GOVERNMENT OF WESTERN AUSTRALIA | WorkCoverWA

SURGERY PROPOSAL TEMPLATE

WORKER DETAILS

First name:		Surname:	
Date of birth:		Claim No.:	

MEDICAL PRACTITIONER DETAILS

First name:		Surname:	
Practice:		Date:	
Email:		Phone:	

SURGERY DETAILS

What surgery is being proposed?

Anticipated item number(s) and description:

Code	Description	Code	Description

Proposed admission date:

Proposed hospital for admittance:

Anticipated number of nights:

Anticipated implants / prostheses to be used:

Time to post-operative consultation:

Additional notes: