



PRACTITIONER'S REPORT

Additional Information

Worker last name	First name	WorkSafeBC claim number
		Personal health number from BC CareCard



Worker last name	First name	WorkSafeBC claim number
		Personal health number from BC CareCard

Completed Practitioner Reports (paper versions) should be sent by facsimile (fax) to:

Lower Mainland
Toll-free

Fax 604 233-9777
Fax 1 888 922-8807

or by mail to:

WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

For claim/claimant inquiries, contact:

Call Centre

604 231-8888 or toll-free 1 888 967-5377

For invoice inquiries, contact Payment Services:

Lower Mainland
Toll-free

604 276-3085
1 888 422-2228

Physician 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.