



State of Rhode Island and Providence Plantations
Providence, Sc. Workers' Compensation Court

Name of Employee

W.C.C. #

XXX-XX-

Social Security Number (last 4 digits only)

Insurance Carrier

- vs. -

Name of Employer

Insurance Carrier Address

Request for Permission for Major Surgery

The undersigned alleges as follows:

The employer has not been found liable under the terms of the Workers' Compensation Act for an injury sustained by the employee on _____. (If applicable, attach a copy of any agreement or decree establishing liability)

Dr. _____ has stated that major surgery described as follows is necessary to cure, relieve or rehabilitate the employee from the effects of the injury. The proposed surgery is

The employee has consented to the procedure and will undergo the surgery 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 of Attorney

Address

Attorney phone number and bar registration number

Address

W.C.C. No. _____

EX-PARTE ORDER

Permission for surgery is granted to:

Name of Surgeon

Surgeon Address

Surgeon Address

Such surgery shall be performed within _____ days from the date of this order.

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

Dated this _____ day of _____, 20_____.

ENTER:

PER ORDER:

Judge

Administrator