

Treatment Authorization

Today's Date _____ Date of Birth _____ Social Security No. _____

Patient Name _____ Home Phone No. _____

Company Name _____ Company Phone No. _____

Occupation _____

Work-Related Injury/Illness

Instructions to employer. Complete the below section if you are requesting an employee be treated for a work-related injury or illness

Date of Injury _____ Treat as First Aid Yes No

Nature of Injury/Illness _____

Insurance Carrier _____ Phone No. _____

Address _____ Policy No. _____ Effective Date: _____

Examinations, Screenings and/or Tests

Instructions to employer. Complete this section if you are requesting any of the below services

REASON FOR TESTING

- Pre-Employment
- Random
- Post-Accident/Injury
- Follow-Up
- Return to Work
- Suspicion/Cause

TYPE OF EXAM

- Pre-Employment Physical
- Annual Physical
- Fitness for Duty/Return to Work
- DMV/DOT Physical
 - New Cert
 - Re-Cert.
- Respiratory Mask Fit Test
- Pulmonary function test
- Includes OSHA Questionnaire and Clearance Form
- Other _____

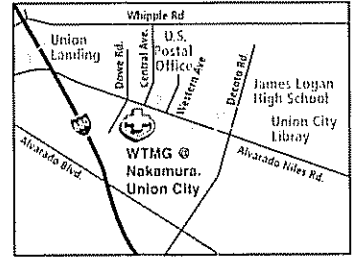
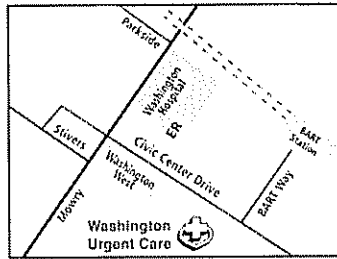
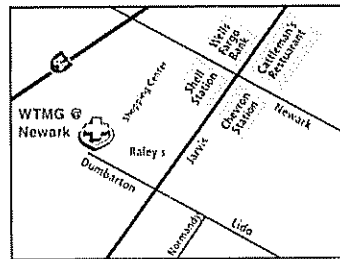
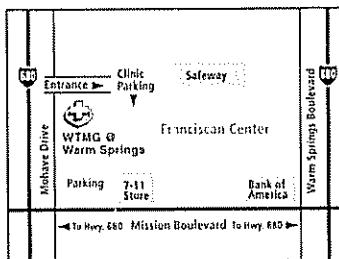
SUBSTANCE ABUSE

- Alcohol**
- Breath Alcohol Test
 - Saliva Alcohol
- Drug Screen**
- NIDA (DOT)
 - Non-NIDA (Non-DOT) 5 Panel
 - Non-NIDA (Non-DOT) 10 Panel
 - Rapid (Non-DOT) 5 Panel

Authorized By (Printed Name) _____ Phone No. _____

Signature _____ Date _____

MUST PRESENT PHOTO IDENTIFICATION AT TIME OF APPOINTMENT



- Refer to:
- WTMG @ Warm Springs**
 46690 Mohave Drive
 Fremont, CA 94539
 (510) 651-2371
 M-F 8am-6pm
 - WTMG @ Newark**
 35500 Dumbarton Court
 Newark, CA 94560
 (510) 797-7535
M-F 8am-6pm
 - Washington Urgent Care**
 2500 Mowry Ave, Suite 212
 Fremont, CA 94538
 (510) 608-6174
 Every Day 8am-8pm
 - WTMG @ Nakamura, Union City**
 33077 Alvarado-Niles Road
 Union City, CA 94587
 (510) 487-6000
 M-F 8am-6pm

For Treatment After Clinic Hours, See Washington Hospital Emergency Room