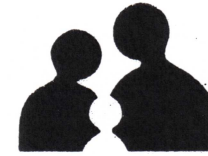


Industrial Medical **+** **Family Care**

1441 State Street, Suite B
El Centro, CA 92243

(760) 337-1771



Industrial Medical **+** **Family Care**

AUTHORIZATION FOR MEDICAL SERVICES

Patient Name (Print) _____ Occupation _____

Employer Name _____ Phone _____

Employer Address _____ Zip _____

Insurance Carrier _____

WORKING FOR TEMPORARY AGENCY: Yes No

Agency Name _____ Address _____

SERVICES REQUESTED

- W/C Injury/Illness
- Preplacement Exam
- Periodic Physical
- Fitness for Duty
- Immunization
- Other _____
- Drug Screen
- Breath Alcohol Test

MODIFIED WORK FOR THIS EMPLOYEE IS:

Available Not Available

SPECIAL INSTRUCTIONS _____

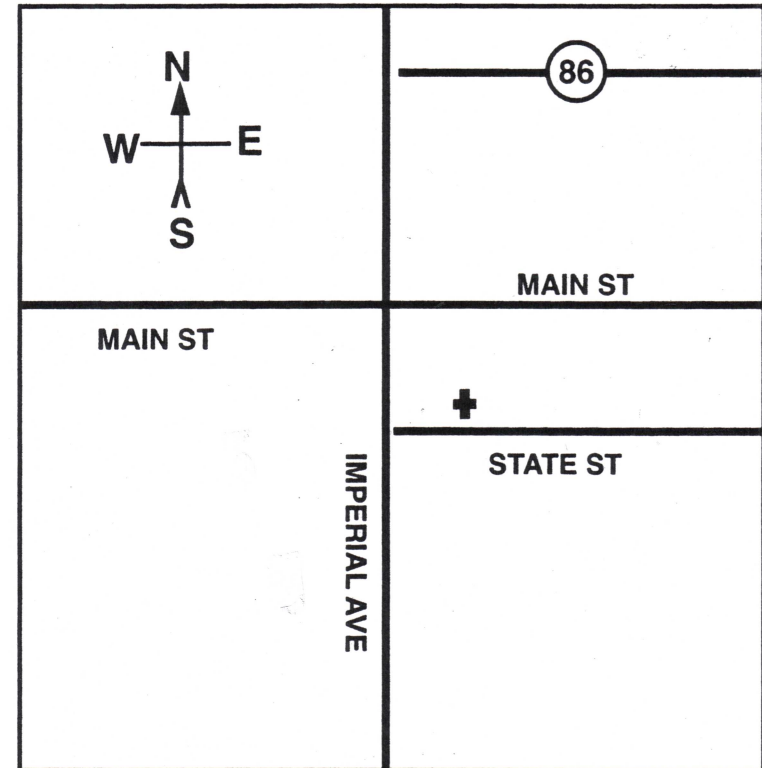
Company authorization by: _____

Phone authorization by: _____

Center clerk _____

APPOINTMENT DATE _____ Time _____

PLEASE BRING THIS AUTHORIZATION WITH YOU:



**1441 State Street, Suite B
El Centro, CA 92243**

(760) 337-1771