



REQUISITION FOR EXPEDITED DIAGNOSTIC AND THERAPEUTIC INJECTIONS

This requisition is to be used **ONLY** for injections requiring imaging. It is not intended for soft-tissue injections. Please complete in **INK** and **FAX** copy of report to WorkSafeBC.

CLAIMS CALL CENTRE

Phone 604 231-8888
Toll-free 1 888 967-5377
M–F, 8:00 a.m. to 4:30 p.m.

FAX

604 233-9777
Toll-free **1 888 922-8807**

MAIL

WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

Worker information

Worker last name	First name	Middle initial	Gender M <input type="checkbox"/> F <input type="checkbox"/>
WorkSafeBC claim number	Address		
Personal health number (CareCard)	Phone numbers (please include area codes) Home Work Cell		
Date of birth (yyyy-mm-dd)	Translator required? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of injury (yyyy-mm-dd)

Procedure required (please note if steroid should be included)

NOTE: Fee code 19519 does not apply to soft-tissue injections such as trigger-point or myofascial injections.

Relevant prior injections	Date(s) of prior injections (yyyy-mm-dd)	Name of hospital/surgical centre	Segmental numbering concerns
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Current Diagnosis	Medical history (CAD/DM?)
	Anti-coagulants? Yes <input type="checkbox"/> No <input type="checkbox"/> Name/Dose





Worker last name	First name	Middle initial	WorkSafeBC claim number
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Essential medical information

Is patient pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>	Patient's weight (kg)
Allergies, asthma, hay fever? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please specify

Ordering physician

Name		
Phone number (please include area code)	Fax number (please include area code)	MSP number
Copies of report to (1)	Fax number (please include area code)	
(2)	Fax number (please include area code)	

Office use only

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.