

PLEASE PROVIDE THIS FORM TO BREa URGENT CARE OR NEWPORT URGENT CARE



1000 Bristol Street North, Suite 1-B,
Newport Beach, CA 92660-2906
www.NewportUrgentCare.com

Quality Medical Care
That Fits Your Schedule



395 W. Central Avenue, Brea, CA 92821
www.BreaUrgentCare.com

949.752.6300

Fax 949.752.6333

Hours: Mon – Fri: 8am – 9pm
Sat & Sun: 8am – 8pm

OPEN 24/7 FOR NEW
WORK-RELATED INJURIES; CALL FIRST
IF INJURY IS AFTER-HOURS

(allow 20 minutes for doctor to arrive)

714.494.2828

Fax 714.482.2871

Hours: Mon – Fri: 8am – 8pm
Sat & Sun: 8am – 6pm

Medical Authorization Form

Employees/Student Workers Only

TODAY'S DATE: _____

Name: _____ Company Name: **CSU, Fullerton**

Job Title: _____ Dept.: _____

Treatment Authorized _____
(Print Name) (Signature)

Occupational Injury Treatment

Invoicing Instructions: C17-0603

Injuries

Is this a work-related injury?

Yes No

Date of Injury: _____

Body Part Injured _____

Modified Duty:

Yes No

Post-Accident Drug Screen

Pre-Placement:

Post-Accident:

Post Injury:

Routine Medical Services

Invoicing Instructions: C17-0628

Exams:

Physical Exam

Drug Screen

Post Offer

Chest X-Ray

Back Assessment

Vision

Divers

Other _____

Fit for Duty Eval

Treadmill

Audiogram

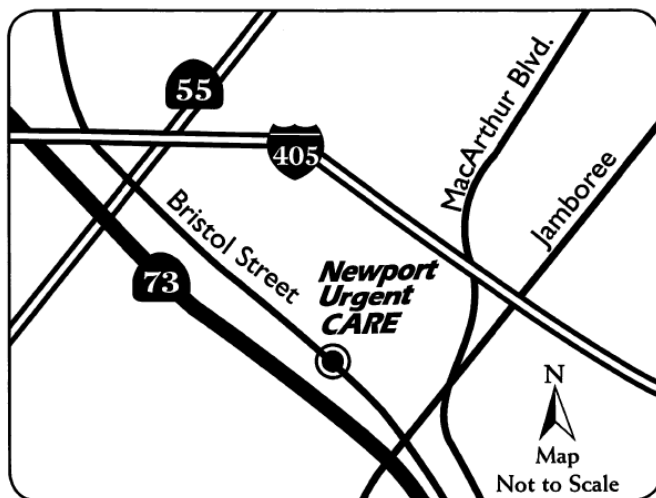
PFT

TB Testing

Hep B

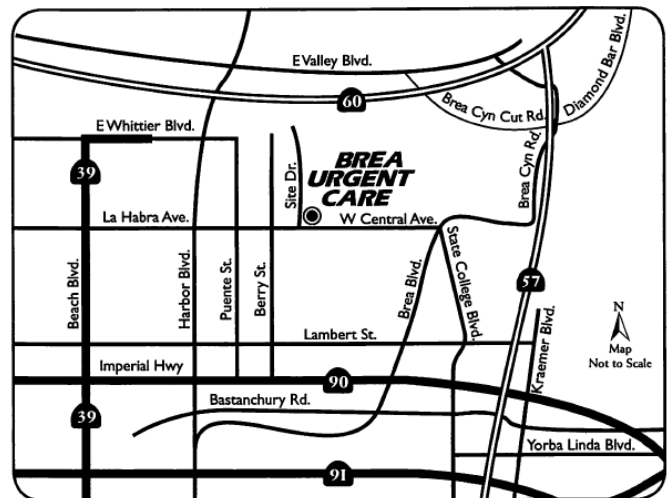
ADA Eval

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