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Medical Report - Necrosis

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 necrosis of the subchondral bone near the affect joint could be a factor in the development of osteoarthritis in this case.

Would you please provide the following information:

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

2. Has the veteran had necrosis of a subchondral bone in a joint near the joint affected by osteoarthritis?

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

 **Yes**

3. When did the necrosis occur?

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4. What caused this necrosis?

*If due to a trauma, please describe the circumstances of the injury if known.*

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5. Did (insert claimed condition) permanently worsen? **Note:** For the purposes of the *Veterans’ Entitlements Act* (1986), permanent worsening requires an increase in the gravity of the disease beyond its natural progression. It excludes temporary exacerbations or any deterioration which is part of the normal course of the disease.

 **No**

 **Yes** – Please provide details, including date of worsening

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| ………./………./………. |

Details of Medical Practitioner providing advice:

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