

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.