

Medical Report - PUVA 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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Surnar	ne	Given Nar	mes	DVA File Number
Report	Detail			
onside PUVA)	r whether photocher	notherapy with ora o the development	espect of the above named last methoxsalen (psoralen) as of (insert claimed condition	nd ultraviolet A radia
. W	hen was the clinical	onset of (insert cl	aimed condition)?	
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	diation (PUVA)? No - Please sign	eceive treatment w	vith oral methoxsalen (psor nd return it to the Departm	
	diation (PUVA)? No - Please sign Yes- Please give	eceive treatment w	nd return it to the Departm	
	diation (PUVA)? No - Please sign Yes- Please give	eceive treatment we the form below as the details in table be	nd return it to the Departm	Number of PUVA
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