



Notification for Prosthetic Maintenance and Repair

Worker's last name	First name	Middle initial	WorkSafeBC claim number
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Notification details (continued)

Comments and justification (subjective, objective)

Provider's information

Name of prosthetist	Prosthetist's signature	Name of clinic
Clinic's mailing address or stamp		Clinic's payee number
		Clinic's phone number (include area code)
		Clinic's fax number (include area code)

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 FIPP Office, at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or email FIPP@worksafebc.com, or call 604.279.8171.