



# AUTHORIZATION FOR MEDICAL TREATMENT

We \_\_\_\_\_  
COMPANY

At \_\_\_\_\_  
ADDRESS CITY ZIP PHONE

Authorize MedWorks to treat \_\_\_\_\_  
PATIENT

## AUTHORIZED BY:

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Time

## SERVICE REQUESTED:

- Worker Injury Treatment
- Drug Screen Required?     Yes     No  
If yes —     DOT     Non-DOT
- Breath Alcohol Test (BAT)
- DOT Physical
- Pre-Placement Physical
- Immunization

Turn over for directions. →

