

# Authorization for Treatment



# URGENT CARE

& INDUSTRIAL MEDICINE

4221 S. Alameda St. Vernon, CA 90058  
(Parking on corner of S. Alameda & 43rd St.)

OPEN: 8am - 8pm Monday - Friday  
Tel: 323.676.5111 | fax: 323.676.5112

## AUTHORIZATION FOR TREATMENT

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Authorized By: \_\_\_\_\_

Title: \_\_\_\_\_

W.C. Carrier: \_\_\_\_\_ Self-Insured? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_

Injury Date: \_\_\_\_\_ Injury Time: \_\_\_\_\_

### WORK INJURY OR PHYSICAL:

- Work Injury Treatment - (Indicate drug screen below if required)
- Physical - Post Offer
- Physical - Fit for Duty / Return to Work
- DOT / DMV
- PPD - TB Test
- Other: \_\_\_\_\_

### DRUG SCREEN TO PERFORM OR INCLUDE:

- eScreen 5 Panel
- eScreen 10 Panel
- DOT
- Other: \_\_\_\_\_

### REASON FOR DRUG SCREEN: (Required)

- |   |   |
|---|---|
| <input type="checkbox"/> Post Accident        | <input type="checkbox"/> Post-Offer     |
| <input type="checkbox"/> Follow-Up            | <input type="checkbox"/> Return to Duty |
| <input type="checkbox"/> Reasonable Suspicion | <input type="checkbox"/> Random         |

[www.LAUrgentCare.net](http://www.LAUrgentCare.net)