



MEDICAL CENTER

2301 WEST EL SEGUNDO BLVD. • HAWTHORNE, CA 90250

(323) 757-2118 • FAX (323) 757-7503

URGENT, INDUSTRIAL
AND
FAMILY PRACTICE

STAFFED
24 HOURS A DAY
7 DAYS A WEEK

AUTHORIZATION FOR MEDICAL SERVICES

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

Hablamos Español

Employee: _____ S.S.# _____

Employer: _____

Authorized By: _____ Date: _____

Phone No: () _____ Ext. _____

Modified Work Available YES NO

Call Employee Work Status To: _____ VERBAL _____

Name: _____ Phone: () _____