



Parkview Occupational Medicine

9041 Magnolia Ave., Ste. 107 • Riverside, CA 92503

(951) 353-1021 • Fax (951) 687-0692



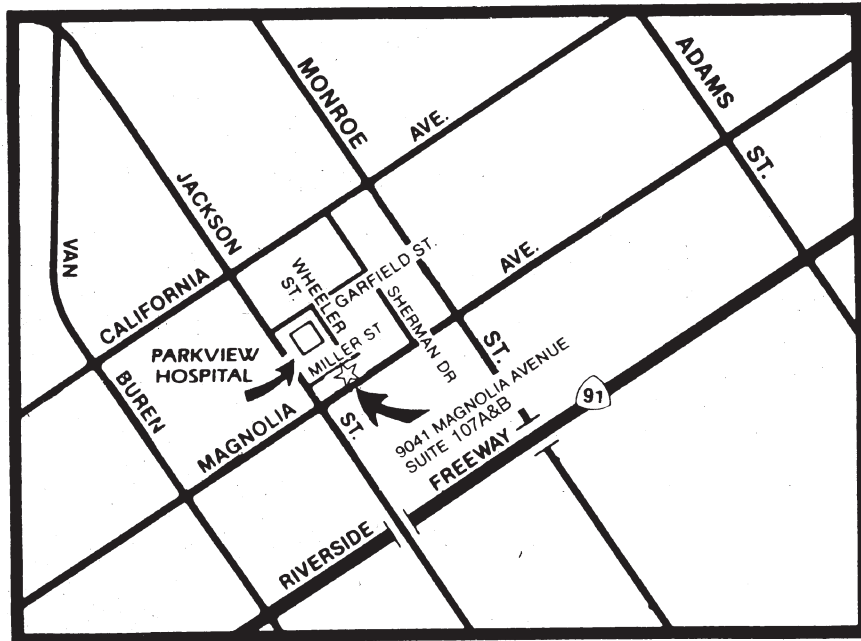
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AUTHORIZATION FOR MEDICAL SERVICES

Date _____



Occupational Medicine, Suite 107

Hours

Mon. - Fri.: 8 a.m. - 9 p.m.

Sat. & Sun.: 9 a.m. - 6 p.m.

Holidays: 9 a.m. - 6 p.m.

Patient Name (Print) _____

Occupation _____

Employer Name _____

Phone _____

Employer Address _____

City _____

Zip _____

WORKING FOR TEMPORARY AGENCY YES NO

Agency Name _____

Address _____

Insurance Carrier _____

SERVICE REQUESTED

- W/C Injury/Illness
- Drug Screen Collection Only
- Drug Screen
- Preplacement Physical
- Hepatitis B Vaccine
- BAT Testing
- DOT physical
- PPD/TB
- Biodex

POST-OFFER, WORKSTEPS PRE-PLACEMENT TEST

(IF REQUESTED, PLEASE REPORT TO SUITE 005)

MODIFIED WORK FOR THIS EMPLOYEE IS:

Available Not Available

SPECIAL INSTRUCTIONS _____

Company Authorization By _____

Phone Authorization By _____

Clinic Clerk _____

APPOINTMENT DATE _____

TIME _____

PLEASE BE PROMPT AND BRING THIS AUTHORIZATION WITH YOU