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Medical Report - Phenacetin

Malignant Neoplasm Of The Bladder

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 abovenamed leads the Department to consider whether phenacetin could be relevant to the development of malignant neoplasm of the bladder in this case. Would you please answer the following questions:

1. When was the clinical onset of {+SubstituteClaimedCondition,I}?

|  |
| --- |
|  |
|  |

2. Has the veteran taken phenacetin? (Phenacetin was available by prescription and in over-the-counter analgesics and headache remedies up to 1975-1980)

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

 **Yes**

3. Over a period of time was sufficient phenacetin taken to total 100 grams of phenacetin? (eg APC tablets contained 250mg phenacetin, Empirin Compound contained 150mg phenacetin, Sonalgin contained 225mg phenacetin)

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

 **Yes -** Please give details of the phenacetin products ingested for each identifiable medical condition in the table overleaf:

**Phenacetin ingestion:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Diagnosis of disability treated with phenacetin**  | **Name of product containing phenacetin**  | **Dose taken each time eg number of tablets or powders** | **Frequency of ingestion** eg twice a day, once per month, a couple of times per year | **Period of phenacetin ingestion** |
|  |  |  |  |  / / to / /  |
|  |  |  |  |  / / to / /  |
|  |  |  |  |  / / to / /  |
|  |  |  |  |  / / to / /  |
|  |  |  |  |  / / to / /  |

Details of Medical Practitioner providing advice:

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