

# AUTHORIZATION FOR MEDICAL SERVICES



URGENT CARE & OCCUPATIONAL MEDICINE

Playa Vista Medical Center

6020 Sea Bluff Drive

Playa Vista, CA 90094

310.862.2800

- Treatment of Occupational Injury or Illness

Date of Injury: \_\_\_\_\_

- Other Employment Services:

*Please check all below that apply*

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

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

Department: \_\_\_\_\_

Authorized By: \_\_\_\_\_

- 
- |  |   |
|--|---|
| <input type="checkbox"/> Exam - Pre-employment             | <input type="checkbox"/> Exam - Employment ( <i>Hearing Included</i> )  |
| <input type="checkbox"/> Exam - HAZ/MAT (Labs Included)    | <input type="checkbox"/> Audiogram                                      |
| <input type="checkbox"/> Exam - DOT (Company Form)         | <input type="checkbox"/> EKG  |
| <input type="checkbox"/> Breath Alcohol Screening          | <input type="checkbox"/> Exam - DMV (California Form)                   |
| <input type="checkbox"/> Respirator Screening (Spirometry) | <input type="checkbox"/> Tuberculosis Skin Testing                      |
| <input type="checkbox"/> Urine Drug Screening              | <input type="checkbox"/> Urine Collection ( <i>For Drug Screening</i> ) |
| <input type="checkbox"/> X-Ray - Chest - 1 view            | <input type="checkbox"/> X-Ray - Extremities                            |
| <input type="checkbox"/> X-Ray - Lumbar Spine - 5 views    | <input type="checkbox"/> X-Ray - Lumbar Spine - 1 view                  |
| <input type="checkbox"/> Hepatitis B Vaccination           | <input type="checkbox"/> Hepatitis B Antibody Titer                     |
| <input type="checkbox"/> Other Testing: _____              |   |