

TREATMENT AUTHORIZATION



Mercy

A member of CHW

Mercy Medical Group

A service of CHW Medical Foundation

Occupational Health Services

Midtown

3000 Q Street
Sacramento, CA 95816
Tel. 916-733-3390
Fax 916-733-3465
7:00 am - 5:00 pm
Urgent Care 5:00 pm - 9:00 pm

Elk Grove

9394 Big Horn Blvd
Elk Grove, CA 95758
Tel. 916-691-8505
Fax 916-691-8595
8:00 am - 5:00 pm M-F

Folsom

1700 Prairie City Road
Folsom, CA 95630
Tel. 916-351-4801
Fax 916-351-4826
8:00 am - 4:30 pm M-F

Date _____ Time _____

Employee Name _____

Services Requested:

Injury Treatment Date/Time of Injury _____

Physical Examination

Pre-Placement

Return to Work

Annual

DMV/ DOT

Other _____

Drug Test PLEASE CHOOSE ONE FROM EACH COLUMN:

Return to Duty

Rapid

Pre-Placement

Non DOT

Random

DOT

Post-Injury/Accident

Check here for Collection Only

Reasonable Cause

DOT Breath Alcohol

Non DOT Breath Alcohol

TB Testing

Other Testing _____

Employer _____

Authorized By _____ Phone _____

Workers' Comp Insurance Co. _____

