Folio:



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.

veiera	ın's Details				
Surname		Given Na	Given Names		
Repor	t Detail				
conside (PUV	er whether photoche	emotherapy with ora to the development	espect of the above named lal methoxsalen (psoralen) at of (insert claimed condition	nd ultraviolet A radia	
1. V	When was the clinical onset of (insert claimed condition)?				
	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:				
Ţ	Yes- Please give	ve details in table be	elow:		
[ve details in table be Treatment	Condition Treated	Number of PUVA treatments given	
Ţ					
Į	Dates of	Treatment			
Ţ	Dates of	Treatment			
Ţ	Dates of	Treatment			
Ţ	Dates of	Treatment			