



ResMed DVA receipt of product form

DVA file number First initial Surname

Address 1 Address 2 Address 3

Town/City State Postcode

Date DVA client received product

ResMed item # Lot or serial # Quantity Description

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By signing this form, I agree I have received the above listed products and understand their use.

Signature of DVA client Date

CPAP Select DVA Check List – Existing Client

Client Name:

Date:

	Tick
Contact client to organise delivery	
Take stock required	
Create invoice – DO NOT forget DVA file number on invoice	
Complete product form – MAKE SURE YOU HAVE WRITTEN CLIENT PHONE NUMBER ON THE BACK	
Fitting guides – if patient is getting a different mask	
Delivery	
Next day – Make CLEAR notes about delivery/service provided	
Add client onto CALENDAR for when they are due for spare parts/new mask Eg. 3 months, 6 months, 9 months and 12 months	
Client has signed CPAP Select letter and Resmed Letter	

CPAP Select DVA Check List – New Client

Client Name:

Date:

	Tick
Contact client to organise delivery	
Take stock required	
Enter client onto system	
Create invoice – DO NOT forget DVA Number on invoice	
Set CPAP machine with correct settings from rap request	
Complete product form – MAKE SURE YOU HAVE WRITTEN CLIENT PHONE NUMBER ON THE BACK	
Follow Up Letter for new Setups	
CPAP Select Letter and Resmed Letter	
Fitting guides	
Add client onto airview	
Delivery	
Next day – Make CLEAR notes about delivery/service provided	
Add client onto CALENDAR for when they are due for spare parts/new mask Eg. 3, 6 months, 9 months and 12months	

Notes: Please write down any notes from deliveries. Eg. If clients need anything else or are having any issues.

When everything is done and ticked give all forms back to Tia. **PLEASE** ensure all information is **CORRECT** on the system and product form including Client's DVA Number. **PLEASE** read rap requests properly to make sure that we claim the correct services and **AVOID** claims cancellation.