



"We Care For You"

Occupational Medical Services

REFERRAL AUTHORIZATION FORM

Service(s) Requested (check one or more) Date: _____

- Evaluation & Treatment (Injury or Illness)
- Initial Evaluation Only (Injury or Illness)
- Physical Exam
- Drug Screening
- Other _____
- Special Instructions _____

Employee Name _____
 Employer Name _____
 Address _____

Workers' Comp. Ins. Co. _____

Authorized By _____ Date _____

Phone # _____ Fax # _____

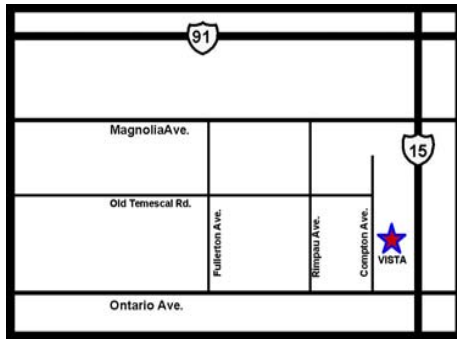
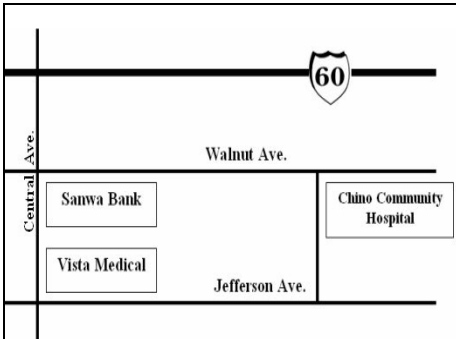
Se Habla Español

Chino Urgent Care

Ph# (909) 613-0100
 Fax# (909) 613-0600
 12555 Central Ave., Suite C
 Chino, CA 91710

Corona Urgent Care

Ph# (951) 549-0900
 Fax# (951) 278-8552
 2071 Compton Ave., Suite 102
 Corona, CA 92881



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