

ProHealth



M e d i c a l G r o u p

Authorization for Medical Service

Valley Occupational
 10630 Sepulveda Blvd. #100
 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

Glendale Occupational
 500 E. Colorado St., #100
 Glendale 91205
 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 | PHOTO REQUIRED |
| <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:** _____