

## Employer's Authorization and Referral for Occupational Health Services

You are being referred to the center noted below for evaluation and treatment of your work-related injury or illness OR for employment-related healthcare services. This form is to be presented to the center's registration desk personnel.

**Employee Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_  
**Work Shift Days:** \_\_\_\_\_ **Hours:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Client ID :** \_\_\_\_\_  
**Name of Authorizing Agent:** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_\_  
**Signature:** \_\_\_\_\_

Please Remember to Call Ahead      **Reason For Referral**      Please Remember to Call Ahead

**PLEASE CHECK (  )**

**WORKERS' COMPENSATION ILLNESS/INJURY:**  
*Description of accident/incident:* \_\_\_\_\_  
 \_\_\_\_\_

*Date of Accident:* \_\_\_\_\_ *Time of Accident:* \_\_\_\_\_ AM/PM

*Workers' Comp. Carrier:* \_\_\_\_\_ *Workers' Comp. Claim #:* \_\_\_\_\_

**EMPLOYMENT-RELATED HEALTHCARE SERVICES:**  
 PHYSICALS: \_\_Pre-placement \_\_Firefighter \_\_Haz-Mat \_\_OSHA Monitoring \_\_Respirator  
 \_\_DOT: \_\_Renewal \_\_PPD \_\_Quantiferon Gold TB \_\_Hep B Vaccine  
 \_\_Pre-placement Other: \_\_\_\_\_

**URINE DRUG SCREEN:** \_\_DOT \_\_Non-DOT  
 \_\_Pre-placement \_\_Random \_\_Post-Accident \_\_For Cause \_\_Collection Only (Must provide COC)

**BREATH ALCOHOL TEST:** \_\_DOT \_\_Non-DOT  
 \_\_Pre-placement \_\_Random \_\_Post-Accident \_\_For Cause

**OTHER:** \_\_\_\_\_

**SPECIAL REQUESTS:**  
 \_\_ Please Call Supervisor at: \_\_\_\_\_  
 \_\_ Please Fax *Return to Work Form* to: \_\_\_\_\_

**CONTRACT SERVICES INFORMATION**

**EMPLOYER RESPONSIBLE FOR PAYMENT**       **EMPLOYEE PAYS AT TIME OF SERVICE**

**Valley Medical Group**  
40 Washington Avenue  
**Dumont, NJ 07628**  
(201) 387-7055  
(201) 387-8605 (fax)  
M – Th 8 am – 9 pm,  
Fri 8 am – 8 pm  
Sat 8 am – 6 pm  
Sun 9 am – 2 pm

**Valley Medical Group**  
85 Chestnut Ridge Road  
**Montvale, NJ 07645**  
(201) 930-1700  
(201) 930-0705 (fax)  
M – F 8 am – 8 pm  
Sat 8 am – 5 pm  
Sun 9 am – 1 pm

**Valley Medical Group**  
104 E. Rt 59  
**Nanuet, NY 10954**  
(845) 623-4000  
(845) 623-5309 (fax)  
M – Th 8:30 am–7 pm  
Fri 8:30 am–6 pm  
Sat & Sun 9 am – 1:30

**Valley Medical Group**  
759 Hamburg Turnpike  
**Wayne, NJ 07470**  
(973) 709-0099  
(973) 709-0201 (fax)  
M – Fri 8 am – 8 pm  
Sat 9 am – 3 pm  
Sun 9 am – 1 pm

**FOR EMERGENCIES and AFTER HOURS ONLY:**

**THE VALLEY HOSPITAL EMERGENCY DEPT.**  
223 No. Van Dien Ave.  
**Ridgewood, NJ 07450**  
(201) 447-8300  
(201) 447-8476 (fax)  
24/7/365

**Valley Medical Group**  
72 Hamburg Turnpike  
**Riverdale, NJ 07457**  
(973) 835-7290  
(973) 835-0696 (fax)  
M – F 8 am – 8 pm  
Sat 8 am – 4 pm  
Sun 8 am – 2 pm

**Valley Medical Group**  
780 Cedar Lane  
**Teaneck, NJ 07666**  
(201) 836-7664  
(201) 836-5710 (fax)  
M – F 8 am – 8 pm  
Sat 9 am – 5 pm  
Sun 9 am – 1 pm

**Valley Medical Group**  
140 Franklin Turnpike  
**Waldwick, NJ 07463**  
(201) 447-3603  
(201) 447-5184 (fax)  
M – Th 8 am – 9 pm  
Fri 8 am – 8 pm  
Sat 8 am – 5 pm  
Sun 9 am – 2 pm

**Please Remember to Call Ahead**