# Consumables prescription variation

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| Health professionals complete this form with the *F004B Consumables order variation* form when requesting healthcare consumables for a participant or worker when there are only minor variations to a prescription before the next review.  For additional information on how to complete this form, view *SP24 Completing consumables forms*. |

## 1. Person’s details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | | Scheme or program | | |
|  | | Lifetime Care  Workers Care | | |
| Participant number or claim number | Date of injury | | | Age |
|  | Click or tap to enter a date. | |  | |
| Injury | | | | |
| TBI  SCI – Level: ASIA Score:  Other: | | | | |

## 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 which panel provider the participant or worker has chosen to receive products from |
| Brightsky Australia  Independence Australia |
| Please outline the reason for choosing the above provider |
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## 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 *F004B Consumables Order Variation* form to icare:  [care-requests@icare.nsw.gov.au](mailto:care-requests@icare.nsw.gov.au)  and include the following in the subject header: Consumables Request [Participant/Worker name] [Participant/Worker reference number]  Do NOT send this form to the chosen provider. |

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