



SASKATCHEWAN
WORKERS'
COMPENSATION
BOARD

200 - 1881 Scarth Street
Regina, Sask. S4P 4L1
Phone: (306) 787-4370
Toll Free: 1-800-667-7590
Toll Free Fax: 1-888-844-7773

Worker's Name and Address		<h1>DOC</h1>	
Employer's Name and Address		Date of Birth <small>DD MM YY</small>	Date of Injury <small>DD MM YY</small>
		Personal Health No.	Social Insurance No.:
		Off Work <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Date of Return to Work <small>DD MM YY</small> _____
Referral from Dr.	Treatment Date <small>DD MM YY</small>	Fee Schedule Code	Fee Schedule Amount
Diagnosis	<small>DD MM YY</small>		
Treatment or remarks			
Note: Your account containing complete and legible information will assist the Board in processing your payment.			

Signature

Clinic No.: _____

Doctor No.: _____

Locum No.: _____

Telephone No.: _____