

Authorization For Medical Services



Instructions: Shaded section Must be complete. Please check or write in services required in the sections below and bring With you.

Today's Date: _____	Employee Name: _____
Company Name: _____	Company Phone: _____
Company Address: _____	Authorized By: _____
Office Use Only (telephone authorization received by): _____	

Insurance Information: (Workers Compensation only)

Insurance Carrier : _____ Policy number: _____

Date of Injury: _____ Protocol on File

* If Drug Screen is needed with treatment, please check the appropriate box below.

Physicals: (Occupational Medicine) Monday—Friday 8am– 5:30pm

* Check the box for the services needing to be rendered.

- Initial Physical Periodic Physical DOT/DMV Physical Respirator Certification Hazardous Materials
 Protocol on File

Drug Screening: (Workers Compensation & Occupational Medicine) Monday – Friday before 3pm

Reason for Drug Screen:

- Pre-placement Random Post Accident Return– to–duty Reasonable Suspicion Follow Up

Type of test:

- Blood Breath (Only Available at Lake Forest Location) Urine: Non– NIDA, Standard 5– item panel
 Nida, Standard 5– item Panel
 Non– NIDA, Special Panel (please specified) _____

Processing Instructions for Staff:

Collect sample and send sample to: _____

Special Instructions:

Locations:
22855 Lake Forest Drive Ste A
Lake Forest, CA 92630
Tel: (949) 297-0237
Fax: (949) 770-2679

23962 Alicia Parkway Ste. I-1
Mission Viejo, CA 92691
Tel: (949)452-7699
Fax: (949) 770-2815

For Injuries or Illnesses on the Job

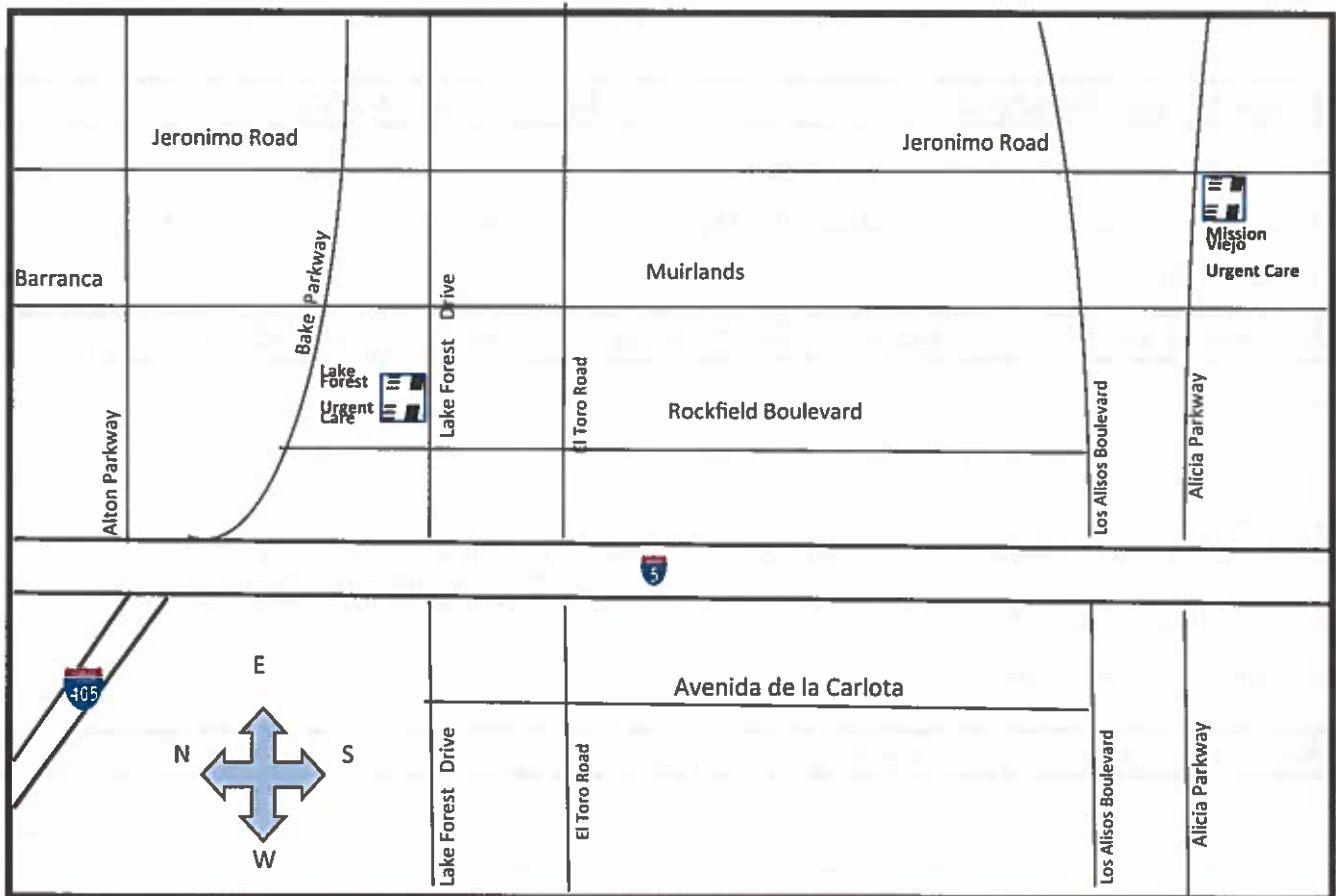
Notify your Supervisor

Lake Forest:

22855 Lake Forest Drive Ste. A
 Lake Forest, CA 92630
 Tel: (949) 452-7544
 Monday—Friday: 8am-7pm
 Saturday—Sunday: 8am – 3pm
 Closed on Major Holidays

Mission Viejo:

23962 Alicia Parkway Ste. I-1
 Mission Viejo, CA 92691
 Tel: (949)452-7699
 Monday—Saturday: 8am-7pm
 Sunday & Major Holidays: 8am – 5pm



During Non-operating hours, go to the nearest Emergency room