



**Mail to:**  
200 Front Street West  
Toronto ON M5V 3J1

**OR Fax to:**  
416 344-4684  
or 1-888-313-7373

**Request for Hospital  
Medical Information  
Occupational Disease**

<b>Sent Date</b>	dd mm yyyy
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<b>Claim Number</b>
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**Please print in black ink**

<b>To</b>	Name of Hospital				FAX No. ( )
	Address	City/Town	Province	Postal Code	Telephone No. ( )
<b>From</b>	Last Name		First Name		Telephone No. ( )
	Title				

<b>Patient Information</b>				
Last Name		First Name		Date of birth dd mm yyyy
Description of the disease				
Type of first treatment				Date of treatment dd mm yyyy

<b>Report Required (Check all that apply)</b>				
	<b>Date From</b> dd mm yyyy	<b>Date To</b> dd mm yyyy		
<input type="checkbox"/> Emergency Report			<input type="checkbox"/> Triage	<input type="checkbox"/> X-ray's <input type="checkbox"/> other
<input type="checkbox"/> Investigations			<input type="checkbox"/> MRI	<input type="checkbox"/> CT Scan <input type="checkbox"/> Bone Scan
<input type="checkbox"/> Inpatient Record: Discharge Summary				
<input type="checkbox"/> Outpatient Record:				
<input type="checkbox"/> Operative Report:				
<input type="checkbox"/> Other:				

<b>Comments</b>

<b>Provider Billing Information</b>		
<b>It is an offense to knowingly make a false statement or representation to the WSIB. I hereby declare that the information being submitted is true and complete.</b>		Service Code <b>3150</b>
Provider Signature		WSIB Provider ID (Enter all 9 digits)
Provider Position	Service Date dd mm yyyy	Your Invoice Number

<b>Confidentiality Note/Legislative Authority:</b>
The information contained in this facsimile message is privileged and confidential, and may contain personal information that may be subject to the privacy provision of the Freedom of Information and Protection of Privacy Act. This information should not be distributed, copied, or disclosed to any unauthorized persons and is intended only for the use of the individual named above and others who have been specifically authorized to receive it. If you have received this communication in error, or if any problems occur with transmission, please notify the sender immediately by telephone.
Section 37 of the Workplace Safety and Insurance Act states; "Every hospital or health facility that provides health care to a worker claiming benefits under the insurance plan shall promptly give the Board such information relating to the worker as the Board may require."
The Personal Health Information Protection Act, 2004, Section 43(1) (h) permits a health information custodian to disclose health information without consent as permitted or required by law including section 37 of the Workplace Safety and Insurance Act.