



1000 Bristol Street North, Suite 1B  
Newport Beach, CA 92660  
www.NewportUrgentCare.com

(949)-752-6300  
(949)-752-6333 fax

### Authorization to Treat

Patient Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Job Description: \_\_\_\_\_

Modified Duty:     Yes             No            Body Part Injured \_\_\_\_\_

Occupational Injury Treatment

- |                                        |                                        |                                    |
|----------------------------------------|----------------------------------------|------------------------------------|
| <input type="checkbox"/> Drug Screen   | <input type="checkbox"/> Random        | <input type="checkbox"/> DOT       |
| <input type="checkbox"/> Physical Exam | <input type="checkbox"/> DMV           | <input type="checkbox"/> Executive |
| <input type="checkbox"/> Post Offer    | <input type="checkbox"/> Post Accident | <input type="checkbox"/> Other     |

Treatment Authorized By: \_\_\_\_\_

