



INJURIES
24 HOURS
7 DAYS A WEEK

AUTHORIZATION TO TREAT - SOUTH CLINIC

13440 E. IMPERIAL HWY. • SANTA FE SPRINGS, CA 90670 • (562) 926-3440

___ INITIAL INJURY ___ DRUG SCREEN ON INJURY BODY PART INJURED: _____

PHYSICALS/DRUG SCREENS: 7 AM - 4:30 PM (PICTURE ID REQUIRED)

___ Post Offer Physical	___ Drivers DOT Physical	___ Hepatitis B Injection
___ Return to Work Physical	___ Federal Drug Screen	___ Pulmonary Function Test
___ Drug Screen	___ Breath Alcohol Test	___ Other: _____

PATIENT NAME: _____

COMPANY NAME: _____

JOB CLASSIFICATION: _____

MODIFIED DUTY AVAILABLE: ___ YES ___ NO

INSURANCE NAME: _____

DOES EMPLOYEE WORK FOR TEMP/LEASING COMPANY? ___ YES ___ NO

PHONE: _____

TODAY'S DATE: _____ EXPIRES ON: _____

AUTHORIZED COMPANY SIGNATURE _____ ___ VERBAL

(SIGNATURE REQUIRED)

