



Note: Authorization does not waive contractual terms required for expedited surgery. See the *Physician Services* contract between Doctors of BC and WorkSafeBC, for requirements of expedited surgery.

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

Request information

Date of request (yyyy-mm-dd)		Date of service (date of latest consultation) (yyyy-mm-dd)		WorkSafeBC claim number	
Worker's 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 (include area code)
	Fax number (include area code)
	Payee number

Authorization (to be authorized by claim owner)

Name (please print)	Signature
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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.