

Medical Report - Development of Dislocation

The information you provide on this form will assist in deciding eligibility for benefits under the Veterans' Entitlements Act 1986 and/or Military Rehabilitation and Compensation Act 2004. In the event of an appeal against a decision, this information may be provided to the Veterans' Review Board, Administrative Appeals Tribunal or Federal Court.

Veteran's Details									
Surname		;	Given Names		DVA File Number				
Rep	ort D	Petail							
cons		-	pensation in respect of the location in this case. Would		*				
1.	In which joint did the dislocation occur? (Please identify the site and side of the body, where appropriate):								
2.	Whe	en did the dislocation o	occur?						
3.	How	did the dislocation o	ccur? If it occurred as a co	nsequence of a	/ / medical or surgical condition				
			esult of a transient ischaem						
4.	Did	the underlying pathol	ogy of () permanently worsen?				
	No - Please sign the form and return it to the Department								
	u	Yes - When did this worsening?	occur and what do you be	lieve to have b	een the cause of the				

			Folio:	
Details of Medical Practitioner providing o	advice	•		
Stamp	<i></i>	•		
<u>F</u>	Ož.	•		
	Sign	nature		