

Visit wsib.ca/submit to submit this form and supporting documents.

Only medication prescribers can fill out the medication exception form. This form cannot be filled out by anyone else, including the person with an injury or illness.

Patient information	
Claimant name	Claim number

Prescriber signature and billing information

I declare that the information included in this form is true and complete. I understand it's an offence to knowingly make a false statement or representation to the WSIB.

Prescriber's name	Signature	Date
Prescriber's street address	City	Province
		Postal code

Check this box if you are completing and submitting this form electronically. This represents your signature. You must fill out your name and the date above.

Contact phone number	Service date	WSIB provider ID
HST registration number	HST amount billed	Prescriber's invoice number

Fee code(s): please check off one or both boxes to ensure correct payment, only check off both boxes if you fill out both parts A and B:

I need to be paid for part A (non-opioid treatment request) under fee code M758 (\$56.05)

I need to be paid for part B (opioid treatment request) under fee code M639 (\$65.00)

Requested medication(s) for work-related injury or illness

Medication name	Dosage and frequency	MED (if applicable)	Expected duration	Work-related diagnosis being treated

This form is for (choose one or both):

Non-opioid treatment (complete part A)

Opioid treatment (complete part B)

Email accessibility@wsib.on.ca if you need a different format or accommodation. Disponible en français.

