# 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 |
|   |

## 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 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.auwww.icare.nsw.gov.au |