**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



**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

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