Queensland Government Medical Aids Subsidy Scheme (MASS) Queensland Health

Queensland Artificial Limb Service
Amputee Clinic Acquittal and Quality Control

(Affix identification label here if available)

URN:

Family name:

Given name(s):

Date of birth: Gender: ☐ M ☐ F ☐ I

Patient's and Application Details

1. MASS URN (if known)

2. Eligibility Details

DVA Card Number

Medicare Card Number

3. Application Details

Prosthetic Service Provider (PSP):

Treating Prosthetist Name:

Prosthesis ID:

Date Taken for Trial:

Application Number:

☐ New Prosthesis
☐ Socket Replacement
☐ Major Component –
  ☐ Knee/Elbow
  ☐ Foot/Hand
☐ Other:

CPC Number:

CPC Date:

Clinical Member Details

6. Clinical Member

MDT Member Name

MDT Member Signature

Date of Acquittal

MDT Member Position

Hospital and Health Service

Amputee Clinic Location

Acquittal and Quality Control Criteria

4. Acquittal Checklist

Does the socket supplied meet the design requirements for the type of socket specified? That is, does it touch in all the places it should and is there adequate relief where required? ☐ Yes ☐ No

If socks are worn, are they fewer than 5 ply? For example, 1 coolmax sock plus Humphrey law cotton sock. ☐ Yes ☐ No

Is the skin clear of visible areas of undue pressure after a period of wearing the prosthesis? ☐ Yes ☐ No

If osseointegration: is the implant exit point clear of visible infection? ☐ Yes ☐ No

Does the length, suspension and alignment meet the needs of the patient? ☐ Yes ☐ No

Is the patient satisfied, comfortable and able to use to prosthesis as intended? ☐ Yes ☐ No

Is the prosthesis suitable for the patient's basic mobility needs and activities? ☐ Yes ☐ No

Is there a cosmetic cover fitted to the prosthesis? ☐ Yes ☐ No

If yes:
☐ Foam and soft cover (stocking, vinyl cover)
☐ Decorative or laminated socket (fabric or coloured resins)
☐ Hard cover (3D printed or laminated foam)

If no:
☐ Exoskeletal
☐ No cosmetic cover or finish

Is the cosmetic appearance satisfactory? ☐ Yes ☐ No

Was the limb manufacturer (PSP) consulted during the acquittal process? ☐ Yes ☐ No

Is it expected this new prosthesis will provide at least 36 months use, or 60 months use if it is Osseointegrated? ☐ Yes ☐ No

5. Are you satisfied that the prosthesis (including components) provided meet the patient's requirements of fit and function?

☐ Yes ☐ No – please provide reason for rejection:

DO NOT WRITE IN THIS BINDING MARGIN

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