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| **Non-LSA employee**: Complete form and relevant specification form if customised item and email [lsa.notifications@sa.gov.au](mailto: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](mailto: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 | Replacement  item? | | 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 | | |