

To be completed by the **treating specialist or their authorised representative** (medical, nursing or administrative staff member).

**1. SPECIALIST DETAILS (BLOCK PRINT)**

Title Mr  Mrs  Ms  Dr

Last name

First name

Practice address

Postcode

Phone

Provider number

Email address

MBS no. /service

**2. TREATMENT/CONSULTATION DATES**

From  To

Was hospitalisation necessary? Yes  No

Dates From  To

Hospital Address

Postcode

Is it medically necessary for the patient to remain near the location outside these dates? Yes  No

**If yes, how many nights?**

Referral is for what type of treatment

Patient has a cleft lip/palate? Yes  No

**3. DOES THE PATIENT REQUIRE AN ESCORT/CARER?**

Yes  No

If yes, give details of the valid medical reason(s) why an escort/carer is required to travel and remain with the patient during specialist treatment:

.....  
 .....  
 .....

*Patients under the age of 17 years are automatically entitled to one escort/carer.*

**4. DOES THE MEDICAL CONDITION OF THE PATIENT WARRANT AIR TRAVEL?**

Forward travel Yes  No

Return travel Yes  No

Prior Approval Number:

*If air travel is necessary for medical reasons, the referring practitioner must obtain approval by calling the local IPTAAS office before each journey*

**5. CERTIFICATION BY SPECIALIST OR AUTHORISED REPRESENTATIVE**

I certify that the information in this section is correct

Name

Signature  Date

Designation

**CONTACT DETAILS FOR IPTAAS**

**WHERE TO SEND YOUR COMPLETED FORM**

LOCAL HEALTH DISTRICT	CONTACT DETAILS
Central Coast Illawarra Shoalhaven Murrumbidgee Nepean Blue Mountains Northern Sydney Southern NSW South Eastern Sydney South Western Sydney Sydney Western NSW Western Sydney	<b>Phone:</b> 1800 478 227 <b>Fax:</b> (02) 8797 6543 <b>Postal:</b> IPTAAS Locked Bag 5270, Parramatta NSW 2124 <b>Email:</b> <a href="mailto:HSNSW-iptaas@health.nsw.gov.au">HSNSW-iptaas@health.nsw.gov.au</a>
<b>Far West</b>	<b>Phone:</b> (08) 8080 1433 <b>Fax:</b> (08) 8080 1695 <b>Postal:</b> IPTAAS Coordinator, Broken Hill Health Service PO Box 457 Broken Hill NSW 2880 <b>Email:</b> <a href="mailto:FWLHD-IPTAAS@health.nsw.gov.au">FWLHD-IPTAAS@health.nsw.gov.au</a>
<b>Hunter New England</b>	<b>Phone:</b> 1800 424 585 <b>Fax:</b> (02) 6766 4576 <b>Postal:</b> IPTAAS Coordinator, Locked Bag 9783 Tamworth NEMSC NSW 2348 <b>Email:</b> <a href="mailto:HNELHD-IPTAAS@hnehealth.nsw.gov.au">HNELHD-IPTAAS@hnehealth.nsw.gov.au</a>
<b>Northern NSW Mid North Coast</b>	<b>Phone:</b> (02) 6620 2168 <b>Fax:</b> (02) 6622 1834 <b>Postal:</b> Locked Bag 11, Lismore NSW 2480 <b>Email:</b> <a href="mailto:TFH-IPTAAS@ncahs.health.nsw.gov.au">TFH-IPTAAS@ncahs.health.nsw.gov.au</a>
<b>Over the Counter Service</b>	<b>Available at:</b> Broken Hill Tamworth Lismore Dubbo

Further information about IPTAAS can be found by visiting the IPTAAS website at [www.enable.health.nsw.gov.au](http://www.enable.health.nsw.gov.au) or by contacting your nearest IPTAAS Office.  
**If you need help completing this form, please contact your nearest IPTAAS Office.**

Patient name  DOB  IPR Number