Workers' Compensation Board – Alberta
Box 2415
Edmonton, AB T5J 2S5
Tel: 1-855-498-4919 ext 5
Fax: 780-498-7807
Click here for wcb.ab.ca Resources for Health Care and Service Providers

C1399
Diagnostic and Treatment Consultation (DTC)
Orthopaedic Referral Information

Claim:

Please complete the referral form and fax it to: **780-498-7807**

Please note:

This referral is for a one-time only consultation for an orthopaedic opinion on diagnosis and management to support maximal recovery. As such, no further follow-up will occur with the specialist, and implementation of the recommendations is the responsibility of the treating physician.

Please indicate on the referral form if a call from the consulting specialist to discuss their examination is required.

Please contact the **Physician Help Line at 1-855-498-4919 - Ext 5** to speak with a clinical consultant with any questions you may have regarding your referral.

Patient name: _____ **Claim number:** _____

Diagnostic and Treatment Consultation Referral (DTC)

Fax: 780-498-7807

Referring physician

Prefer a call? Yes ☐ *(Call will be made on day of appointment)*
No ☐ *(Send report only)*

Name: _____ Phone: _____

Fax _____ Email: _____

Patient demographics

Health number:

Sex: M☐ F☐

Surname: _____ First name: _____

Date of birth: _____ WCB claim number: _____
(yyyy/mm/dd)

Phone: _____ _____ _____
(Preferred Contact) *(Business)* *(Cell)*

Clinical information

Chief complaint and relevant history

Clinical findings

Investigations and interventions

C 1 3 9 9

Claim number:_____

Treatment and management plan

Follow-up

Other physicians consulted

Date of follow-up appointment: _____

(To discuss the recommendations of this referral) *(yyyy/mm/dd)*