



Request for Authorization of Advanced Foot Care

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| | | File No. |
| Last name* | First name* | Middle name(s) |
| Name of provider | | Provider No. |

Benefit code (choose 1 from list below):

- ☐ 230386 RN/LPN/RPN advanced foot care clinic
- ☐ 230390 RN/LPN/RPN advanced foot care home visit
- ☐ 230388 RN/LPN/RPN advanced foot care long-term care

Attach a copy of the current MD or NP prescription for foot care.

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|---|---------------------|-------------------|-------------------|
| Statement of diagnosis of specific foot care problems | | | |
| Treatment plan or attach copy of provider's documentation. (Please add pages if more space is needed) | | | |
| If foot care is provided in the client's home, provide rationale and explain why client is unable to access a clinic. | | | |
| Start date or renewal date for advanced foot care visits (yyyy-mm-dd) | Frequency of visits | No. of visits | Cost per visit \$ |
| Signature of provider | | Date (yyyy-mm-dd) | |

☐ Privacy Notice verbally read to client

Verbal Privacy Notice

The personal information provided on this form is collected under the authority of the *Veterans Health Care Regulations* for the purposes of administering benefits and services. The *Privacy Act* protects an individual's personal information and provides the individual with the right to access, request correction of and to file a complaint with the Privacy Commissioner of Canada over Veterans Affairs Canada's handling of their personal information. The recorded opinion about an individual is considered personal information about and belonging to that individual. Further details on the collection, use and disclosure of personal information are described in VAC's personal information bank, Health Care Benefits and Services (VAC PPU 295).