



WorkSafe Services Division
 1 Portland Street, PO Box 160
 Saint John, NB E2L 3X9
 Phone 506 475-2550
 Toll-free 1 800 222-9775
 Fax 506 475-2568
 Web www.worksafenb.ca

Division des services de travail sécuritaire
 1, rue Portland, case postale 160
 Saint John, NB E2L 3X9
 Téléphone 506 475-2550
 Sans frais 1 800 222-9775
 Télécopieur 506 475-2568
 Web www.travailsecuritairenb.ca

CLAIMANT PRESCRIPTION INFORMATION

Claimant's Name:		Claim Number:	
Address:		Date of Accident:	
Doctor's Name:		Employer's Name:	
Address:		Address:	

Date of Purchase	Prescription Number (PIN or DIN)	Name and Strength of Drug	Quantity	Charge
			Subtotal	
			HST/GST	
			TOTAL	

Total Amount Has been paid by Claimant
 Is being submitted to WorkSafeNB for payment

Payee Code: # _____

I hereby acknowledge receipt of the drugs and I agree to accept financial responsibility for any part of this account that is not accepted by WorkSafeNB.

Claimant's Signature: _____

Supplier's Name:
Address: