



NOW WITH THREE LOCATIONS TO SERVE YOU!

APPLEVALLEY

18522 HWY 18 STE 102
APPLEVALLEY, CA 92307
PH: 760-242-7707
FAX: 760-242-1133

BARSTOW

705 E. VIRGINIA WAY STE N
BARSTOW, CA 92311
PH: 760-255-3200
FAX: 760-255-3210

HESPERIA

12821 MAIN ST STE 140
HESPERIA, CA 92345
PH: 760-949-2500
FAX: 760-949-0200

WORKERS COMPENSATION INFORMATION SHEET AND EMPLOYER AUTHORIZATION

Employer Information:

Employers' Name: _____
Employers' Address: _____
Employers' Phone #: _____ Contact Name: _____
Employers' Fax #: _____ (we will be sending work status to this #)
Insurance Carrier: _____
Insurance Address: _____
Claim #: _____ Adjuster Name: _____
Insurance Phone #: _____ Insurance Fax #: _____
(Need for all referral services)

Employee Information:

Patient Name: _____ DOB: _____
Job Title: _____
Patient Address: _____
Phone #: _____ Drivers License #: _____
First Office Visit: _____ Date of Injury: _____
Reason for visit (brief description): _____

Please check authorized services:

- Initial Injury Evaluation
- Post Accident Urine Drug Screening
 - 7 panel + Alcohol 5 panel instant
 - 10 panel + Alcohol 10 panel instant

Authorizing Signature and Title : _____ **Date:** _____

Attention Employer :

Please list the following correspondence that will be needed.

- Doctors First Report
- Work Status
- PR-2s (for every visit after initial)
- Other : _____