

PLEASE COMPLETE THIS FORM ONLINE AND THEN PRINT TO SIGN

FULL
NAME

DATE OF BIRTH / /

ADDRESS

File number

Description of requested
pathology

I certify that I have received the services described on this voucher or, the Practitioner has requested Pathology tests for me. I am not entitled to claim third party or worker's compensation for these services.

Patient's Signature

Or

I certify =

The patient is
unable to signThe service is associated
with an emergency

Provider's Signature

012160 (06/10) - 0 FINAL - Department copy

Australian Government
Department of Veterans' Affairs

66

General Practitioner Treatment Service Voucher

Date of Service
DD / MM / YY

DESCRIPTION OF SERVICE	ITEM NO.	X	AMOUNT CLAIMED
Consultation Level B	23	<input checked="" type="checkbox"/>	•
			•
			•
			•
			•
Number of kilometres travelled			Number of Patients attended
Name of Hospital or Residential Aged Care Facility and/or facility ID			
Treatment to call on (if other than rooms) Visit <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Residential Aged Care Facility <input checked="" type="checkbox"/>			
Condition treated (White card holders and emergencies only)			
Name of Practitioner who rendered the services			Practitioner use

cut on this line

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012160 (06/10) - 0 UPGRADE - Patient copy

Australian Government
Department of Veterans' Affairs

66

General Practitioner Treatment Service Voucher

Date of Service
DD / MM / YY

DESCRIPTION OF SERVICE	ITEM NO.	X	AMOUNT CLAIMED
Consultation Level B	23	<input checked="" type="checkbox"/>	•
			•
			•
			•
			•
Number of kilometres travelled			Number of Patients attended
Name of Hospital or Residential Aged Care Facility and/or facility ID			
Treatment to call on (if other than rooms) Visit <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Residential Aged Care Facility <input checked="" type="checkbox"/>			
Condition treated (White card holders and emergencies only)			
Name of Practitioner who rendered the services			Practitioner use

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Provider's Signature

012160 (06/10) - TRIPPLICATE - Patient copy

Australian Government
Department of Veterans' Affairs

66

General Practitioner Treatment Service Voucher

Date of Service
DD / MM / YY

DESCRIPTION OF SERVICE	ITEM NO.	X	AMOUNT CLAIMED
Consultation Level B	23	<input checked="" type="checkbox"/>	•
			•
			•
			•
			•
Number of kilometres travelled			Number of Patients attended
Name of Hospital or Residential Aged Care Facility and/or facility ID			
Treatment to call on (if other than rooms) Visit <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Residential Aged Care Facility <input checked="" type="checkbox"/>			
Condition treated (White card holders and emergencies only)			
Name of Practitioner who rendered the services			Practitioner use