

# 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

Address \_\_\_\_\_  
La Ubicación

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

Print \_\_\_\_\_  
Imprimir

## TREATMENT LOCATIONS

### Chula Vista Clinic

1510 Sweet water Rd, Ste B  
National City, CA 91950

### Irvine Clinic

17232 Red Hill Ave  
Irvine, CA 92614

### National City Clinic

444 West 8th St, Ste 101-102  
National City, CA 91950

### Riverside Clinic

3579 Arlington Ave, Ste 300  
Riverside, CA 92506

### Santa Maria Clinic

3070 Skyway Drive, Ste 106  
Santa Maria, CA 93455

### Commerce Clinic

6538 Telegraph Road  
Commerce, CA 90040

### Lakewood Clinic

5203 Lakewood Blvd, Ste B  
Lakewood, CA 90712

### Oceanside Clinic

3156 Vista Way, Ste 100  
Oceanside, CA 92056

### San Diego-Downtown Clinic

1620 5th Ave, Suite 200  
San Diego, CA 92101

### Templeton Clinic

1350 Posada Lane, Ste 102  
Templeton, CA 93465

### El Centro Clinic

1441 W State Street, Suite B  
El Centro, CA 92243

### La Mirada Clinic

15330 Valley View Ave, Ste #1  
La Mirada, CA 90638

### Oxnard Clinic

1901 Outlet Center Dr, Ste 100  
Oxnard, CA 93036

### Santa Fe Springs North Clinic

11817 Telegraph Road  
Santa Fe Springs, CA 90670

### Thousand Oaks Clinic

75 E Thousand Oaks Blvd, Ste E  
Thousand Oaks, CA 91360

### Huntington Beach Clinic

17122 Beach Blvd, #104  
Huntington Beach, CA 92647

### Mission Valley Clinic

7485 Mission Valley Rd, Ste 100  
San Diego, CA 92108

### Paramount Clinic

7300 Alondra Blvd, Ste 100  
Paramount, CA 90723

### Santa Fe Springs South Clinic

13440 Imperial Highway  
Santa Fe Springs, CA 90670

### Vista Clinic

2365 S Melrose Dr  
Vista, CA 92081