EMPLOYER’S AUTHORIZATION FOR TREATMENT

Employee’s Name: ________________________________
Employer: ________________________________
Authorized by: ________________________________
Date: ________________________________
Phone: ______________________ Fax: ______________________

EVALUATION/TREATMENT REQUESTED:

Date of Injury ________________________________

❑ Drug Screen (Picture ID required for all Drug Screens)
  • Current State Driver License • Passport
  • Current State Picture ID • Resident Alien Card

❑ W/C Injury/Illness ❑ Breath Alcohol ❑ New Hire Physical

❑ Other (specify) ________________________________

For after hours and weekend care, please see reverse side of this form for details.
DUBLIN

Occupational Health Services
4000 Dublin Blvd., Suite 150, Dublin
925–416–3562
Hours: Mon – Fri, 8am – 5pm

For after hours and weekend care:

Urgent Care
4000 Dublin Blvd., Suite 150, Dublin
925–479–3773
Hours: Mon – Fri, 5 – 10pm; Sat & Sun, 11am – 6pm

PLEASANTON

Emergency Department
ValleyCare Medical Center
5555 W. Las Positas Blvd.
Pleasanton
925–416–3418
24-Hour Emergency Care

LIVERMORE

Urgent Care Center
1133 E. Stanley Blvd.
Livermore
925–373–4018
Hours: 10am – 8pm Daily