



ResMed DVA receipt of product form

DVA file number First initial Surname

Address 1 Address 2 Address 3

Town/City State Postcode

Date DVA client received product

ResMed item #	Lot or serial #	Quantity	Description
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I, _____ have been contacted prior and have agreed to be visited by below during the current covid-19 pandemic.

By signing this form, I agree I have received the above listed products and understand their use.

Signature of DVA client Date

I, _____ of _____ have followed the guidelines set by ResMed in regards to the Veterans safety during this consultation.

Sign: _____