



**Mandatory Generic Exemption Request
Workers' Compensation Board of Nova Scotia**

WCB Claim #	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mandatory							

Please complete all required sections to allow your request to be processed without delay. This form must be completed by the prescriber **and submitted to Medavie Blue Cross [Fax: (902) 496-5819]**.

Worker Information			
Last Name	First Name	Initial	DOB DD/MM/YYYY
Street	City	Postal Code	HCN

Injury Information
Diagnosis

Treatment Plan		
Drug Name	Strength	Dosage

Medication History		
Generic/brand name tried	Date & Duration of Therapy	Outcome

Other Relevant Information (<i>description of adverse reaction including: nature, extent, severity</i>):

Prescriber's name, address, and fax number Phone number: _____ Fax number: _____ License # _____ Mandatory	Prescriber's signature _____ Date DD/MM/YYYY _____ <small>May 2019</small>
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Physicians: use MSI fee code **WCB23**. Other prescribers: invoice WCB directly.