



## Treatment Authorization Form

Date: \_\_\_\_\_

Time: \_\_\_\_\_

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

### *Services Requested:*

|   |                       |
|---|-----------------------|
| <input type="checkbox"/> Injury Treatment | _____                 |
|   | Date / Time of Injury |

|   |   |
|---|---|
| <input type="checkbox"/> <u>Physical Examination:</u>   |   |
| <input type="checkbox"/> Post Offer Employment Physical | <input type="checkbox"/> Return to Work |
| <input type="checkbox"/> Annual Physical                | <input type="checkbox"/> DMV Physical   |
| <input type="checkbox"/> Other _____                    |   |

|   |   |
|---|---|
| <input type="checkbox"/> Drug Test: Please Specify Below: | <input type="checkbox"/> BAT: Please Specify Below: |
| <input type="checkbox"/> Post Offer Employment            |   |
| <input type="checkbox"/> Periodic                         | <input type="checkbox"/> DOT/NIDA (Federal)         |
| <input type="checkbox"/> Random                           |   |
| <input type="checkbox"/> Post-Accident                    |   |
| <input type="checkbox"/> Post-Injury                      | <input type="checkbox"/> Non-DOT/NIDA               |
| <input type="checkbox"/> Reasonable Suspicion             |   |

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy #: \_\_\_\_\_ Telephone: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Title: \_\_\_\_\_

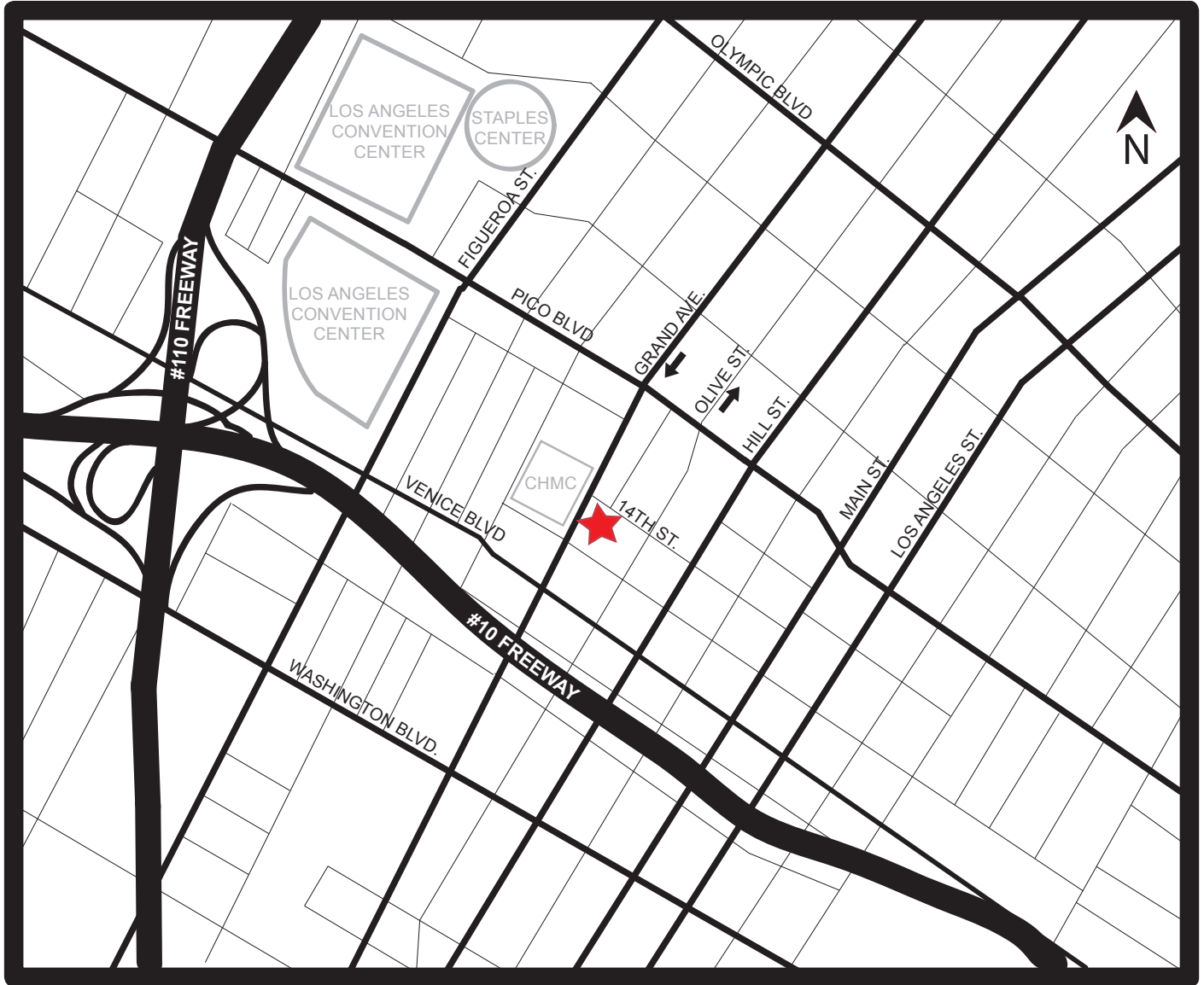
# California Occupational Clinic

1400 S. Grand Avenue, Suite #611, Los Angeles, California 90015

Telephone (213) 745-6106, Fax (213) 745-6107

New Injuries: 24 Hours and 7 Days a Week

Business Hours: 7:30 am to 5:30 pm



## LOCATION

**California Occupational Clinic** is located at 1400 S. Grand Ave, across the street from California Hospital Medical Center and between Pico and Venice Boulevards.

## PARKING

Secured parking is available in the 1400 South Grand (La Vida Building). The access is through 14th Street.

## FREEWAY ACCESS

From the **Harbor Freeway (110) Southbound**, exit at Olympic Blvd., travel east toward the Convention Center and turn right on Grand Ave. Left turn on 14th Street into the parking lot.

From **Harbor Freeway (110) northbound**, exit at 9<sup>th</sup> Street, travel east turn right on Grand Avenue and turn left on 14<sup>th</sup> Street to parking lot entrance on right hand side.

From **Santa Monica Freeway (10) eastbound**, exit at Grand Avenue and make a left on Olive Street. Cross Venice Boulevard and turn left on 14<sup>th</sup> Street to parking lot entrance on left hand side.

From **Santa Monica Freeway (10) westbound**, exit at Los Angeles Street and continue parallel to the freeway. Make a right on Olive Street and turn left on 14<sup>th</sup> Street to parking lot entrance on right hand side



Tel. (213) 745-6106

[www.calocc.com](http://www.calocc.com)