

TREATMENT AUTHORIZATION



Mercy Medical Group
A Service of Dignity Health Medical Foundation

Occupational Health Services

Midtown

3000 Q Street
Sacramento, CA 95816
Tel. 916-733-3390
Fax 916-733-3465
7:00 am - 5:00 pm M-F
Urgent Care: Mon-Fri 5:00 pm - 7:00 pm
Weekends & Holidays 8:00 am - 4:00 pm

Elk Grove

9394 Big Horn Blvd
Elk Grove, CA 95758
Tel. 916-691-8505
Fax 916-691-8595
8:00 am - 5:00 pm M-F

Folsom

1730 Prairie City Road
Folsom, CA 95630
Tel. 916-351-4801
Fax 916-351-4826
8:00 am - 4:30 pm M-F

Date _____ Time _____

Employee Name _____

Services Requested:

Injury Treatment Date/Time of Injury _____

Physical Examination

- | | |
|--|---|
| <input type="checkbox"/> Pre-Placement | <input type="checkbox"/> Return to Work |
| <input type="checkbox"/> Annual | <input type="checkbox"/> DMV/ DOT |
| <input type="checkbox"/> Other _____ | |

Drug Test PLEASE CHOOSE ONE FROM EACH COLUMN:

- | | |
|---|---|
| <input type="checkbox"/> Return to Duty | <input type="checkbox"/> Rapid |
| <input type="checkbox"/> Pre-Placement | <input type="checkbox"/> Non DOT |
| <input type="checkbox"/> Random | <input type="checkbox"/> DOT |
| <input type="checkbox"/> Post-Injury/Accident | <input type="checkbox"/> Check here for Collection Only |
| <input type="checkbox"/> Reasonable Cause | |
| <input type="checkbox"/> DOT Breath Alcohol | |
| <input type="checkbox"/> Non DOT Breath Alcohol | |

TB Testing
 Other Testing _____

Employer _____

Authorized By _____ Phone _____

Workers' Comp Insurance Co. _____

