# IN CASE of WORK INJURY EN CaSO de ACCIDENTE 

I.Immediately report injury to your supervisor Inmediatamente Reporte su lestón a su supervisor

Obtain a signed treatment authorization slip Obtenga una authoriracion de tratamiento firmada

3. 

Proceed Immediately to:
Vaya inmedlatamente at


## OPEN 24/7 (M-F)

## Regular Hours:

Mon-Fri: 7:00am-7:00pm
After Hours/Weekends:
Provider On-Call: 562,802.0208
15330 Valley View Blvd, STE \# 1
La Mirada, CA 90638
562.802.0208 phone

