WORKSAFE BC
WORKING TO MAKE A DIFFERENCE

CHIROPRACTOR'S X-RAY REPORT

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

CLAIMS CALL CENTRE	FAX	For provider/invoice inquiries, contact Payment Services
Phone 604 231-8888	**604 233-9777**	Phone 604 276-3085
Toll-free 1 888 967-5377	Toll-free **1 888 922-8807**	Toll-free 1 888 422-2228
M–F, 8:00 a.m. to 4:30 p.m.		

WorkSafeBC claim number

Worker information

Title Mr. ❐ Mrs. ❐ Dr. ❐ Ms. ❐ Miss ❐	Worker last name	First name	Middle initial

Address line 1	Address line 2	City

Province/State	Postal code/Zip	Phone number *(please include area code)*

Date of birth *(yyyy-mm-dd)*	Personal health number *(BC CareCard)*	Social insurance number
- -		

Employer information

Employer name *(as registered with WorkSafeBC)*	Address line 1		
Address line 2	City	Province/State	Postal code/Zip

X-ray details

Date of service *(yyyy-mm-dd)*	Date of injury *(yyyy-mm-dd)*	X-ray taken by	
Area to be x-rayed and information desired			
Number of films taken	Size of films	Direction of exposures	X-ray number
Date of previous x-ray and where taken *(yyyy-mm-dd)*			

Report of findings *(area to be designated on chart on reverse side of this report)*

Comments/recommendations	Impressions
Signature	Date of report *(yyyy-mm-dd)*

This report must be personally signed by a professional member of the firm.

Chiropractor information

Stamp or type the name of chiropractor or group	Address line 1		
	Address line 2		
	City	Province/State	Postal code/Zip
Payee number	Practitioner number		
Payee name	Practitioner name		

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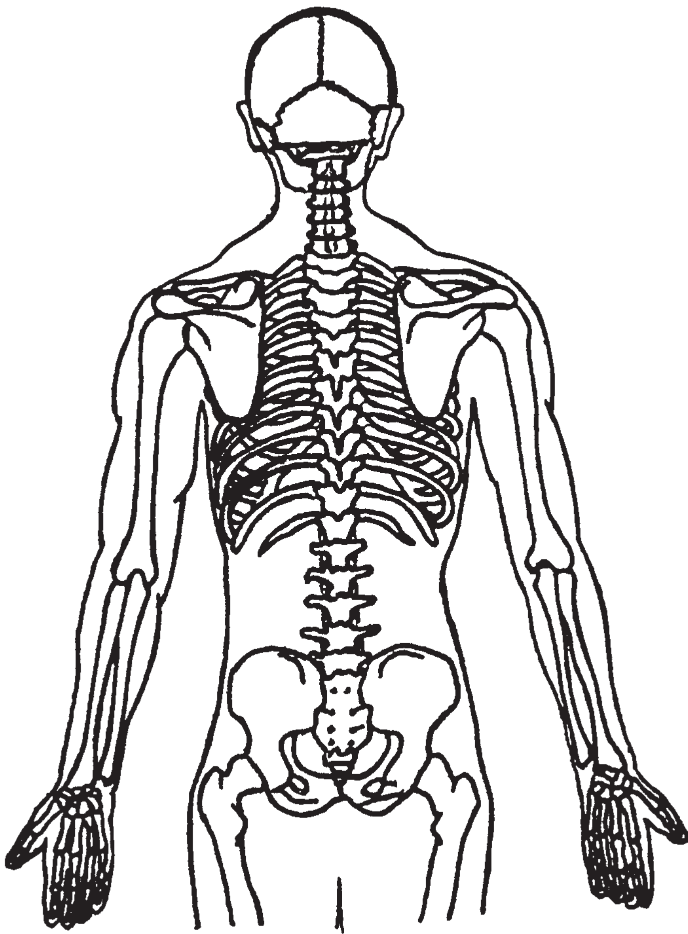
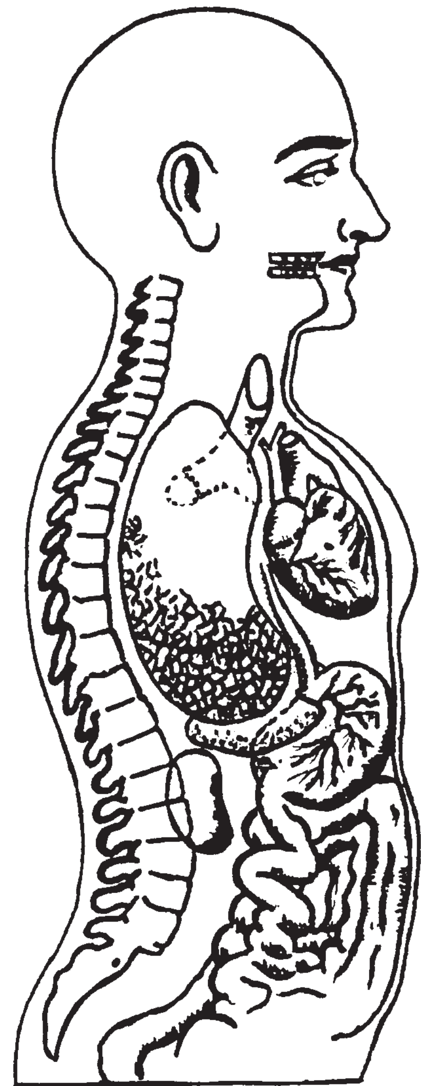
CHIROPRACTOR'S X-RAY REPORT
(continued)

Worker last name	First name	Middle initial	WorkSafeBC claim number





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.