prescribing Therapist Discipline |                            |
|  |                                  |                            |
| <b>Prescribing Therapist's Contact Details</b> |                                  |                            |
| Mobile Phone                                   | Work Phone                       | Email                      |
|  |                                  |                            |
| <b>Providing Medical Practitioner Details</b>  |                                  |                            |
| GP or Specialist Name                          | Provider Number                  | Date of Referral           |
|  |                                  |                            |

## Section 2 - Injured Worker Details

|   |  |                                |
|---|--|--------------------------------|
| Claim Number                                      | Name of Injured Worker   | Date of Birth                  |
|   |  |                                |
| Contact Phone (Mobile)                            | Contact Phone (Home)   | Date of Injury                 |
|   |  |                                |
| Delivery Address ( <i>Street, PO Box, etc</i> )   |  |                                |
|   |  |                                |
| Town/Suburb                                       | Postcode   |                                |
|   |  |                                |
| <b>Is worker the contact person for delivery?</b> |  |                                |
| <input type="checkbox"/> Yes – Go to Section 3    | <input type="checkbox"/> No – Complete details below for an alternate contact person |                                |
| <b>Alternate Contact Name</b>                     |  |                                |
| Alternate Contact Phone (Mobile)                  | Alternate Contact Phone (Home)   | Relationship to Injured Worker |
|   |  |                                |

### Section 3 – Equipment Supply

| Product Description<br><i>(includes make &amp; model if known)</i> | Size/Dimensions | Pre-approved repair Order (PARO) |    | Comments<br><i>If PARO required please enter</i> |          | Attachments |    |
|--|-----------------|----------------------------------|----|--|----------|-------------|----|
|  |                 | YES                              | NO | Start Date                                       | End Date | YES         | NO |
|  |                 |                                  |    |  |          |             |    |
|  |                 |                                  |    |  |          |             |    |
|  |                 |                                  |    |  |          |             |    |
|  |                 |                                  |    |  |          |             |    |
|  |                 |                                  |    |  |          |             |    |
|  |                 |                                  |    |  |          |             |    |

### Section 4 – Equipment Repair / Maintenance

| Product Description<br><i>(includes make &amp; model if known)</i> | Purchase Date | Comments | Attachments |    |
|--|---------------|----------|-------------|----|
|  |               |          | YES         | NO |
|  |               |          |             |    |
|  |               |          |             |    |
|  |               |          |             |    |
|  |               |          |             |    |
|  |               |          |             |    |
|  |               |          |             |    |

### Section 5 – Equipment Hire or Hire Extension

| Product Description<br><i>(includes make &amp; model if known)</i> | Size/Dimensions | Start Date | End Date | Comments | Attachments |    |
|--|-----------------|------------|----------|----------|-------------|----|
|  |                 |            |          |          | YES         | NO |
|  |                 |            |          |          |             |    |
|  |                 |            |          |          |             |    |
|  |                 |            |          |          |             |    |
|  |                 |            |          |          |             |    |
|  |                 |            |          |          |             |    |
|  |                 |            |          |          |             |    |

### Section 6 – 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](http://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.