WORK SAFE BC
WORKING TO MAKE A DIFFERENCE

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

DIAGNOSTIC IMAGING REQUISITION

Visiting Specialists' Clinic & Diagnostic Imaging Records

Patient information

Date requested *mm / dd / yy*		Previous films ❒ Yes ❒ No
Personal health care number	Sex	Location of films
Claim number	Birth date *mm / dd / yy*	
Name		Special needs *(e.g. wheelchair, please specify)*
Address		
Telephone *Home* ( ) *Work* ( )		

Doctor to complete this section *(INCOMPLETE REQUESTS WILL BE RETURNED.)*

❒ X-ray ❒ CT ❒ Ultrasound ❒ Nuclear medicine ❒ Other *(e.g. EMG/NCS, please specify)*

Medications	Examination requested		
	Pertinent history		
Any renal abnormality? ❒ Yes ❒ No			
Height	❒ Allergies Type	❒ Diabetic Medication	❒ Asthmatic
Weight			❒ Pregnant
Is translator required? ❒ Yes ❒ No		Doctor's billing number	
Doctor's name *(please print)*		Doctor's signature	
WCB authorization *(please print name)*		Signature	
Miscellaneous/other information			

Please fax copy of report to WCB at 604 276-3195 or toll free 1 888 922-3299.	Additional copies to *(i.e. specialist/family physician)*
	1)
	2)