

## **Medical Report – Temporomandibular joint dislocation**

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.

Vete	eran's	Details				
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Depa deve	artment lopmer	to consider whether	npensation in respect of the about any of the following factors of dibular joint dislocation in this is:	could be relevant to the		
1.	Whe	en was the clinical of	onset of the (	)?		
2.	Did the veteran undergo intravenous sedation at the time of the onset of the dislocation?  No - Please go to Q3.					
		<b>Yes -</b> Please give the date of onset of the condition and/or details of the nature of the injury or disease that the intravenous sedation was given for.				
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3. Did the veteran undergo a tracheal intubation at the time of the onset of the dislocation?

nature of the İnjury or disease, and details of requirement for the tracheal intubation.  4. Did the veteran undergo an activity that involved wide opening of the mouth a the time of the onset of the dislocation?  For the purpose of this question "an activity that involves wide opening of the mouth" means an activity in which an active force imposes undue tension on the temporomandibular joint capsular ligaments. (and includes dental procedures, vomiting and coughing)  No - Please sign and return the form to the Department.  Yes - Please give the date of onset of any contributing condition and/odetails of the nature of the injury.		<u> </u>	No - Please go to Q4.			
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