



### Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information](#)

### Patient/Entitled Person - Delivery Details

Surname

Given names

Address   
 POSTCODE

Delivery address (if different to above)   
 POSTCODE

Telephone number  [ ]

Date of birth  / /

DVA File number

Card type Gold  White  For White Card holders it is recommended that eligibility be confirmed with DVA on 133 254.

Current hospital inpatient? No  Yes  Name of hospital   
Discharge date (if known)  / /

### Specialist Physician Details (Respiratory or Sleep Physician)


Name

Specialty

Address   
 POSTCODE

Telephone number  [ ] Fax  [ ]

Provider number

Specialist Physician signature   Date  / /

### Sleep Clinic Details

Clinic name

Contact person

Telephone number  [ ] Fax  [ ]

### Equipment Request

First supply  Subsequent supply  Replacement Mask only

## PART A

## Sleep Study Results

Diagnostic Sleep Study	Date <input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	Result <input type="text"/>
CPAP/Bi-Level Information	Date <input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	Result <input type="text"/>
Clinical Information	<input type="text"/> <input type="text"/>	

## PART B

## Machine Details

<b>Machine Type</b> <input type="checkbox"/> Fixed Pressure CPAP <input type="checkbox"/> Auto Titration CPAP <input type="checkbox"/> Bi-level <input type="checkbox"/> Spontaneous <input type="checkbox"/> Spontaneous Timed <input type="checkbox"/> Spontaneous Timed and Alarmed <input type="checkbox"/> SV (Complex Sleep Apnoea) <input type="checkbox"/> Humidifier	<b>Settings</b> <input type="text"/> cmH2O <input type="text"/> cmH2O ▶ <input type="text"/> cmH2O <input type="text" value="min"/> <input type="text" value="max"/> IPAP <input type="text"/> EPAP <input type="text"/> BPM (if applicable) <input type="text"/> Other Settings: <input type="text"/>
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## PART C

## Mask Details

<input type="checkbox"/> Full Face Mask	Size <input type="text"/>	Model <input type="text"/>	<b>Positional Devices</b> <input type="text"/>
<input type="checkbox"/> Nasal Mask	Size <input type="text"/>	Model <input type="text"/>	<b>Accessories</b>
<input type="checkbox"/> Nasal Pillows	Size <input type="text"/>	Model <input type="text"/>	<input type="checkbox"/> Chin strap <input type="text" value="Size"/>
			<input type="checkbox"/> Filters (select one): <input type="checkbox"/> Reusable <input type="checkbox"/> Disposable <input type="checkbox"/> Hypoallergenic
			<input type="checkbox"/> Other <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

If this is a request for a replacement mask, was the previous mask issued by DVA?

No    Yes

Date of previous mask issue

If date of previous issue is less than 12 months, please give reason for new mask

Any further instructions?

Please email signed and completed form to:

## **Gippsland Sleep**

Contact: Carola Atkin

email: [carola@gippslandsleep.com.au](mailto:carola@gippslandsleep.com.au)

phone: (03) 5176 4120