



Australian Government
Department of Veterans' Affairs

Instructions for the completion of the Medical Grade Footwear (MGF) Prescription Form

Section A - Client's Details (Health Provider to complete)

You must complete this section that requests details on the MGF requirement by providing as much information as possible for the footwear supplier. In particular, it is important that you determine the type of MGF service that is clinically required i.e. whether existing footwear can be modified or repaired or whether new MGF is to be supplied. If new MGF is required you must specify the type, whether it is ready made extra depth width footwear or custom made footwear.

DVA has a MGF Register which is supplied by contracted MGF suppliers. The list of DVA contracted MGF and list of suppliers are available on the DVA website. DVA will not fund stock footwear from retail stores or shoes sold by podiatrists.

Specific details of any modifications that are clinically required should also be provided i.e. additions to be made on the MGF. Consideration should first be given to prescribing specific MGF items that already include the required shoe specification e.g. where a velcro strap is required, an item from the MGF Register that includes a velcro strap should be prescribed, rather than a lace-up shoe that requires modifying.

If prescribing custom MGF, you must also provide details of any additions to be made during the manufacture of the shoe, in accordance with the entitled person's assessed clinical need e.g. rocker bottom soles.

Any other instructions for the supplier that will ensure the entitled person receives the most clinically appropriate MGF service should be provided (on a separate piece of paper if necessary).

If you are unsure as to which specific footwear may be most appropriate for the entitled person, please contact DVA. You can also liaise with the MGF supplier regarding the details of footwear, modifications or repairs to be prescribed.

Section B - Medical Grade Footwear Details (contracted supplier to complete)

The supply of footwear must be in accordance with the Notes for Medical Grade Footwear Suppliers.

Footwear must not differ from that requested on this prescription form, unless consultation is made with the assessing health provider and an agreement reached, and must be selected from the MGF Register.

You need to send the prescribed MGF along with a copy of this form, to the assessing health provider for the initial supply before payment request can be lodged with the Department of Human Services.

Any queries should be directed to the assessing health provider.

Section C - Acquittal (Health Provider to complete)

Once you are satisfied with the MGF, you must complete this section to acquit the MGF. Please keep the completed form in the client's file. Any concerns over the fit or quality of the MGF, please liaise with the MGF supplier in the first instance.



Medical Grade Footwear Prescription

Privacy

Personal information is protected by law, including the *Privacy Act 1988*. Personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information.](#)

Please keep a copy for your records

SECTION A Client's Details (to be completed by Health Provider)

1. Client's surname

2. Client's given name(s)

3. DVA file number

4. Client's address
 POSTCODE

5. Telephone number []

6. Card type Gold White (please contact DVA to check eligibility under the client's Accepted Disability(ies). Please call 1300 550 457)

7. Footwear issue First Second Recreational (requires prior approval) Replacement

8. Footwear category Custom Ready-made Ongoing repairs/modifications

9. Style Shoe Sandal Boot

10. Footwear modifications/repairs (please list)

11. Relevant clinical information to justify request for MGF:
 NB: comprehensive clinical notes must be kept in the client's clinical file.

12. Current footwear history

13. Other supportive clinical information attached Tracings Measurements Photos

14. Does the client require a home visit by the supplier? No Yes - please provide reason why?


Assessing Health Provider's Details

15. Provider name

16. Provider address
 POSTCODE

17. Telephone number/Fax [] Fax []

18. Provider number

19. Assessing health provider's signature  Date / /

Replacement issue

20. For replacement of previous issued MGF please complete the following:

Brand	Style	Colour
<input type="text"/>	<input type="text"/>	<input type="text"/>

21. Date of issue

22. I have taken possession of this condemned pair of MGF No Yes

23. Signed  Date

SECTION B Medical Grade Footwear Details (to be completed by MGF Supplier)

24. Manufacturer's name

Brand Style Colour Size/Width

Item code Price \$

List type of modifications

Item code	<input type="text"/>	Price	\$ <input type="text"/>
Item code	<input type="text"/>	Price	\$ <input type="text"/>
Item code	<input type="text"/>	Price	\$ <input type="text"/>

Supplier Details

25. Supplier's name

26. Supplier's address
 POSTCODE

27. Telephone/Fax number Fax

28. Provider number

29. Supplier's signature  Date

SECTION C Acquittal (to be completed by Health Provider)

This should occur at time of review appointment not at initial issue of MGF

30. Does the MGF issued to client match the supplier MGF description? No Yes

31. Does the MGF fit the client's foot structure and meet their clinical needs? No - why?

Yes

32. The MGF supplied are acquitted No Yes

33. Health Provider's signature  Date