



This form is used by the Applicant and Prosthetic Service Provider to indicate the receipt, trial and acquittal of items supplied by QALS. If the service is over \$1,500 only the clients treating prosthetist may complete Part A.

**Services \$1,499 or below - complete section A and C** (Minor and Standard Repairs, Supplies and Reviews)

**Service above \$1,500 - complete Section A, B and C** (Major Repairs, Prosthetic limbs and Socket replacements)

**Medical Aids Subsidy Scheme (MASS) staff, in accordance with the MASS Privacy Statement, are committed to maintain strict confidentiality in all aspects of service delivery. You are assured that this information will remain confidential. Your information will not be divulged without your consent or unless required or authorised by law.**

**Section A – Prosthetic Service Provider to Complete**

Client Name:		Date of Birth:
Service Provided:	<input type="checkbox"/> Prosthesis <input type="checkbox"/> Repairs and replacement parts <input type="checkbox"/> Consumables or supplies <input type="checkbox"/> Socket Replacement <input type="checkbox"/> Review <input type="checkbox"/> Other	
MASS Purchase Order or RAP Prior Approval Number:		
Prosthesis Transponder Number:		DVA No:
<input type="checkbox"/> I certify the prosthetic service supplied to the client has been completed as approved through QALS is in accordance to the service the approved purchase order or DVA prior approval number and meets all recognised and applicable prosthetic standards, regulations and Queensland Artificial Limb Service, Medical Aids Subsidy Scheme, Queensland Health policy, procedure and guidelines. <input type="checkbox"/> The service was trialed on a check socket or test socket design by the client prior to completion <input type="checkbox"/> The client is satisfied, comfortable and able to use their prosthesis as intended <input type="checkbox"/> The items provided function as they should, and meet the client's requirements <b>Prosthesis and Socket Replacements only:</b> <input type="checkbox"/> The skin is visibly clear of pressure points and infection/irritation and if osseo: the abutment exit point is healed <input type="checkbox"/> The socket/suspension method fits snugly with allowance for minor volume fluctuations and weight is distributed appropriately for the suspension type <input type="checkbox"/> Prosthesis expected to provide suitable fit and function for the applicable warranty periods and expected periods of use. If the historical design has been changed, I understand that the PSP is liable for replacement if the client is unable to tolerate the change of design.		
Staff Member Signature:	Name:	Date:

**Section B – Client to complete to acknowledge trial of items over \$1,500**

<input type="checkbox"/> I have received my prosthetic limb, socket replacement or other major prosthetic service to trial the fit and function. <input type="checkbox"/> I have received verbal and written information from my treating prosthetist explaining the limitations and weight or activity restrictions of my prosthetic limb, componentry and prosthetic care. <input type="checkbox"/> I acknowledge if I requested a cosmetic cover on my prosthesis as part of my application, it will not be fitted until I have completed my trial period. <input type="checkbox"/> I acknowledge that QALS accepts no liability for any injury incurred while I use my prosthetic limb, or for loss or damaged attributed to the use or misuse of a prosthetic limb.	
Client Signature:	Date:
If a trial was <u>not</u> completed, please specify why:	

**Section C – Client to complete after receiving the completed service**

<input type="checkbox"/> I <b>am / am not</b> (please circle) satisfied with the service received and completed by my Prosthetic Service Provider. <input type="checkbox"/> I have been informed by my PSP of the expected use, warranty periods and any QALS funding limitations <input type="checkbox"/> I have been provided advice in the use of my prosthesis, maintenance and repairs both verbally and in writing.		
Client/Carer Signature:	Name:	Date:
If the client or client's carer was unable to sign, please specify why: Or <input type="checkbox"/> item was posted – tracking number:		