



Legendary Care™

# Occupational Medicine Treatment Authorization Form

**Hours:** Monday – Friday, 8:00am – 5:00pm  
**Weekday Afterhours:** Monday – Friday, 5:00pm – 9:00pm  
**Weekend Hours:** Saturday – Sunday, 9:00am – 9:00pm

**RIVERSIDE**

7117 Brockton Ave. Riverside, CA 92506  
Phone: (951) 782-3707 | Fax: (951) 784-5579  
After Hours Phone: (951) 782-3789

**MORENO VALLEY**

6405 Day St. Riverside, CA 92507  
Phone: (951) 697-5611 | Fax: (951) 697-5565  
After Hours Phone: 951-697-5454

**TEMESCAL VALLEY/CORONA**

21634 Retreat Pkwy. Corona, CA 92883  
Phone: (951) 493-6929 | Fax: (951) 248-6725  
After Hours Phone: (951) 493-6852

**EASTVALE**

12742 Limonite Ave. Eastvale, CA 92880  
Phone: (951) 739-2746 | Fax: (951) 371-6586  
After Hours Phone: (951) 739-2720  
*(No Weekday Afterhours)*

**Today's Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ am / pm

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

### WORK RELATED INJURY

Work Comp Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Last date worked: \_\_\_\_\_

Part(s) of body injured: \_\_\_\_\_

Post Injury drug test required:  Yes  No

### SCREENINGS

(Picture ID required for all screenings)

#### Drug / Alcohol Test

- 12-Panel Instant Drug Screen  (incl.) Alcohol
- 5-Panel Instant Drug Screen  (incl.) Alcohol
- DOT Drug Screen
- Drug Screen Collection Only

#### Type of Service Requested

- Pre-Employment Physical
- DOT Physical  PPD  Chest X-Ray
- Audio Test  PFT
- Mask Fit Test  Fit for Duty
- Other: \_\_\_\_\_

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

Authorized by: \_\_\_\_\_  
*Print Name* *Signature*

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_