

Pennybyrn at Maryfield
109 Penny Road, High Point, NC 27260
336-821-4000
MEDICAL TREATMENT AUTHORIZATION

<input type="checkbox"/> UNC Regional Physicians <i>WEEKDAY walk-ins</i> 2401 Hickwood Rd, Suite 206 High Point, NC 336-885-9675	<input type="checkbox"/> UNC Regional Physicians West <i>WEEKEND walk-ins</i> 1720 Westchester Dr High Point, NC 336-883-9675
<input type="checkbox"/> High Point Regional Hospital <i>(Severe Emergencies ONLY)</i> 336-878-6000	

EMPLOYER REPORT (Include with Incident Report)

Employee Name _____	Social Security Number _____
Date of Injury _____	Employees Position _____
Treatment Authorized by: _____	Position & Phone # _____
<i>**All correspondence should be with Pennybyrn at Maryfield – Human Resources office – 336-821-4018**</i>	

.... PHYSICIAN'S REPORT.....

Services Performed: _____ _____ _____	
Work Status:	
<input type="checkbox"/> Return to regular duty	
<input type="checkbox"/> Modified/Restricted Work →	Number of days on restriction: _____
	Walking: Y/N Standing: Y/N
	Lifting: max _____ Pushing: max _____ Pulling: max _____
	Other Restrictions: _____ _____
<input type="checkbox"/> No Work →	Number of days needed to recover: _____
Diagnosis & Prognosis: _____	
Physician's Signature: _____	Date: _____