



Stoma Appliance Scheme

Application for additional supplies — clinical

PART 3 – Authorised health professional details

To be completed by an authorised health professional only.

10. Dr Mr Miss Mrs Ms Other

Family name

Given name

Professional title

Email or phone number

13. Ahpra number

Authorised health professional declaration

14. I declare that the information I have provided in this form is complete and correct.

I consent to the indirect collection of my personal information by the department via the applicant's stoma association.

I understand that giving false or misleading information is a serious offence.

Authorised health professional signature

Date

PART 4 – Stoma association details and approval

This section is to be complete by the applicant's stoma association for approval for supplies for up to and including 4 times the maximum schedule quantity for additional supplies for clinical reasons. Do not complete this section if the application for additional supplies is for more than 4 times the maximum schedule quantity.

15. Stoma association details

Stoma association name

Contact person name

Date

16. Stoma association approval

Name

Signature

Date



Australian Government

Department of Health
and Aged Care

Stoma Appliance Scheme

Application for additional supplies — clinical

PART 5 – Department of Health and Aged Care approval

This section is to be completed by the department
for approval of supplies more than 4 times the
maximum schedule quantity.

17. Additional supplies approved

From: To:

18. Approved by

Position

Name

Signature

Date