



## ResMed DVA receipt of product form

<b>123456</b>	<b>L</b>	<b>LUCK</b>
DVA file number	First initial	Surname
<b>6 CHRYSTAL STREET</b>		
Address 1	Address 2	Address 3
<b>PADDINGTON</b>	<b>QLD</b>	<b>4064</b>
Town/City	State	Postcode
Date DVA client received product		

<b>1</b>	<b>1</b>	<b>1</b>	<b>EXAMPLE PRODUCT 1</b>
ResMed item #	Lot or serial #	Quantity	Description
<b>2</b>	<b>2</b>	<b>1</b>	<b>EXAMPLE PRODUCT 2</b>
ResMed item #	Lot or serial #	Quantity	Description
<b>3</b>	<b>3</b>	<b>1</b>	<b>EXAMPLE PRODUCT 3</b>
ResMed item #	Lot or serial #	Quantity	Description
ResMed item #	Lot or serial #	Quantity	Description
ResMed item #	Lot or serial #	Quantity	Description

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

Signature of DVA client	Date
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<b>REPORT-PAP</b>	<b>SERVICE CLINICAL</b>	<b>1</b>	<b>PAP COMPLIANCE DOWNLOAD REPORT</b>
ResMed item #	Lot or serial #	Quantity	Description
<b>VISIT-PAP</b>	<b>SERVICE CLINICAL</b>	<b>1</b>	<b>PAP CONSULTATION</b>
ResMed item #	Lot or serial #	Quantity	Description
<b>50DIST</b>	<b>SERVICE TRAVEL</b>	<b>1</b>	<b>DELIVERY</b>
ResMed item #	Lot or serial #	Quantity	Description
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### 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 – <b>MAKE SURE YOU HAVE WRITTEN CLIENT PHONE NUMBER ON THE BACK</b>	
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: Lewis Luck

Date: 09/01/2021

	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 – <b>MAKE SURE YOU HAVE WRITTEN CLIENT PHONE NUMBER ON THE BACK</b>	
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.

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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.