

IMMEDIATE MEDICAL CENTER

Specializing in Occupational Medicine

24 hour / 365 days INJURY CARE

Lakewood
5203-B Lakewood Blvd.
Lakewood, CA 90712
P: (562) 633-2273
F: (562) 633-1796

Paramount
7300 Alondra Blvd. Suite 100
Paramount, CA 90723
P: (562) 616-1166
F: (562) 616-1141

Commerce
6538 Telegraph Road
Commerce, CA 90040
P: (323) 726-3212
F: (323) 726-0942

La Mirada
15330 Valley View Ave., #1
La Mirada, CA 90638
P: (562) 802-0208
F: (562) 802-0999

Authorization for Medical Service

Patient Name: _____
(Patient Must Present Photo ID at Time of Service)

Employer: _____

Phone: _____

Date: _____

Temporary Staffing Agency: _____

Work Related

Injury Illness

Date of injury: _____

Drug Testing (check all that apply)

Federal Drug Screen Breath Alcohol Test
 Collection Only Hair Collection
 Non- Federal Drug Screen Rapid Drug Screen
 Other: _____

Type of Drug Test

Pre-Placement Reasonable Cause
 Post- Accident Random
 Follow-Up

Comments:

Authorized By: _____

Title: _____

Physical Examination

Pre-Placement Annual Exit
 Fit for Duty/ Return to work

DOT Physical Examination

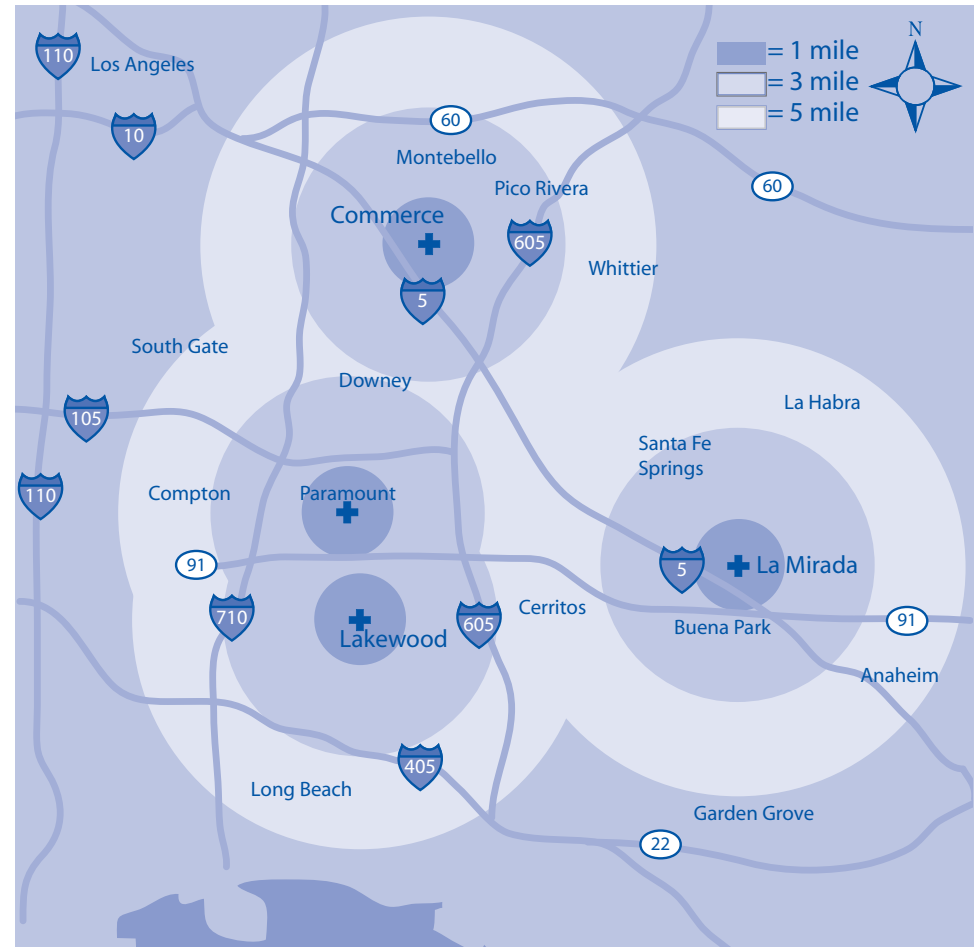
Pre-Placement Re-Certification

Other Examinations

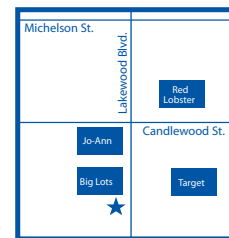
Respirator Audiogram
 HAZMAT
 Other _____

Billing (check if applicable)

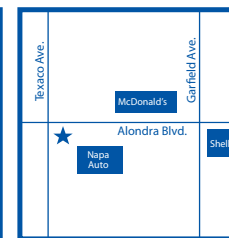
Employee to Pay Charges



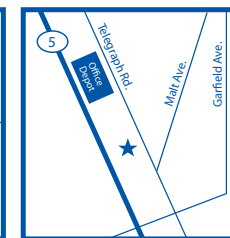
LOCATIONS:



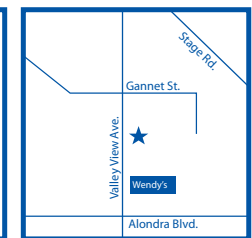
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