

# 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

Injury Date \_\_\_\_\_  
Fecha de la lesión

Employee Phone \_\_\_\_\_ **REQUIRED**  
Teléfono del empleado

Email \_\_\_\_\_  
Email

Employer \_\_\_\_\_  
Empleador

Employer Phone \_\_\_\_\_  
Teléfono del empleador

Insurance \_\_\_\_\_  
Seguro de Compensación Laboral

Policy# \_\_\_\_\_  
Número de Póliza

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

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

**La Mirada Clinic**

15330 Valley View Blvd. STE #1  
La Mirada, CA 90638  
562.802.0208 P  
562.802.0999 F

**Regular Hours**

Mon-Fri: 7:00am-7:00pm  
Saturday: Closed  
Sunday: Closed  
Holidays: Closed  
After Hours: Doctor on call: 562.802.0208