Temecula 24 Hour Urgent Care
We're here when you need us.
41715 Winchester Road Ste. 101 Temecula, CA 92590
Pho: 951.308.4451 | Fax: 951.506.0992
www.temecula24hoururgentcare.com

Carlsbad Urgent Care
We're here when you need us.
2804 Roosevelt Street Carlsbad, CA 92008
Pho: 760.720.2804 | Fax: 760.720.7400
www.carlsbadurgentcare.com

Department of Workers Compensation

Authorization For Treatment Form

Company Name: _____

Employee Name: _____

Position / Job Title: _____

PLEASE CHECK ALL ITEMS AND PROCEDURES THAT YOU REQUIRE FOR YOUR EMPLOYEE.

Worker's Compensation

☐ Post Accident / Injury Drug Screen
☐ Modified Duties Available
☐ No Modified Duties Available

Employment Exams

☐ Basic Physical Exam
☐ DMV / DOT Physical Exam
☐ Range of Motion / Back Exam
☐ Back X-Ray
☐ EKG
☐ Rapid 5-Panel Drug Screen
☐ Non-DOT Drug Screen
☐ DOT Drug Screen
☐ Hair Follicle Collection
☐ Non-DOT Breath Alcohol Test
☐ DOT Breath Alcohol Test
☐ TB / PPD Skin Test
☐ Spirometry / PFT
☐ Chest X-Ray
☐ Hepatitis B Series
☐ Audiogram

Report Results To:

_____
(Contact First & Last Name)

Report Results via:

☐ Fax: _____
(Fax Number)

☐ Phone: _____
(Contact Phone)

☐ Mail Results To: _____
(Address, City, State, Zip)

Special Instructions: _____

_____
Authorized Representative Signature Date

_____
Authorized Representative Printed Name

Last Updated: 08/14/2012