Australian Government
Department of Veterans' Affairs

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PLEASE COMPLETE THIS FORM ONLINE AND THEN PRINT TO SIGN

General Practitioner Treatment Service Voucher

PATIENT DETAILS

FULL NAME

DATE OF BIRTH / /

ADDRESS

File number

Description of requested pathology

CERTIFICATION

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 – [X] The patient is unable to sign [X] The service is associated with an emergency

Provider's Signature

Date of Service DD / MM / YY / /

DESCRIPTION OF SERVICE	ITEM NO.	X	AMOUNT CLAIMED
Consultation Level B	23	X	•
			•
			•
			•
			•

Number of kilometres travelled

Number of Patients attended

Name of Hospital or Residential Aged Care Facility and/or facility ID

Treatment location (if other than rooms) Visit [X] Hospital [X] Residential Aged Care Facility [X]

Condition treated (White card holders and emergencies only)

Name of Practitioner who rendered the services

Practitioner use

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Date of Service DD / MM / YY / /

DESCRIPTION OF SERVICE	ITEM NO.	X	AMOUNT CLAIMED
Consultation Leve	23	X	•
			•
			•
			•
			•

Number of kilometres travelled

Number of Patients attended

Name of Hospital or Residential Aged Care Facility and/or facility ID

Treatment location (if other than rooms) Visit [X] Hospital [X] Residential Aged Care Facility [X]

Condition treated (White card holders and emergencies only)

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Practitioner use

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Practitioner use

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