



2301 West El Segundo Blvd, Hawthorne CA 90250
(323) 757-2118 Fax (323) 757-7503

- Treatment of Work Injury/Illness
- Private Patient Referral
- Determination of Work Injury
- Return to Work/Fitness Evaluation
- DOT Drug Test
- Breath Alcohol Test
- Re-Open W/C Inj. _____ DOI
- Rapid Drug Test
- Pre-Placement Physical
- Drug Test (Picture I.D. Required)
- DMV/DOT – Driver Physical
- Asbestos Physical
- Respirator Physical
- Annual Physical
- Executive Physical
- Other _____

Employee: _____ S.S # _____

Employer: _____

Authorized By: _____ Date: _____

Phone No: _____ Ext. _____

Modified Work Available YES _____ NO _____

Call Employee Work Status To: _____ VERBAL: _____

Name: _____ Phone: _____