



MAXILLO FACIAL REPORT

Privacy

The TAC will retain the information provided and may use or disclose it to make further inquiries or assist in the ongoing management of the claim or any claim for common law damages. The TAC may also be required by law to disclose this information.

Without this information, the TAC may be unable to determine entitlements or assess whether treatment is reasonable and may not be able to approve further benefits and treatment.

If you require further information about our privacy policy, please call the TAC on 1300 654 329 or visit our website at www.tac.vic.gov.au

Patient details

Patient name

Claim number

Date of birth

Date of accident

Patient address

Age on day of accident

Gender

☐ Male ☐ Female

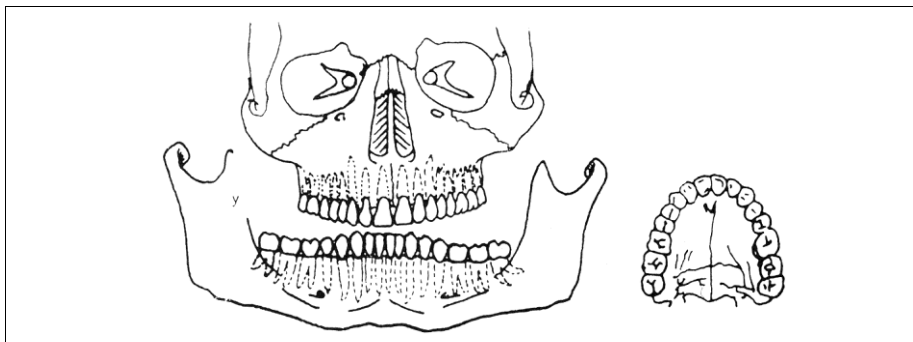
Post code

Name of hospital where patient received maxillo facial treatment

Description of maxillo facial injuries and treatment (including details of any gap permitted prosthesis used)

Site of fracture(s)

Please indicate on diagram



Injuries to teeth

The following dental injuries are noted and are consistent with transport accident trauma

Teeth lost

Teeth injured

Additional comments

Provider details

Provider name, address and phone no. Use practice stamp where possible

Signature

Qualifications

Date

**TRANSPORT
ACCIDENT
COMMISSION**

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