



## WorkSafe BC/WCAT and CPP Disability Appeals

**DR. G. PARHAR**  
Medical Director

Please fax this form to (604) 525-8124, email it to [manager@coremedicalcentre.ca](mailto:manager@coremedicalcentre.ca) or call 604-525-8604 for an appointment.

### PATIENT INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
(Apt #) (Street Address) (City, Province) (Postal Code)  
TEL: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
SEX:  M  F DOB: \_\_\_\_\_ INJURY DATE: \_\_\_\_\_  
(mm/dd/yy)

### REFERRAL SOURCE

NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_  
TEL: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 LAW OFFICE  INSURANCE COMPANY  EMPLOYER  UNION

### REQUESTED ASSESSMENT

WorkSafe BC/WCAT Appeal Examination  CPP Disability Appeal Examination

### ADDITIONAL INFORMATION

1. WorkSafe BC Decision Letter.
2. Any and all medical documentation.
3. If known, please send specific questions to be addressed.