

Memorial Prompt Care

REQUEST FOR MEDICAL SERVICES

<input type="checkbox"/> EXAM/TREATMENT	<input type="checkbox"/> EXAM ONLY	<input type="checkbox"/> RETURN TO WORK EXAM	<input type="checkbox"/> TB SCREENING
<input type="checkbox"/> PRE-PLACEMENT EXAM		<input type="checkbox"/> DOT EXAM	<input type="checkbox"/> DOT DRUG SCREEN
<input type="checkbox"/> DRUG SCREEN: 5 Panel, Rapid		<input type="checkbox"/> BACK X-RAY	<input type="checkbox"/> PULMONARY FUNCTION
<input type="checkbox"/> BREATH ALCOHOL TESTING	<input type="checkbox"/> CHEST X-RAY	<input type="checkbox"/>	
<input type="checkbox"/> FIRST AID EVAL BILL DIRECT w/prior agree		<input type="checkbox"/> SUBMIT TO W/C CARRIER	<input type="checkbox"/> PERSONAL ILLNESS

Employee Name _____ Date _____

Employer _____ Phone _____

Contact/Supervisor _____ Contact# _____

Date of Injury _____ History of Illness/Injury _____

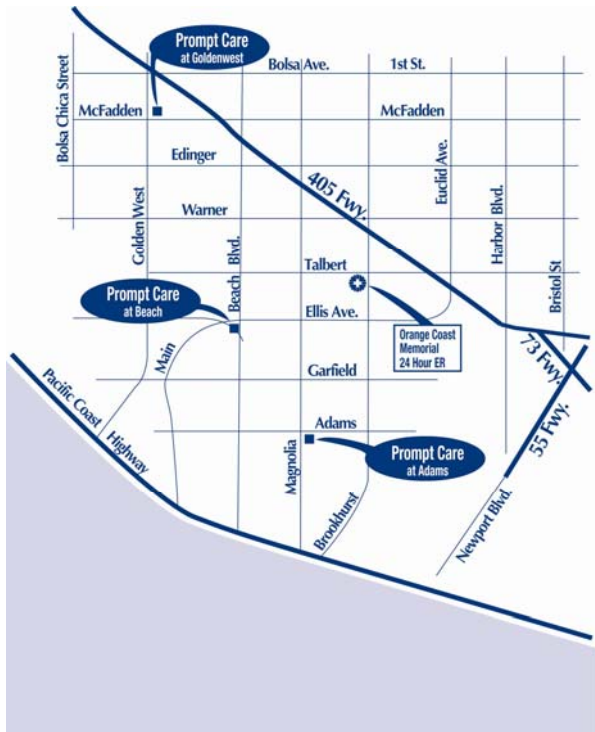
Is Modified Work Available? NO YES: _____

W/C CARRIER HAS CHANGED – **NEW CARRIER NAME** _____

CARRIER ADDRESS _____

The charges incurred are authorized by (signature): _____

Admin Sh/Forms/ WC/Req for Med Svcs 3 loc 10.09



9122 Adams Ave., Huntington Beach, CA 92646
(714) 378-0900 / FAX (714) 378-5166

Mon-Fri 8 am-9 pm & Sat 8am-6pm



OPEN 7 DAYS
8 am to 9 pm

15464 Goldenwest St., Westminster, CA 92683
(714) 891-9008 / FAX (714) 897-7949

18561 Beach Blvd., Huntington Beach, CA 92648
(714) 848-0080 / FAX (714) 848-1909