



**WSIB FORM**

***\*\*\*If for any reason W.S.I.B. (compensation) will not accept your claim, or does not approve all treatments required, you are responsible for all charges\*\****

**Personal Information**

Name:		
Home Address:		
City/Town:	Province:	Postal Code:
Home Phone:	Cell Phone:	
SIN #	OHIP #:	
Date of Birth:	Claim#:	

**Business Information**

Company Name:		
Company Address:		
City/Town:	Province:	Postal Code:
Business Phone:	Ext:	
Supervisor/Contact Name:		
Job Title:	Date of Accident:	

Progressive Sports Medicine 1179 Northside Road, Burlington, ON L7M 1H5 905.336.7707

◇ Chiropractic ◇ Physiotherapy ◇ Massage Therapy ◇ Athletic Therapy  
◇ Clinical Conditioning ◇ Laser Therapy ◇ Acupuncture ◇ Orthotics

