

600 S. Glendale Avenue • Glendale, CA 91205
818-502-2050 • FAX 818-241-3575

TREATMENT AUTHORIZATION

Date _____ Time _____

Employee Name _____

SERVICE REQUESTED

Injury treatment

- Date of injury: _____
- Time of injury: _____

Drug and Alcohol Testing

- Urine drug test
 - DOT
 - Non-DOT

Specify reason for test

- Pre-placement
- Random
- Post-accident
- Reasonal suspicion
- Follow-up
- Breath alcohol test (BAT)

**Physical Examination
Services**

- Physical exam
 - Pre-placement
 - Annual
 - Return to work
 - DMV
 - Asbestos
- Chest X-ray
- Hepatitis B
- TB skin test
- Spirometry
- Audiometry
- Other _____

Please Print

Employer _____

Supervisor telephone _____

Workers' Comp insurance company _____

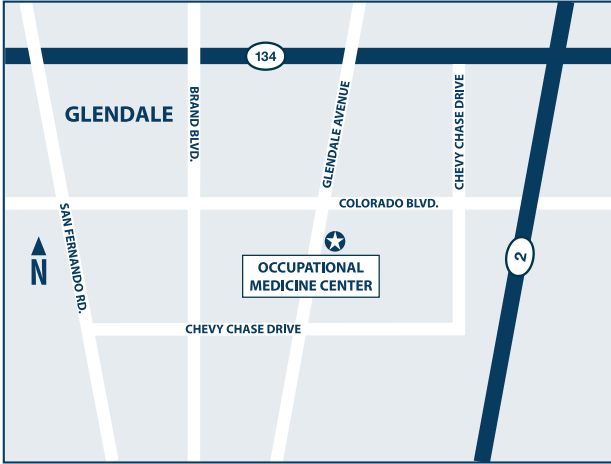
Authorized by _____

Title _____

Occupational Medicine Center

Monday-Friday, 8 a.m.–5 p.m.

600 S. Glendale Ave., Glendale, CA 91205 | Phone: 818-502-2050



Adventist Health Glendale Emergency Department

After hours/weekends

1509 Wilson Terrace, Glendale, CA 91206

