

Treatment Authorization

Autorización de Tratamiento



Please present this form at front desk. Presente este formulario en la recepción.

For physical exams arrive at least 1 hour before closing. Para los exámenes físicos, llegue al menos 1 hora antes del cierre

Name _____
Nombre

Employee Phone _____ **REQUIRED**
Teléfono del empleado

Employer _____
Empleador

Insurance _____
Seguro de Compensación Laboral

Is Modified Work Available? Yes Si No No
¿Está disponible el trabajo modificado?

Injury Date _____
Fecha de la lesión

Email _____
Email

Employer Phone _____
Teléfono del empleador

Policy# _____
Número de Póliza

Temporary Employee? Yes Si No No
¿Empleado temporal?

OCCUPATIONAL TREATMENT REQUESTED TRATAMIENTO OCUPACIONAL SOLICITADO

- Work Related Injury Treatment Post Accident/Injury Drug Screen Return to Work Evaluation (Fitness for Duty)

EMPLOYMENT RELATED EXAMINATION/TEST/IMMUNIZATIONS REQUESTED EMPLEO EXAMEN / PRUEBA / VACUNAS RELACIONADAS SOLICITADAS

- | | | |
|--|--|--|
| <input type="checkbox"/> DOT/DMV Physical | <input type="checkbox"/> Employment Physical | <input type="checkbox"/> RTW Physical |
| <input type="checkbox"/> DOT Drug Screen | <input type="checkbox"/> Drug Screen | <input type="checkbox"/> Drug Screen Collection Only |
| <input type="checkbox"/> Breath Alcohol Test | <input type="checkbox"/> Hepatitis B Injection | <input type="checkbox"/> Respirator Physical (OSHA) |
| <input type="checkbox"/> Respirator Fit Test | <input type="checkbox"/> Chest X-Ray | <input type="checkbox"/> Pulmonary Function Test |
| <input type="checkbox"/> Audio Test | <input type="checkbox"/> Other _____ | |

Signature _____
Firma

Date _____
Fecha

Santa Fe Springs South Clinic

13440 Imperial Highway
Santa Fe Springs, CA 90670

562. 926. 3440 **P**
562. 926. 0678 **F**

Open 24/7 for new injuries

Regular Hours

Mon-Fri: 7:00am-7:00pm
Saturday: CLOSED. New Injuries, Doctor on call
Sunday/Holidays: CLOSED. New Injuries, Doctor on call
After Hours: Doctor on Call: 562. 926.3440

Santa Fe Springs North Clinic

11817 Telegraph Rd
Santa Fe Springs, CA 90670

562. 949. 9328 **P**
562. 949. 4588 **F**

Open 24/7 for new injuries

Regular Hours

Mon-Fri: 7:00am-7:00pm
Saturday: CLOSED. New Injuries, Doctor on call
Sunday/Holidays: CLOSED. New Injuries, Doctor on call
After Hours: Doctor on Call: 562. 926.3440