



Confirmation of Worker's Compensation Medical Appointment
(WSPC)

Date: _____

_____ had a scheduled appointment today at: _____ a.m. or p.m.
(Patient Name) (Circle one)
for the injury of _____.
(date of injury)

Time arrived: _____ a.m. or p.m.
(Circle one)

Time departed: _____ a.m. or p.m.
(Circle one)

Name of Medical Facility: _____

Appointment confirmed by: _____
(Name)

(Title)

(Signature)

Please check the one that applies:

_____ Physical Therapy

_____ Testing