Gurmu Occ Med Svs. Inc.

Authorization for Medical Treatment

___ 500 N Greenfield Ave.
Hanford Ca, 93230
Ph# 559-587-5587 F# 559-587-5557

___ 2500 W. Florence Ave
Los Angeles, Ca, 90043
Ph# 323-750-2083 Fx# 323-753-3435

Patient's Information:

Patient Name:_____
Adress:_____
_____
Phone#:(_____)_____
SSN#:_____/_____/_____ DOB:_____/_____/_____
Date of Injury:_____ Time of injury:_____ AM/PM
Circumstances of accident:_____
_____
_____
_____
_____
Body Part(s):_____
_____
_____
_____
_____
_____
_____
Special Instructions:_____
_____
_____

Workers Comp Info:

Name:_____
Address:_____
_____
Phone #:(_____)_____
Fax #:(_____)_____
Adjuster:_____
Adjuster phone #:(_____)_____
Adjuster fax#:(_____)_____
Claim #:_____

Employer Information:

Employers Name:_____
Adress:_____
_____
Phone #: (_____)_____
Fax #: (_____)_____

Services Requested:

- ☐ Injury
- ☐ Physical Exam - Call for Appt.
  - ☐ Pre- Emplpyment
  - ☐ DOT Physical
  - ☐ Fit For Duty
- ☐ PFT
- ☐ EKG
- ☐ Audiogram
- ☐ Lift/ B ack Evaluation
- ☐ Fit Test
  - ☐ OSHA review
- ☐ Titers request
- ☐ Tdap
- ☐ Pesticide Blood Test
  - ☐ Baseline
  - ☐ 2nd draw
- ☐ Drug Screen Requested
  - ☐ Pre- Emplpyment
  - ☐ Random
  - ☐ Post Accedent
  - ☐ NIDA (DOT)
  - ☐ NON NIDA
  - ☐ Quick Screen
    - ☐ 5 panel
    - ☐ 10 panel
    - ☐ 12 panel
  - ☐ Observed
- ☐ Breath Alcohol Test
- ☐ Hair Follicle
- ☐ TB skin test

Other:_____
_____
Authorizated By:_____
Title:_____ Date:_____