



AUTHORIZATION REQUEST FOR EXPEDITED SURGERY

Visiting Specialists' Clinic & Diagnostic Imaging Records Department

(NOTE: Authorization does not waive contractual terms for expedited surgery.)

Please **FAX** the request to the number indicated below.

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

Request Information

Date of request (yyyy-mm-dd)		Date of service (date of initial consultation) (yyyy-mm-dd)		WorkSafeBC claim number	
Worker last name			First name		Middle initial
Diagnosis					
Surgery proposed			Date surgery planned (yyyy-mm-dd)		
Facility where surgery is to be performed					

PLEASE ATTACH CONSULT REPORT.

Physician Information

Name of requesting physician	
Address	Phone number (please include area code)
	Fax number (please include area code)
	Payee number

Authorization (to be authorized by claim owner)

Name (please print)	Signature
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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.

