

## Medical Authorization Form

This form should be completed by the employer and given to the injured worker to take to the clinic for the first visit. **Note:** If the worker has pre-designated a treating physician, this form must still be taken and the employer should call ahead to notify the doctor's office.

### Employer: complete for worker's first visit

#### Injury Information

Worker's name:

Date of injury:  (ex. 12/20/2011)

Details:

#### Company Information

Company name:

Address:

Policy number:  (ex. WSD-1234567)

#### Referral Information

Referrer's name:

Title:

Phone:  (ex. (888) 555-1212)

Date of referral:  (ex. 12/20/2011)

#### MPN / Medical Provider Information

Clinic name:

Address:

Phone:  (ex. (888) 555-1212)

Special instructions: