



Please indicate (X) the report type being submitted from list below.

Please submit only ONE report type with this cover sheet.

If multiple report types are being submitted, please provide a separate cover sheet with each report.

Report date (yyyy-mm-dd)	Completed by	Number of pages including this cover sheet
--------------------------	--------------	--------------------------------------------

Worker's information

Worker's last name	First name	Middle initial	WorkSafeBC claim number
--------------------	------------	----------------	-------------------------

Practitioner's information

Facility's or practitioner's name	Facility's or practitioner's address
Vendor number	Practitioner's name
Payee number	Date of service (date of procedure/test) (yyyy-mm-dd)

Report type

<input type="checkbox"/> X-Ray (XR)	<input type="checkbox"/> Operative Report (OR)	<input type="checkbox"/> Other (MEDRECORDS) (specify)
<input type="checkbox"/> CT Scan (CTSCAN)	<input type="checkbox"/> Anesthesia Record (HR)	
<input type="checkbox"/> Magnetic Resonance Image (MRI)	<input type="checkbox"/> Ultrasound (US)	

Please note that the information contained in this facsimile transmission is **confidential and intended for the use of the person to whom it is addressed**. Any copying, disclosure, dissemination, or distribution of this transmission by anyone other than the intended recipient is prohibited. If you have received this transmission in error, please notify the sender immediately by telephone and arrangements will be made for the retrieval of such document at no cost to you.

Claims Call Centre

Phone 604.231.8888
Toll-free 1.888.967.5377
M-F, 8 a.m. to 6 p.m.

Fax

604.233.9777
Toll-free 1.888.922.8807

Mail

WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's freedom of information coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or call 604.279.8171.