# 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

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| --- |
| 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)* |
|   |

**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**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.auwww.icare.nsw.gov.au |