

Surname

DVA File number

Hospital Discharge Details (Please fill out this section where equipment is related to the entitled person's discharge from hospital)

Item is required for discharge

Item is a fixture

Date of discharge

Order Details (Provider to complete)

Please refer to RAP Schedule of Equipment

[\(click here to see RAP Schedule\)](#)

The RAP Schedule lists recommended quantity limits that should be considered, in conjunction with RAP Business Rule 13, when prescribing equipment.

RAP Schedule No.	Product Catalogue No.	Size	Type	Specifications	Quantity

 For **prior approval items**, please attach clinical justification or use DVA specified forms ([see RAP Schedule](#))

I certify that the client has been clinically assessed and that the RAP National Schedule of Equipment and RAP National Guidelines have been taken into account.

Signature

Date

DVA Rehabilitation Appliances Program

**Contracted Suppliers of
Mobility & Functional Support (MFS) Equipment**

Effective 1 July 2014

<i>Supplier</i>	<i>Phone</i>	<i>FAX - General</i>
Aidacare	1300 888 052	1300 787 052
Allianz Global Assistance (formerly Mondial)	1800 857 715	1800 653 556
The Country Care Group	1800 727 382	1800 329 382
BrightSky (formerly ParaQuad)	1300 799 243	1300 799 253

Prescribers are reminded that the choice of supplier is theirs.

The alphabetical listing above is for administrative ease only.

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