**TREATMENT AUTHORIZATION**

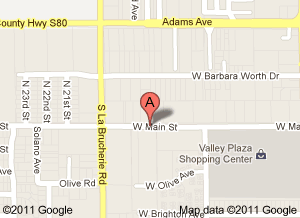
SERVICE SITE: EMERGENCIES OR AFTER HOURS:

**IMPERIAL VALLEY OCCUPATIONAL MEDICINE** LIFE THREATING CALL 911 OR GO TO

1850 W. MAIN ST STE E. EL CENTRO, CA 92243 EL CENTRO REGIONAL MEDICAL CENTER

P: (760) 370-0020 F: (760) 370-0220 1415 ROSS AVE EL CENTRO, CA 92243

P: (760) 339-7100

[](http://maps.google.com/maps?f=q&source=s_q&hl=en&geocode=&q=1850+w+maint+st+el+centro,+ca&aq=&sll=37.0625,-95.677068&sspn=45.014453,92.724609&vpsrc=0&ie=UTF8&hq=&hnear=1850+W+Main+St,+El+Centro,+California+92243&t=m&z=16&iwloc=A&ved=0CA0QpQY&sa=X&ei=yhjhTvaVO4GriQKe-rmCBQ)

**HOURS OF OPERATION: MONDAY- FRIDAY 8:30AM TO 5:00**

**CLIENT INFORMATION**  **SERVICES REQUESTED:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical service date of injury\_\_\_\_\_\_\_\_

EMPLOYEE NAME Instant Drug Screen (5, 9, 10)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PFT (Respiratory test)

COMPANY NAME DMV Physical

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pre- Employment Physical

PHONE# FAX# Audiogram

TB

Mask Fit (N-95 or Filter Mask)

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER AUTHORIZING SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME AND TITLE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_