

P.O. BOX 2415
EDMONTON, AB T5J 2S5
FAX: (780) 427-5863
1-800-661-1993

Please print clearly or type.

			WCB Claim Number
Worker's Surname	First Name	Initial	Date of Birth (dd/mm/yyyy)
Requestor (Agency)	Telephone Number	Fax Number	
WCB Billing Number			
Request			
Reason for request			
Last supply date (dd/mm/yyyy)			

WCB ONLY

Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	As per contract
Comments	
Approver's Name <input type="checkbox"/> Yes <input type="checkbox"/> No	Date (dd/mm/yyyy)

THIS DOCUMENT MAY BE EXAMINED BY ANY PERSON WITH DIRECT INTEREST IN A CLAIM THAT IS UNDER REVIEW.