

Southern California Medical Group TREATMENT AUTHORIZATION FORM

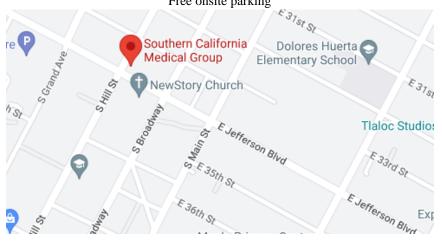
Date: Emp	bloyee Name:	
Job Title:		
Employer:		
Address:		
Workers' Comp Insurance	Со:	
Authorized By:		
Title: Phone:		:
	WORK INJURIES	
Treatment for work related injury		Post Accident D/S*
Modified duty availa	ble	Call employer after treatment
DRUG SCREENS		
Drug Screen*	9 Panel D/S*	10 Panel D/S*
DOT/Non-DOT Breath Alcohol Test*		Random*
Rapid D/S* * Picture ID Required for Drug Te		Hair Collection* esting
PHYSICAL EXAMS		
Placement/Post Offer Physical		Physical Capacity Testing
Pulmonary Function Testing		Respirator Fit Test
HazMat Physical	DOT/DMV Exam*	Fitness for Duty
	OTHER SERVICES	
Hepatitis B Testing/Vaccine		Influenza Vaccine
Immune Titers (MMR, Varicella)		TB Test/Chest X-Ray
Other:		
3320	ANISH SPEAKING S' South Hill Street, Los Angeles ae: (213) 749-5386 Fax: (213 SoCaMedicalGroup@aol.co	, CA 90007 () 749-8592

Occupational Medicine | Industrial Medicine | Orthopedic Physical Therapy | Acupuncture | Chiropractic | Pain Management

Southern California Medical Group

Office: (213) 749-5386 Fax: (213) 749-8592 3320 South Hill Street, Los Angeles, CA 90007 Monday - Friday 8:00 am - 5:00 pm

Free onsite parking



For After Hours Injuries

California Hospital Medical Center **Emergency Room**

(213) 748-5555

1338 South Hope Street Los Angeles, CA 90015

Hospital Main Phone: (213) 748-2411

