



### 3. Application (healthcare professional to complete)

#### 3.1 Application for out-of-hospital treatment\*

| Condition | ICD-10 code | Consultation or procedure code** | Motivation | Quantity |
|-----------|-------------|----------------------------------|------------|----------|
|           |             |                                  |            |          |
|           |             |                                  |            |          |
|           |             |                                  |            |          |
|           |             |                                  |            |          |
|           |             |                                  |            |          |
|           |             |                                  |            |          |
|           |             |                                  |            |          |

\* Please clearly specify what is required, for example consultations, pathology, radiology and/or procedure.

\*\* The professional billing codes must be supplied for us to review the application.

Please attach any relevant supporting documents, for example pathology tests.

When applying for mental health conditions for all children below the age of 13, please submit a V form including the GAF (global assessment of functioning) score.

#### 3.2 Application for medicine

Current medicine required (please provide supportive clinical results or information, where necessary)

| Condition | ICD-10 code | Medicine name, strength and dosage | Number of months |
|-----------|-------------|------------------------------------|------------------|
|           |             |                                    |                  |
|           |             |                                    |                  |
|           |             |                                    |                  |
|           |             |                                    |                  |

#### 3.3 Application for radiology

| Condition | ICD-10 code | Description of investigation | Quantity per year |
|-----------|-------------|------------------------------|-------------------|
|           |             |                              |                   |
|           |             |                              |                   |
|           |             |                              |                   |
|           |             |                              |                   |

#### 3.4 Application for pathology

| Condition | ICD-10 code | Description of investigation | Quantity per year |
|-----------|-------------|------------------------------|-------------------|
|           |             |                              |                   |
|           |             |                              |                   |
|           |             |                              |                   |
|           |             |                              |                   |

### 4. Healthcare professional's details

Name and surname

Practice number

Speciality

Telephone   Fax

Email address

Outcome of this application must be sent to me by Email  Fax

Healthcare professional's signature

Date