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| **Non-LSA employee**: Complete form and relevant specification form if customised item and email lsa.notifications@sa.gov.au to the attention of the relevant service planner. |
| **LSA employee**: Once approved and service order no. added, email to des.frontdesk@sa.gov.au. |
| LSA Service Order No       |  Date of Birth       |
| LSA Service Planner       |
| Participant Surname       | Given Name       |
| Participant Email |  |
| Usual Address       | Suburb       |
| Postcode       | Ph       | Gender [ ]  M [ ]  F [ ]  Non-binary       |
| Weight [ ] <30 kg [ ] >30kg [ ] >70kg [ ] >90kg [ ] >110kg [ ] >120kg [ ] >150kg [ ] >170kg [ ] >210kg |
| Alternate contact (if applicable) [ ]  Guardian [ ]  Other  | Preferred contact? [ ]  Y [ ]  N |
| Name       | Relationship       |
| Phone        | Email       |
| Instructions: Special needs; Delivery; Installation (heights, location etc) Contact prescriber before delivery: [ ]        |
| Contact person for delivery:       | Ph:       |
| Delivery Address (if not a/a):       |
| Safety Instructions Precautions/Alerts for DES delivery staff only to see. If none write “nil alerts” below:       |
| Delivery Timeframe: [ ]  Standard [ ]  Urgent (additional cost)Preferred Delivery Time: [ ]  AM [ ]  PM [ ]  Any*No exact time is given as this is not always achievable* | Asset number:(if known) | Quantity | Replacementitem? | Can a substitute item be offered? | LSA use only: Check for refurbished item? |
| Item Code (if available) | Equipment Requested |  |  |  |  |  |
|       |       |       |  |  |  |  |
|       |       |       |  |  |  |  |
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| [ ]  Power Outage Consideration - I have provided education to the participant/carers regarding the safe use of these items, including equipment fault, power outage nad maintenance requirements. |
| [ ]  I have completed an assessment, trialled requested item(s) where appropriate, and believe items will meet participant’s needs.  |
| Prescriber Name       | Discipline       | Phone / Fax       |
| Agency       | Email       |  |
| Signed | Date       |
| LSA Internal Use Only: Prescription Approval | LSA Confirmation from Appropriate Discipline (if not as above) |
| Name       | Signed       | Date       |
| Prescription Approved by       | Signed       | Date       |