



Airport Urgent Care & Industrial Medicine
426 W, Manchester Blvd., Inglewood, CA 90301
Phone: (310) 215-3555 **After hours: (310)908-5590**
Fax: (310) 988-2669
www.airporturgentclinic.com
e-mail: airporturgentcare@gmail.com

TREATMENT AUTHORIZATION



Date: _____

Person to be treated: _____ Date of Injury _____

Company: _____

Address: _____

HR Phone: _____ HR Email _____

Insurance Company: _____

Authorization by: _____ Phone: _____

(sign and print name & title, contact number)

TREATMENT REQUISITION

- | | |
|--|---|
| <input type="checkbox"/> Industrial Injury | <input type="checkbox"/> DMV / DOT |
| <input type="checkbox"/> Pre-employment Physical Exam | <input type="checkbox"/> TB Skin Test |
| <input type="checkbox"/> Urgent Medical Care | <input type="checkbox"/> Drug Screen (Rapid test) |
| <input type="checkbox"/> Respirator Clearance Physical | <input type="checkbox"/> Drug screen (send to Lab) |
| <input type="checkbox"/> Vision / Hearing test | <input type="checkbox"/> Breath Alcohol test |
| <input type="checkbox"/> Return to duty Physical Exam | <input type="checkbox"/> Oral Fluid test |
| <input type="checkbox"/> X- ray (Why requested?) _____ | |

Other / special instructions: _____



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To expedite patient care, please scan the QR code and fill out the online form prior to your arrival.

