|  |  |
| --- | --- |
| **Client & Claim Details** | |
| Claim Number |  |
| Full Name |  |
| Postal Address |  |
| Date of Birth |  |
| Contact phone number |  |
| NHI Number |  |
| Date of Injury (if known) |  |
| Referring Provider |  |
| Referring Provider Number (if known) |  |
| Referring Provider’s email address |  |

|  |  |
| --- | --- |
| **Treatment Details** | |
| Type of treatment (please select) | S79 – Injection or Aspiration under fluoroscopy  S85 – Injection of steroid and/or local anaesthetic into joint under imaging (excluding ultrasound)  S86 – Injection of steroid and/or local anaesthetic into joint under ultrasound  T80 - CT guided injection/Aspiration  U27 - Ultrasound guided injection/Aspiration (non-specialist referred)  S30 – Medial Branch Block (simple)  S31 – Medical Branch Block (complex)  S35 – Radiofrequency Neurotomy – Lumbar (simple)  S36 - Radiofrequency Neurotomy – Lumbar (complex)  S37 - Radiofrequency Neurotomy – Cervical (simple)  S38 - Radiofrequency Neurotomy – Cervical (complex) |
| If injection, please specify the number of injections to be performed |  |
| Body site to be treated |  |
| Current diagnosis (if known) |  |

|  |  |
| --- | --- |
| **Supporting Documentation** | |
| Relevant clinical information is attached (including copies of clinical /imaging reports and referral documents) | Yes |

|  |  |
| --- | --- |
| **Radiology Details** | |
| Provider Name |  |
| Provider Number |  |
| Vendor Name |  |
| Vendor ID |  |
| Email address |  |
|  |  |