

Authorization for Treatment *Occupational Injury or Healthcare Services*

Employee information

Patient name _____ Date of birth _____

Address _____ City _____ ZIP _____

Home phone _____ Work phone _____ Cell phone _____

Employer Fresno State Contact name Al Champion

Address 2351 E. Barstow Ave, P.O. 140 City Fresno Phone 559-278-5534

(Print name of authorizer) _____ Fax _____

Signature of authorizer _____ Date _____

Date of injury N/A Time N/A

Type of injury N/A

Insurance company N/A Claim # N/A

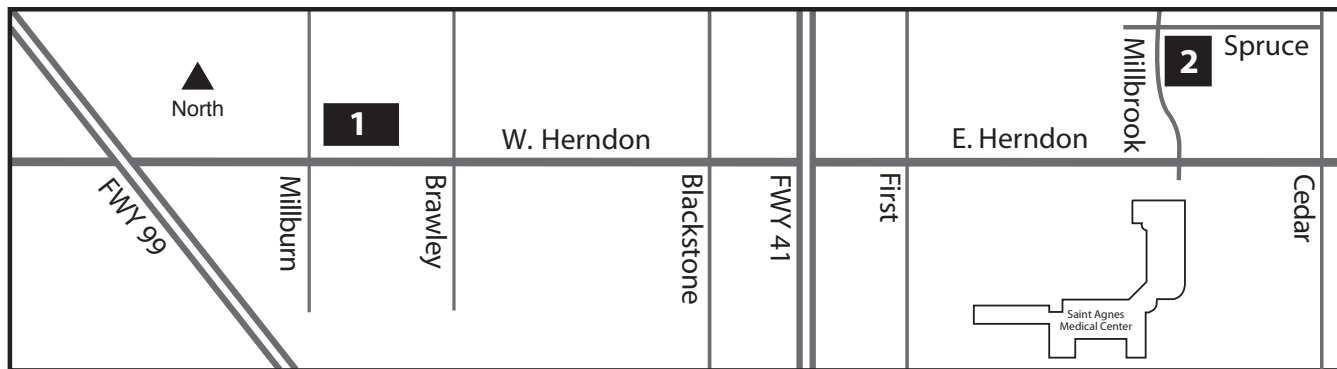
Address N/A City N/A ZIP N/A

Phone N/A Fax N/A

Please check all that apply:

Injury Treatment <input type="checkbox"/> Work-Related Injury <input type="checkbox"/> Evaluation <input type="checkbox"/> AOE/COE <input type="checkbox"/> Use First-Aid If Possible <input type="checkbox"/> Other _____	Tests Requested <input type="checkbox"/> DOT Drug Screen <input type="checkbox"/> Non-DOT Drug Screen <input type="checkbox"/> Physical Exam <input type="checkbox"/> DOT Physical <input type="checkbox"/> Breath Alcohol Test (BAT) <input type="checkbox"/> Other _____	Reason for Testing <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Post-Accident <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Cause <input type="checkbox"/> Other _____	Comments/Special Instructions: _____ _____ _____ _____
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Two locations to serve you:



1. Saint Agnes Occupational Health – Northwest
 4770 W. Herndon Ave., Ste. 110
 Fresno, CA 93722
 (559) 450-6340
 Fax: (559) 450-1141

2. Saint Agnes Occupational Health
 7202 N. Millbrook Ave., Ste. 108
 Fresno, CA 93720
 (559) 450-7777
 Fax: (559) 450-1141

Saint Agnes Physical Therapy
 4770 W. Herndon Ave., Ste. 103
 (559) 450-2113

For more information:
saintagnescare.com

