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Appt Date:

Time:

AUTHORIZATION FOR MEDICAL SERVICES

Form with sections: COMPANY NAME, EMPLOYEE'S NAME, IF TEMPORARY EMPLOYEE, AUTHORIZED BY, TYPED NAME, DATE SIGNED, TITLE, PHONE NO., AUTHORIZATION VALID UNTIL, Work-Related Injury, Work-Related Illness, Date of Injury/Illness, PHYSICAL EXAMS, OTHER TESTING, IMMUNIZATIONS/VACCINATIONS, SUBSTANCE ABUSE TESTING, SPECIAL INSTRUCTIONS, BILLING, Workers' Compensation Carrier Info.