

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	
Prescribing Therapist's Contact Details		
Mobile Phone	Work Phone	Email
Providing Medical Practitioner Details		
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	
Is worker the contact person for delivery?		
<input type="checkbox"/> Yes – Go to Section 3	<input type="checkbox"/> 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 (includes make & model if known)	Size/Dimensions	Pre-approved repair Order (PARO)		Comments <i>If PARO required please enter</i>		Attachments	
		YES	NO	Start Date	End Date	YES	NO

Section 4 – Equipment Repair / Maintenance

Product Description (includes make & model if known)	Purchase Date	Comments	Attachments	
			YES	NO

Section 5 – Equipment Hire or Hire Extension

Product Description (includes make & model if known)	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 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.