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| **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  |       |

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| **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) |  |

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

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