



Saskatchewan  
Workers'  
Compensation  
Board

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**CHRO**

Click on any field to start editing.

Reference or invoice: \_\_\_\_\_

WCB claim number: \_\_\_\_\_

<b>Name of clinic:</b> _____	<b>Provincial Health Number:</b> _____
<b>Clinic number:</b> _____	<b>Billing number:</b> _____
<b>Phone:</b> _____	<b>Date of birth:</b> _____ <small>MM/DD/YYYY</small>
<b>Fax:</b> _____	
<i>Chiropractor's name, address, postal code</i>	<i>Worker's name, address, postal code</i>

**Date of injury:** \_\_\_\_\_  
MM/DD/YYYY

**Part of body:** \_\_\_\_\_

Treatment date <small>MM/DD/YYYY</small>	Description	Fee Code	Units	Explanatory Code	Cost
<b>Total</b>					

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

