



# REQUEST FOR AUTHORIZATION FOR ORTHOTIC SERVICES

New  Replacement  Repair

Please complete in **INK** and **FAX** this form to WorkSafeBC using the fax number provided below.

**FAX**  
**604 233-9777**  
Toll-free **1 888 922-8807**

**CLAIMS CALL CENTRE**  
Phone 604 231-8888  
Toll-free 1 888 967-5377

Date of request (yyyy-mm-dd)

### Worker information

Worker last name	First name	Middle initial	WorkSafeBC claim number
Worker's mailing address		Personal health number	
		Birthdate (yyyy-mm-dd)	

### Service information

Referring physician (if applicable)	Area and type of injury
Current device (if applicable)	Years of current device (if applicable)
Recommended device (subjective, objective, and justification for repair, replacement, or change)	

Quantity	Fee code	Description (including serial number if applicable)	Unit cost	Total amount
<b>Total</b>				<b>\$</b>

### Provider information

Name of orthotist/pedorthist	Orthotist/pedorthist's signature
Name of clinic	
Clinic mailing address/stamp	Clinic payee number
	Clinic telephone number (please include area code)
	Clinic fax number (please include area code)

### WorkSafeBC authorization

Name of WorkSafeBC officer (please print)	Signature	Date of authorization (yyyy-mm-dd)
Additional comment		

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.

