

# 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 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

**Santa Fe Springs South Clinic**

13440 Imperial Highway  
Santa Fe Springs, CA 90670  
562.926.3440 **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: CLOSED. New Injuries, Doctor on call  
Holidays: CLOSED. New Injuries, Doctor on call  
After Hours: Doctor on Call: 562.926.3440