

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:

\_\_\_\_\_ Treatment

\_\_\_\_\_ Physical Therapy

\_\_\_\_\_ Follow-up MD Appointment

**Note**: If you currently complete the Gallagher Bassett Worker Status Report, this form is in addition and does not replace the Gallagher Bassett Worker Status Report.