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Medical Report - PUVA Therapy

(insert claimed condition)

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** |
|  |  |  |  |  |

Report Detail

A claim for service related compensation in respect of the above named leads the Department to consider whether photochemotherapy with oral methoxsalen (psoralen) and ultraviolet A radiation (PUVA) could be relevant to the development of (insert claimed condition) in this case. Would you please answer the following questions:

1. When was the clinical onset of (insert claimed condition)?

|  |
| --- |
|  |

2. Did the veteran ever receive treatment with oral methoxsalen (psoralen) and ultraviolet A radiation (PUVA)?

 **No** - *Please sign the form below and return it to the Department*

 **Yes**- Please give details in table below:

|  |  |  |
| --- | --- | --- |
| **Dates of Treatment** | **Condition Treated** | **Number of PUVA treatments given** |
| **From** | **To** |  |  |
|  / /  |  / /  |  |  |
|  / /  |  / /  |  |  |
|  / /  |  / /  |  |  |
|  / /  |  / /  |  |  |
|  / /  |  / /  |  |  |

Details of Medical Practitioner providing advice:

|  |  |  |
| --- | --- | --- |
| **Stamp** |  |  |
|  |  |  |
|  |  | **Signature** |
|  |  |  |
|  |  |  |
|  |  |  **/ /** |