TREATMENT AUTHORIZATION



290 N. 10th St. #100, Colton, CA 92324 Office: (909) 264-2500 • Fax: (909) 264-2510 • Email: Colton@healthpointe.net

Date	TimeAM	
Patient Name		
SERV	ICES REQUESTED	
Authorization Valid For: ☐ 24 HOURS ☐ 48 HOURS	DURS 72 HOURS	_
☐ W/C Injury/Illness Date of Injur	ıry:Body Part:	_
Physical Exam Type:		_
☐ T.B. Test ☐ Chest X-Ra	ay Other:	
Drug/Alcohol Test. Please	e Specify Below:	
TYPE	PURPOSE (must check a box)	
☐ Non-DOT Drug Test	☐ Pre-Placement ☐ Post Accid	ent
☐ DOT Drug Test:	Reasonable Suspicion Post Injury	
Company DER: Testing Authority:	CO Officer Must Accompany Employee	ent
☐ Rapid Drug Test ☐5PNL ☐10I	DPNL Random Only DOT Guidelines or	
DOT Breath Alcohol Test	Case Sensitive Work Policy	
☐ Non-DOT Breath Alcohol Test	t Other:	
☐ Drug Screen Collection TPA	DICTURE IS REQUIRED	
☐ Hair Drug Screen Collection Ti	PICTURE ID REQUIRED	
☐ Hair Drug Test In House Lab		
Employer:	Telephone:	
W/C Insurance Name:		
W/C Policy #:	Effective Dates of Coverage:	
Claim #:	Adjustor:	·····
Authorized by:		
Print:	Title:	
Signature:	\ \V	erbal

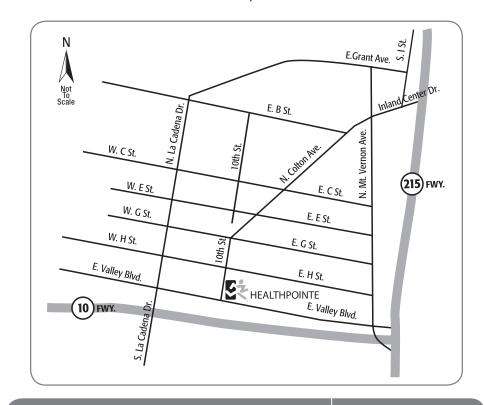


HOURS:

24 Hours a day 7 Days a week Physicals: M-F 8am - 6pm

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FOR BILLING INSTRUCTIONS, PLEASE CALL OUR OFFICE



1717 E. Lincoln Ave. • Anaheim, CA 92805 • (714) 956-0803 290 N. 10th St. #100 • Colton, CA 92324 • (909) 264-2500 1171 Railroad St. • Corona, CA 92882 • (951) 272-1400 7052 Orangewood Ave. #6 • Garden Grove, CA 92841 • (714) 903-1100 5345 Irwindale Ave. • Irwindale, CA 91706 • (626) 960-5361 16702 Valley View Ave. • La Mirada, CA 90638 • (562) 921-0341 5584 N. Paramount Blvd. #100 • Long Beach, CA 90805 • (562) 920-8394 754 N. Mountain Ave. • Ontario, CA 91762 • (909) 983-0474 2226 Medical Center Dr., #101 • Perris, CA 92571 • (951) 657-6559 27455 Tierra Alta Way, Suite A • Temecula, CA 92590 • (951) 699-8563

AFTER HOURS

Weekends & Evenings 24 Hr. Coverage Direct Physician Access

For All After-Hour Service PLEASE CALL FIRST!