

# ProHealth



Medical Group

## Authorization for Medical Service

### Valley Occupational

10630 Sepulveda Blvd.

### Mission Hills 91345

Tel: (818) 361-3369

(818) 933-4440

Fax: (818) 698-4471

Marketer: (818) 400-4945

**M-F: 7:30AM-10PM; S/S: 9A-2P**

**New  
Location**

### Glendale Occupational

222 West Eulalia St. #101

### Glendale 91204

Tel: (818) 246-4800

Fax: (818) 246-4805

Marketer: (818) 858-5388

**M-F: 7:30AM-10PM;**

**S/S: 9A-2P**

24/7 ON CALL (for Initial Injuries)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> New Injury     | <input type="checkbox"/> Spirometry PFT  | <input type="checkbox"/> NIDA Drug      |
| <input type="checkbox"/> Return to work | <input type="checkbox"/> PPD (TB Test)   | <input type="checkbox"/> Non-NIDA Drug  |
| <input type="checkbox"/> Pre-Emp Phys   | <input type="checkbox"/> Chest X-Ray     | <input type="checkbox"/> Breath Alcohol |
| <input type="checkbox"/> DMV Physical   | <input type="checkbox"/> Hepatitis B Vac | <b>PHOTO REQUIRED</b>                   |
| <input type="checkbox"/> Audiometry     | <input type="checkbox"/> Other _____     |   |

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

Employee Cell/ Home: \_\_\_\_\_ DOB: \_\_\_\_\_

Employer/ Address: \_\_\_\_\_

Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date/Time of Injury: \_\_\_\_\_ Job Description: \_\_\_\_\_

Injury: \_\_\_\_\_

Modified WK Available (Y) (N) \_\_\_\_\_

WC Insurance/ Policy #: \_\_\_\_\_

WC Ins. Address/phone: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_