

# 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

Employee Name \_\_\_\_\_  
Nombre

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

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

Employer Address \_\_\_\_\_  
La Ubicación

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

Is Modified Work Available?  Yes Si  No No

¿Está disponible el trabajo modificado?

Temporary Employee?  Yes Si  No No

¿Empleado temporal?

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

Employee Email \_\_\_\_\_  
Email

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

Policy# \_\_\_\_\_  
Número de Póliza

Effective from: \_\_\_\_\_ Upto: \_\_\_\_\_  
Fecha efectiva Hasta

## 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 Name \_\_\_\_\_  
Imprimer

## TREATMENT LOCATIONS

### Chula Vista Clinic

1510 Sweet water Rd, Suite B  
National City, CA 91950  
P: 619.552.2870

### Irvine Clinic

17232 Red Hill Ave  
Irvine, CA 92614  
P: 949.752.1111

### National City Clinic

444 West 8th St, Suite 101-102  
National City, CA 91950  
P: 619.474.8666

### Riverside Clinic

3579 Arlington Ave, Suite 300  
Riverside, CA 92506  
P: 951.341.9333

### Santa Maria Clinic

3070 Skyway Drive, Suite 106  
Santa Maria, CA 93455  
P: 805.922.8282

### Commerce Clinic

6538 Telegraph Road  
Commerce, CA 90040  
P: 323.726.3212

### Lakewood Clinic

5203 Lakewood Blvd, Suite B  
Lakewood, CA 90712  
P: 562.633.2273

### Oceanside Clinic

3156 Vista Way, Suite 100  
Oceanside, CA 92056  
P: 760.681.5222

### San Diego-Downtown Clinic

1620 5th Ave, Suite 200  
San Diego, CA 92101  
P: 619.810.8822

### Templeton Clinic

350 Posada Lane, Suite 102  
Templeton, CA 93465  
P: 805.434.3699

### El Centro Clinic

1441 W State Street, Suite B  
El Centro, CA 92243  
P: 760.337.1771

### La Mirada Clinic

15330 Valley View Ave, Suite 1  
La Mirada, CA 90638  
P: 562.802.0208

### Oxnard Clinic

1901 Outlet Center Dr, Suite 100  
Oxnard, CA 93036  
P: 805.988.3200

### Santa Fe Springs North Clinic

11817 Telegraph Road  
Santa Fe Springs, CA 90670  
P: 562.949.9328

### Thousand Oaks Clinic

75 E Thousand Oaks Blvd, Suite E  
Thousand Oaks, CA 91360  
P: 805.288.1199

### Huntington Beach Clinic

17122 Beach Blvd, Suite 104  
Huntington Beach, CA 92647  
P: 714.964.4448

### Mission Valley Clinic

7485 Mission Valley Rd, Suite 100  
San Diego, CA 92108  
P: 619.900.1330

### Paramount Clinic

7300 Alondra Blvd, Suite 100  
Paramount, CA 90723  
P: 562.616.1166

### Santa Fe Springs South Clinic

13440 Imperial Highway  
Santa Fe Springs, CA 90670  
P: 562.926.3440

### Vista Clinic

2365 S Melrose Dr  
Vista, CA 92081  
P: 760.571.5910