

EMPLOYER'S AUTHORIZATION FOR EXAMINATION OR TREATMENT

Company: _____

Candidate/Employee Name: _____ Date of Birth: ____/____/____

(Must present photo I.D. at time of service)

REQUESTED SERVICES (check all that apply)

EMPLOYEE INJURY

Work Related Injury: ☐ Yes ☐ No

Date of Injury: ____/____/____

Injury Type: _____

Post-accident Drug Screen: ☐ Yes ☐ No

DRUG AND ALCOHOL TESTING:

☐ Random

☐ Reasonable Suspicion

☐ Other: _____

EMPLOYER AUTHORIZATION (Authorization for services is valid for 48 hours from the date and time it was signed)

Authorized By (print name): _____ Signature: _____

Authorization Date and Time: ____/____/____, ____:____AM ☐ PM Direct Phone: _____

FOR SATURDAY AND SUNDAY MEDICAL CARE EMPLOYEE IS TO PROCEED TO:



5 CONVENIENT ORANGE COUNTY LOCATIONS:

| | | | | |
|---|--|--|---|---|
| LAKE FOREST: 29100 Portola Pkwy. Lake Forest, CA 92630 | LAGUNA NIGUEL: 25461 Rancho Niguel Rd Laguna Niguel, CA 92677 | ORANGE: 1511 E. Katella Ave. Orange, CA 92867 | CYPRESS: 6876 Katella Ave. Cypress, CA 90630 | Fountain Valley: 9025 Warner Ave. FV, CA 92708 |
|---|--|--|---|---|

Hours of Operation: 8:00 am – 8:00 pm, 7 Days a Week

844-254-6382