



W.C.C. # of pending cases:

State of Rhode Island and Providence Plantations
Providence, S.C. **Workers' Compensation Court**

Name of Employee

W.C.C. #

XXX-XX-

Insurance Carrier

Social Security Number (last 4 digits only)
- vs. -

Name of Employer

Insurance Carrier Address

Address

Request for Permission for Major Surgery

The undersigned alleges as follows:

The employee sustained an injury on _____ for which major surgery is needed.
Date

The employer has/has not been found liable under the terms of the Workers' Compensation Act. (If applicable, attach a copy of any agreement or decree establishing liability)

A medical record or report is attached to this petition from the surgeon stating that the employee's major surgery is necessary to cure, rehabilitate or relieve him/her from the effects of the work injury.

The proposed surgery is described as follows: _____

The employee desires such surgery and will undergo same within _____ days.

Permission for surgery has been requested from the employer or its insurance carrier and has not been received. (Attach copy of such request).

Wherefore the employee requests an ex-parte order granting permission for such surgery.

Attorney for Employee

Employee

Address and phone number of attorney

Address

Attorney bar registration number

EX-PARTE ORDER

Permission for the performance of the above described major surgery by Dr. _____ is hereby granted provided such surgery is performed by said surgeon within _____ days from the date hereof.

No liability of any kind is imposed upon the employer or its insurance carrier by this order.

A copy of this order shall be mailed forthwith by the Administrator of this Court, by ordinary mail, postage prepaid to said employer with a copy to the insurance carrier.

Dated this _____ day of _____, 20_____.

ENTER:

PER ORDER:

Judge

Administrator

Instructions

Prepare original and four copies with the appropriate attachments and file with the Office of the Administrator of the Workers' Compensation Court, J. Joseph Garrahy Judicial Complex, One Dorrance Plaza, Providence, Rhode Island 02903-3973.

Distribution: White: Original Green: Employee Yellow: Doctor Pink: Employer Gold: Insurer Carrier