

# TREATMENT AUTHORIZATION



We are authorizing the below listed U.S. HealthWorks location to provide services to our employees:

10050 Bubba Road, Suite 3  
Cupertino, CA 95014  
PH: (408) 996-8805  
FX: (408) 996-8015  
Mon-Sat: 8:00 am - 8:00 pm

EMPLOYER NAME	EMPLOYER #
PRIMARY CONTACT NAME	
ADDRESS LINE 1	
ADDRESS LINE 2	
CITY	STATE      ZIP
PH	PH (after HRs/Cell)
FAX	
EMAIL	



## EMPLOYEE DETAILS

DATE:	TIME:	AM OR PM
PATIENT NAME:	DEPARTMENT:	
DOES EMPLOYEE WORK FOR A TEMP/LEASING COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF TEMP AGENCY:		
AUTHORIZED BY: NAME (PRINT):	PHONE:	
TITLE:	AFTER HRS / CELL PH:	
SIGNATURE:	( ) VERBAL	

## INSURANCE

INSURANCE COMPANY NAME:	
CLAIMS ADDRESS:	
PHONE#:	EFFECTIVE DATE:
POLICY #:	EXPIRATION DATE:

## SERVICES

<input type="radio"/> INJURY: DATE OF INJURY:	LAST WORKED:	
INJURED BODY PART:	CLAIM #:	
<input type="radio"/> RETURN-TO-WORK EVALUATION		
<input type="radio"/> PHYSICAL EXAM TYPE:	PROTOCOL #:	
<input type="radio"/> DRUG/ALCOHOL TEST. SPECIFY TYPE AND REASON/PURPOSE BELOW	PROTOCOL #	
<b>TYPE:</b>	<b>REASON/PURPOSE:</b>	
<input type="checkbox"/> INSTANT DRUG TEST	<input type="checkbox"/> POST-OFFER	<input type="checkbox"/> REASONABLE SUSPICION
<input type="checkbox"/> NON-DOT DRUG TEST	<input type="checkbox"/> POST-ACCIDENT	<input type="checkbox"/> RANDOM
<input type="checkbox"/> DOT DRUG TEST	<input type="checkbox"/> RETURN TO DUTY	<input type="checkbox"/> POST-INJURY
(CIRCLE BRANCH: FMCSA FAA FTA FRA PHMSA USCG)		

**NOTE: PICTURE ID REQUIRED FOR DRUG TESTING**

**Thank you for choosing U.S. HealthWorks Medical Group!**