# Consumables prescription variation

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| Health professionals complete this form with the *FCTPCSP07b Consumables variation order* form when requesting healthcare consumables for a client when there are only minor variations to a prescription before the next review. |

## 1. Person’s details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | | | | |
|  | | | | |
| Claim number | | Date of injury | | Age |
|  | Click or tap to enter a date. | |  | |
| Injury | | | | |
|  | | | | |

## 2. Identification of need

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| Reason for request and description of variation to existing consumable products *(e.g. pressure care, personal care, incontinence, nutritional supplements)* |
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**3. Provider details**

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| Please advise the provider the client has chosen to receive products from |
| Brightsky Australia  Independence Australia  Other |

## 4. Prescriber details

|  |  |  |  |
| --- | --- | --- | --- |
| Name | | Qualification | |
|  | |  | |
| Phone | | Days/hours available | |
|  | |  | |
| Email | | | |
|  | | | |
| Address line 1 (street address, P.O Box, company, c/o) | | | |
|  | | | |
| Address line 2 (apartment, suite, unit, building, floor, etc) | | | |
|  | | | |
| City | State/Territory | | Postal code |
|  |  | |  |
| Signature | | Date | |
|  | | Click or tap to enter a date. | |

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| **Please email completed form together with *FCTPCSP07b Consumables variation* *order form* to icare:**  [**ctpcare@icare.nsw.gov.au**](mailto:ctpcare@icare.nsw.gov.au)  and include the following in the subject header: Consumables Request [Client’s name and claim number] [CTP Care contact name] |

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|  | **CTP Care** GPO Box 4052, Sydney NSW 2001 **General Phone Enquiries: 1300 738 586** Email: [ctpcare@icare.nsw.gov.au](mailto:ctpcare@icare.nsw.gov.au) www.icare.nsw.gov.au |