WorkSafe
WORKERS' COMPENSATION BOARD OF BC
Mailing Address: PO Box 5350 Stn Terminal, Vancouver BC V6B 5L5
Location: 6951 Westminster Highway, Richmond BC
Telephone 604 214-6700, Fax 604 276-3195 or 1 888 922-3299

MEMO TO DIAGNOSTIC IMAGING RECORDS

Visiting Specialists' Clinic & Diagnostic Imaging Records

Patient's name	Claim number	Date *mm / dd / yy*
Date of birth *mm / dd / yy*	Worker's Personal Health Number from BC CareCard *(mandatory)*	
Date of injury *mm / dd / yy*		
Attending physician	Name of requestor	

❒ I request the following films be forwarded to _____

Required by date _____

❒ I request a report by radiologist

Please attach radiological reports.

I wish films held ❒ Yes ❒ No If YES, to what date? _____

IMAGING FACILITY	ANATOMICAL AREA	DATE OF IMAGING STUDY
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Comments

RESET