



SASKATCHEWAN WORKERS' COMPENSATION BOARD
 200 - 1881 Scarth Street
 Regina, Sask. S4P 4L1

Phone: (306) 787-4370
 Toll Free: 1-800-667-7590 (Saskatchewan only)
 Fax: (306) 787-4311
 Toll Free Fax: 1-888-844-7773 (Saskatchewan only)

Worker's Name and Address	CHRO						
	WCB Claim No.: _____						
	Date of Birth <small>DD MM YY</small>			Date of Injury <small>DD MM YY</small>			
	Personal Health No.			Social Insurance No.:			
Employer's Name and Address	Off Work Yes No			Estimated Date of Return to Work <small>DD MM YY</small> _____			
	Diagnosis	Treatment Date <small>DD MM YY</small>	Fee Schedule Code	Fee Schedule Amount	Treatment Date <small>DD MM YY</small>	Fee Schedule Code	Fee Schedule Amount
		1	2	3	4	5	6
Treatment or remarks	7	8	9	0	Final Treatment Yes No Total Amount \$ _____		
Note: Your account containing complete and legible information will assist the Board in processing your payment.							

Signature

Clinic No.: _____

Doctor No.: _____

Telephone No.: _____