



AUTHORIZATION FOR MEDICAL TREATMENT

**Napa Valley's Occupational Health Clinic
St. Helena Hospital**

10 Woodland Road, St. Helena, CA 94574 • 707-963-6491 • Fax 707-967-5676

_____ an employee of _____
(Patient Name) (Company Name)

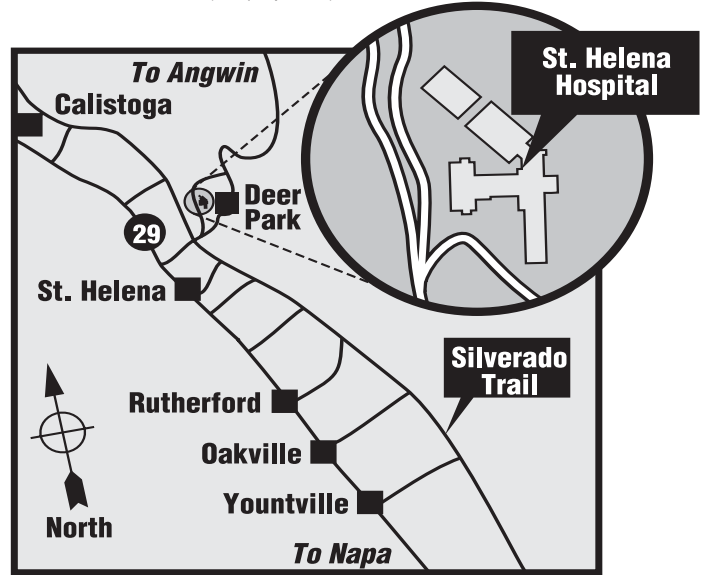
is being sent to JobCare at St. Helena Hospital for the following authorized service:

- Work Injury Treatment Other _____
- Pre-placement Physical _____
- Follow-up Exam _____

Authorized by: _____ (signature)
Title _____ Date _____

Please contact the following individual upon completion of Medical treatment:

Name: _____ (please print)
Phone number: _____



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