

Treatment Authorization

Today's Date _____ Date of Birth _____ Social Security No. _____
 Patient Name _____ Home Phone No. _____
 Company Name _____ Company Phone No. _____
 Occupation _____

Work-Related Injury/Illness

Instructions to employer: Complete the below section if you are requesting an employee be treated for a work-related injury or illness.

Date of Injury _____ Treat as First Aid Yes No
 Nature of Injury/Illness _____
 Insurance Carrier _____ Phone No. _____
 Address _____ Policy No. _____ Effective Date: _____

Examinations, Screenings and/or Tests

Instructions to employer: Complete this section if you are requesting any of the below services.

REASON FOR TESTING

- Pre-Employment
- Random
- Post-Accident/Injury
- Follow-Up
- Return to Work
- Suspicion/Cause

TYPE OF EXAM

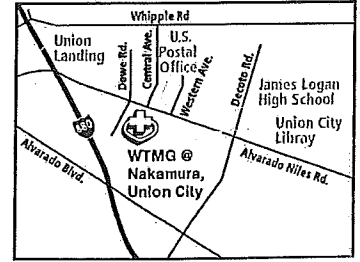
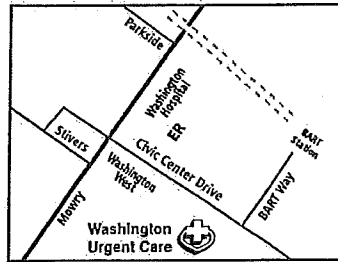
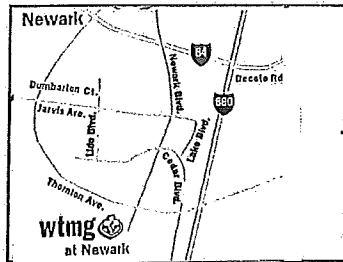
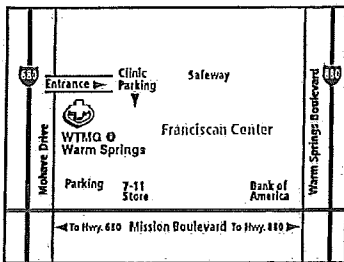
- Pre-Employment Physical
- Annual Physical
- Fitness for Duty/Return to Work
- DMV/DOT Physical
 - New Cert.
 - Re-Cert.
- Respiratory Mask Fit Test
- Pulmonary function test
- Includes OSHA Questionnaire and Clearance Form
- Other _____

SUBSTANCE ABUSE

- Alcohol**
- Breath Alcohol Test
 - Saliva Alcohol
- Drug Screen**
- NIDA (DOT)
 - Non-NIDA (Non-DOT) 5 Panel
 - Non-NIDA (Non-DOT) 10 Panel
 - Rapid (Non-DOT) 5 Panel

Authorized By (Printed Name) _____ Phone No. _____
 Signature _____ Date _____

MUST PRESENT PHOTO IDENTIFICATION AT TIME OF APPOINTMENT



- WTMF @ Warm Springs**
 46690 Mohave Drive
 Fremont, CA 94539
 (510) 248-1065
 M-F 8am-6pm
- WTMF @ Newark**
 6236 Thornton Ave.
 Newark, CA 94560
 (510) 248-1860
 M-F 8am-6pm
- Washington Urgent Care**
 2500 Mowry Ave., Suite 212
 Fremont, CA 94538
 (510) 608-6174
 8am-8pm Every Day
- WTMF @ Nakamura, Union City**
 33077 Alvarado-Niles Road
 Union City, CA 94587
 (510) 248-1500
 M-F 8am-6pm

For Treatment After Clinic Hours, See Washington Hospital Emergency Room