



1 Portland Street, P.O. Box 160  
 Saint John, N.B. E2L 3X9  
 Phone 506 632-2200  
 Toll-free 1 800 999-9775  
 Fax 1 888 629-4722  
 Web worksafenb.ca

1, rue Portland, case postale 160  
 Saint John (N.-B.) E2L 3X9  
 Téléphone 506 632-2200  
 Sans frais 1 800 999-9775  
 Télécopieur 1 888 629-4722  
 Web travailsecuritairbnb.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: