



**Range of Motion Loss —  
TOES**

**Return To** ICBC  
PO BOX 2121, STN TERMINAL  
VANCOUVER BC V6B 0L6

**Fax** 1-877-686-4222



INVOICE INFORMATION			
CLAIM NUMBER	DATE OF ACCIDENT (dd/mmm/yyyy)	DATE OF REPORT (dd/mmm/yyyy)	VENDOR NUMBER
INVOICE/REFERENCE NUMBER	PAYEE NAME		
PAYEE ADDRESS			
PAYEE ADDRESS			

CLIENT INFORMATION			
FIRST NAME	LAST NAME	DATE OF BIRTH (dd/mmm/yyyy)	PERSONAL HEALTH NUMBER (PHN)

PRACTITIONER INFORMATION		
FIRST NAME	LAST NAME	PRACTITIONER NUMBER

**Which foot is the affected joint on?**     Left     Right

**Questions:**

1. Is there a range of motion restriction in the big toe?     Yes     No

If yes, provide details:

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2. Is there a range of motion restriction in any of the other toes?     Yes     No

If yes, list all other toes with a range of motion restriction and provide details:

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\_\_\_\_\_  
HEALTHCARE PROVIDER SIGNATURE

\_\_\_\_\_  
DATE

Please send a copy of this completed form to my attention at your earliest convenience. Thank you for your anticipated cooperation regarding this matter.

Personal information on this form is being collected under section 26 of the *Freedom of Information and Protection of Privacy Act (BC)* and section 28 or 28.1 of the *Insurance Vehicle Act (BC)* for the purpose of obtaining a health care report in order to manage the claim. Questions about the collection of this information can be directed to the claim representative, or call 604-661-2800 or contact the Privacy & Freedom of Information department at 151 Esplanade, North Vancouver, BC V7M 3H9.