



Southern California Medical Group TREATMENT AUTHORIZATION FORM

Date: _____ Employee Name: _____

Job Title: _____

Employer: _____

Address: _____

Workers' Comp Insurance Co: _____

Policy Number: _____

Authorized By: _____

Title: _____ Phone: _____

WORK INJURIES

Treatment for work related injury	Post Accident D/S*
Modified duty available	Call employer after treatment

DRUG SCREENS

Drug Screen*	9 Panel D/S*	10 Panel D/S*
DOT/Non-DOT Breath Alcohol Test*		Random*
Rapid D/S*		Hair Collection*

*** Picture ID Required for Drug Testing**

PHYSICAL EXAMS

Placement/Post Offer Physical	Physical Capacity Testing
Pulmonary Function Testing	Respirator Fit Test
HazMat Physical	DOT/DMV Exam*
	Fitness for Duty

OTHER SERVICES

Hepatitis B Testing/Vaccine	Influenza Vaccine
Immune Titers (MMR, Varicella)	TB Test/Chest X-Ray

Other: _____

SPANISH SPEAKING STAFF

3320 South Hill Street, Los Angeles, CA 90007
 Phone: (213) 749-5386 Fax: (213) 749-8592
 SCMGAuthorizations@gmail.com

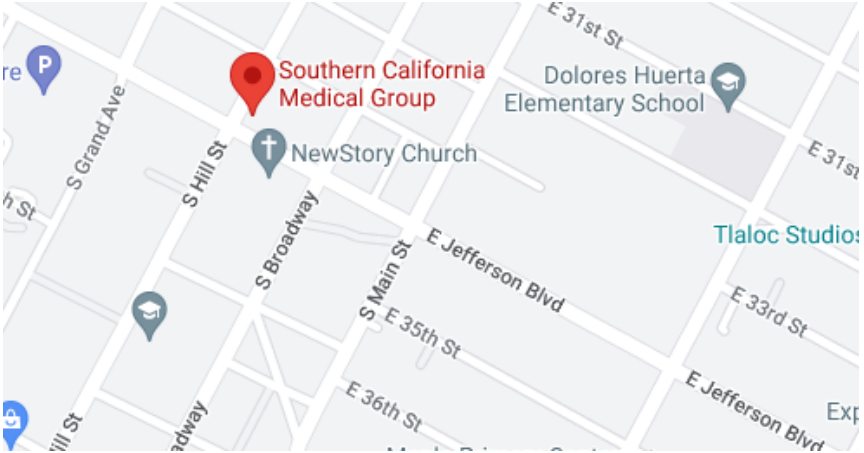
Southern California Medical Group

Office: (213) 749-5386 Fax: (213) 749-8592

3320 South Hill Street, Los Angeles, CA 90007

Monday - Friday 8:00 am - 5:00 pm

Free onsite parking



For After Hours Injuries

California Hospital Medical Center Emergency Room

(213) 748-5555

1338 South Hope Street

Los Angeles, CA 90015

Hospital Main Phone: (213) 748-2411

