

## **Medical Report - Amiodarone Therapy**

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.

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rname	Given Na	mes	D	VA File Number
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ort Detail				
ther amiodarone	therapy could be relevant t	to the development		
Does the vete	ran have an anterior subca	psular cataract?		
No - Pla	ease sign the form and rett	urn it to the Depar	tment	
$\square$ Yes - $P$	lease specify eye below			
	Left eye	Right eye		
When was the possible.	e clinical onset of the anter	ior subcapsular cat	taract? Please	be as specific as
Please provid	e details of any amiodaron	e therapy:		
Medication Used	Condition Treated	Date Commenced	Date Finished	Number of days amiodarone therapy was received
Used		Commenced	Finished	
	name  ort Detail aim for service in the amiodarone ld you please and Does the vete  No - Pl  Yes - P  When was the possible.  Please provide Medication	ort Detail aim for service related compensation in resplace amiodarone therapy could be relevant to lid you please answer the following question  Does the veteran have an anterior subcate with the later of the later possible.  Please provide details of any amiodaron of the later possible.  Condition Treated	Action  Given Names  Flease dim Condition in respect of the abovenation abovenation in respect of the abovena	The service related compensation in respect of the abovenamed leads the ther amiodarone therapy could be relevant to the development of the claimed ld you please answer the following questions:  Does the veteran have an anterior subcapsular cataract?  No - Please sign the form and return it to the Department  Yes - Please specify eye below  Left eye  Right eye  When was the clinical onset of the anterior subcapsular cataract? Please possible.  Please provide details of any amiodarone therapy:  Medication  Condition Treated  Date  Date

4. Did the claimed condition worsen? **Note:** For the purposes of the *Veterans' Entitlement Act* (1986), permanent worsening requires an increase in the gravity of the disease beyond its natural

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		atio	ons or any deterioration which is part of the
	nal course of the disease.		
	<b>No -</b> Please sign the form and return it	i+ tc	the Denartment
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