

# GLENDALE ADVENTIST OCCUPATIONAL MEDICINE CENTER

600 S. Glendale Avenue • Glendale, CA 91205  
(818) 502-2050 • FAX (818) 241-3575

## TREATMENT AUTHORIZATION

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

Employee Name \_\_\_\_\_

SERVICE REQUESTED:	
<input type="checkbox"/> <b>INJURY TREATMENT</b> <input type="radio"/> Date of Injury: _____ <input type="radio"/> Time of Injury: _____	<b>PHYSICAL EXAMINATION SERVICES</b> <input type="checkbox"/> Physical Examination <input type="radio"/> Pre-placement <input type="radio"/> Annual <input type="radio"/> Return to Work <input type="radio"/> DMV <input type="radio"/> Asbestos
<b>DRUG AND ALCOHOL TESTING</b> <input type="checkbox"/> Urine Drug Test <input type="radio"/> DOT <input type="radio"/> Non-DOT <b>(Specify Reason for Test)</b> <input type="checkbox"/> Pre-placement <input type="checkbox"/> Random <input type="checkbox"/> Post-Accident <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Follow-Up  <input type="checkbox"/> Breath Alcohol Test (BAT)	<input type="checkbox"/> Chest X-ray <input type="checkbox"/> Hepatitis B <input type="checkbox"/> TB Skin Test <input type="checkbox"/> Spirometry <input type="checkbox"/> Audiometry <input type="checkbox"/> Other _____

**PLEASE PRINT**

Employer \_\_\_\_\_

Supervisor Telephone \_\_\_\_\_

Workers' Comp. Insurance Co. \_\_\_\_\_

Authorized by \_\_\_\_\_

Title \_\_\_\_\_

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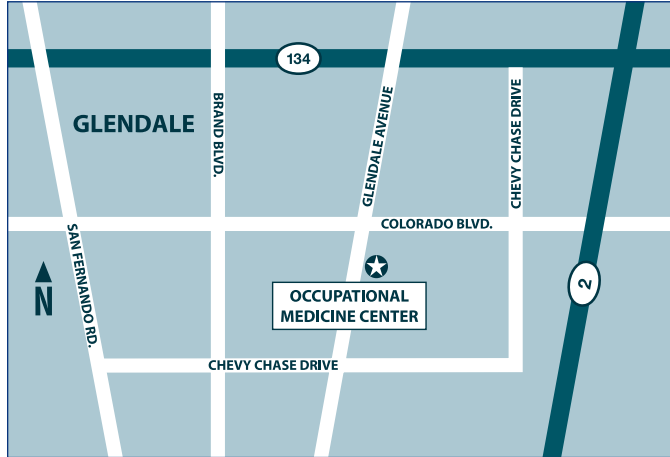
Workers' Comp. Insurance Co. \_\_\_\_\_

Authorized by \_\_\_\_\_

Title \_\_\_\_\_

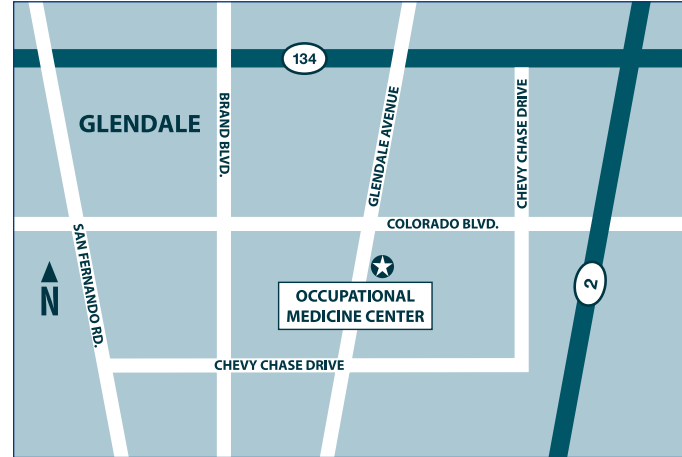
**DURING THE DAY**  
*8 a.m. - 5 p.m., Monday - Friday*

Occupational Medicine Center | (818) 502-2050  
600 South Glendale Avenue | Glendale, CA 91205



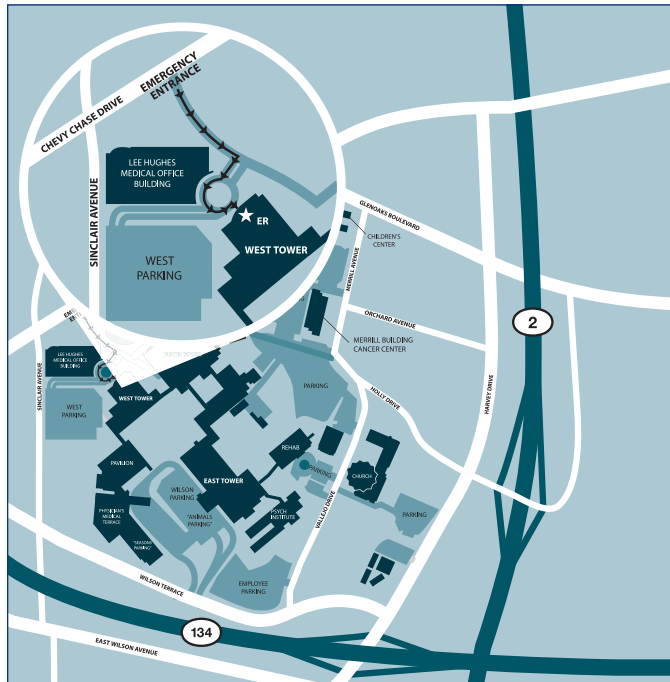
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600 South Glendale Avenue | Glendale, CA 91205



**AFTER HOURS/WEEKENDS**  
*5 p.m. - 8 a.m., Mon-Fri, and weekends and holidays*

Glendale Adventist Medical Center Emergency Department | (818) 409-8202  
1509 Wilson Terrace | Glendale, CA 91206



**AFTER HOURS/WEEKENDS**  
*5 p.m. - 8 a.m., Mon-Fri, and weekends and holidays*

Glendale Adventist Medical Center Emergency Department | (818) 409-8202  
1509 Wilson Terrace | Glendale, CA 91206

