



# Order Form Diabetes Products

**Privacy notice** – Personal information is protected by law, including the *Privacy Act 1988*. 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.

Go to [www.dva.gov.au/privacy](http://www.dva.gov.au/privacy) for more information about how DVA manages personal information.

## Initial orders

**AF02 – Continuous Glucose Monitors** – The order form needs to only be completed once (1) and the client will be put on a subscription to provide three (3) months' supply of products delivered to their door on an ongoing basis.

**AF03 – Insulin Pumps** MUST be made by an Endocrinologist/Specialist. See subsequent orders below.

**Other Diabetes Products** – Orders on this form are valid for two (2) years. During that period the prescriber, the client or their nominated representative will need to contact the supplier to order. Orders are limited to three (3) months' supply only.

## Subsequent / Re-orders

**AF02 – Continuous Glucose Monitors** – The initial order continues to be valid for ongoing supply (see above). The client will need to contact the contracted supplier if their residential address changes or they no longer require the sensors.

**AF03 Insulin Pumps\*** – After initial supply by an Endocrinologist, subsequent supply can be prescribed by a General Practitioner, Diabetes Educator, Diabetes Clinic or a Registered Nurse. This order form is valid for two (2) years only. During that period the prescriber, the client or their nominated representative will need to contact the supplier to order.

**For all other diabetes products\*** – This order form is valid for two (2) years only. During that period the prescriber, the client or their nominated representative will need to contact the supplier to order. Orders are limited to three (3) months' supply only.

\* After two (2) years, and before the order expires, the DVA client will need to be reassessed by the appropriate health provider, and a new form completed.

**Supplier choice** (select one only)  Aidacare  Allianz Global Assistance  BrightSky  Country Care Group

## Provider details

Endocrinologist (E) / Specialist (S)  Diabetes Clinic (DC)  Diabetes Nurse / Educator (DNE)  
 General Practitioner (GP)  Registered Nurse (RN)

**Provider Stamp** (if applicable)


**Name**

**Provider number**   
(Registered Nurse use AHPRA number)

**Employer**

**Phone number** [  ] **Mobile**

**Email address**

**Signature**  

**Date**

**Once completed, please provide the client with a copy of this form for re-ordering.**

