



Australian Government
Department of Veterans' Affairs

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

Before Prescribing

Only a **podiatrist** or **medical specialist** (such as a vascular surgeon, orthopaedic surgeon, rehabilitation specialist, rheumatologist) can assess and prescribe Medical Grade Footwear (MGF). They are the Assessing Health Providers.

Refer to the [Guidelines for assessing health providers for the supply of MGF](#).

Before prescribing MGF to a client with a Veteran White Card, you must check the client's eligibility for MGF by contacting DVA on 1800 550 457 or AMBRAPMGF@dva.gov.au

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

Assessing Health Providers:

1. must assess the type of MGF service that is clinically required – whether the client's existing footwear can be modified or repaired or whether a new MGF is to be supplied
2. complete Section A of this prescription form
3. if the client has a Veteran White Card, contact DVA on **1800 550 457** or email AMBRAPMGF@dva.gov.au to check if the client's DVA accepted disability/illness is related to their clinical need for MGF
4. send this prescription form to a [contracted MGF supplier](#) and not to someone else.

Existing footwear

If prescribing modifications or repairs to existing footwear, specify the modifications or additions to be made to accommodate the foot function and structure.

Ready-made MGF

If prescribing ready-made MGF, you can either:

- select a shoe from the MGF ready-made register
- specify the features of the shoe required that can be sourced from the [MGF ready-made register](#).

DVA will not fund stock footwear from retail stores or shoes sold by podiatrists.

Make sure the ready-made MGF already includes the required shoe specification e.g. if a velcro strap is required, prescribe a ready-made shoe that includes a velcro strap, rather than a lace-up shoe that requires modifying.

Custom made MGF

If prescribing custom made MGF, you will need to specify:

- the shoe requirements
- any additions to be made during the manufacture of the shoe to accommodate the foot function and structure e.g. rocker bottom soles.

Recreational MGF

If prescribing recreational MGF, ensure the client is already using MGF i.e. the recreational MGF cannot be the first pair of MGF received. Attach a letter/email from the client's registered sporting club advising:

- their current financial membership and playing status
- the sporting club's requirements for specific soled footwear to play e.g. specific bowling shoes, golf shoes.

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

Contracted MGF Suppliers:

1. must supply MGF in accordance with the [Notes for MGF Suppliers, MGF Terms and Conditions, DVA MGF Schedule of Fees and MGF ready-made register](#)
2. seek prior approval from DVA when required
3. complete and send Section B of the prescription form to the Assessing Health Provider
4. send the prescribed MGF to the Assessing Health Provider to issue to the client, unless you have made other arrangements with the Assessing Health Provider.

Please direct questions about prescription to the Assessing Health Provider.

Obtaining prior approval

Prior approval from DVA is required for:

- custom made MGF
- recreational MGF
- when supply is above two pairs of MGF
- repairs and modifications not listed in the DVA MGF Schedule of Fees
- Veteran White Card holders. The Assessing Health Provider should have checked with DVA before prescribing; if in doubt, check with DVA before processing the prescription.

Complete Section B of the prescription form received from the Assessing Health Provider and send to DVA at AMBRAPMGF@dva.gov.au with supporting documentation.

Section C - Acquittal (Assessing Health Provider to complete)

Within one to two months of issuing the MGF to the client, Assessing Health Providers should:

- arrange a review consultation with the client to check the quality, fit and suitability of MGF
- complete Section C of the prescription form and keep it with the client's records. You are not required to send this to DVA.

Please liaise with the contracted MGF supplier if there are concerns about the prescribed MGF.

Contact DVA

To speak to us about MGF you can:

- Call our Health Provider Line on **1800 550 457**
- Email AMBRAPMGF@dva.gov.au



Medical Grade Footwear Prescription

Privacy

Your personal information is protected by law, including the *Privacy Act 1988*. Your 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 Assessing 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 on **1800 550 457**
or email AMBRAPMGF@dva.gov.au to check eligibility
under the client's Accepted Disability(ies).
List the Accepted Disability(ies) that meets the criteria for MGF.

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. Specify DVA register brand, style or number
DVA register brand Style Number

11. Footwear modifications/repairs
(please list)

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

13. Current footwear history

14. Other supportive clinical information attached
 Tracings Measurements Photos
 Letter/email from client's registered sporting club for recreational MGF

15. Does the client require a home visit by the supplier?
 No Yes

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

Assessing Health Provider's Details

16. Provider name

17. Practice name and address

 POSTCODE

18. Telephone number/Fax [] [] Fax [] []

19. Email address

20. Provider number

21. Assessing health provider's signature Date

Replacement issue

22. For replacement of previous issued MGF please complete the following:
Brand Style Colour

23. Date of issue

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

25. Signed Date

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

26. Manufacturer's name

Brand

Style

Colour

Size/Width

Item code

Price

\$

List type of modifications

Item code

Price

\$

Item code

Price

\$

Item code

Price

\$

Supplier Details

27. Supplier's name

28. Practice name and address

POSTCODE

29. Telephone/Fax number

[]

Fax

[]

30. Email address

31. Provider number

32. Supplier's signature



Date

/ /

SECTION C Acquittal (to be completed by Assessing Health Provider)

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

33. Does the MGF issued to client match the supplier MGF description?

No

Yes

34. Does the MGF fit the client's foot structure and meet their clinical needs?

No - why?

Yes

35. The MGF supplied are acquitted

No

Yes

36. Assessing Health Provider's signature



Date

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