

## AUTHORIZATION REQUEST FOR EXPEDITED SURGERY

*Visiting Specialists' Clinic*

Please complete this form when requesting an expedited surgery under the letter of concurrence. Fax the request to **604 276-3195** or toll free **1 888 922-3299**.

### Request Information

Date of request <small style="text-align: center;">Month / Day / Year</small>	WCB claim number
Claimant's name	
Diagnosis	
Surgery proposed	
Date surgery planned <small style="text-align: center;">Month / Day / Year</small>	
Facility where surgery is to be performed	

***PLEASE ATTACH CONSULT REPORT.***

### Physician Information

Name of requesting physician	
Address	Phone number (     )
	Fax number (     )
	Payee number

### Authorization (to be authorized by claim owner)

Name <i>(please print)</i>	Signature
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