

West Point Medical Center Treatment Authorization Form

San Bernardino

1800 Medical Center Dr
P (909) 880-6400
F (909) 880-6445

Fontana

7774 Cherry Ave
P (909) 355-1296
F (909) 355-1333

Rancho Cucamonga

8520 Archibald Ave
P (909) 481-3909
F (909) 880-6445

Company Name: _____ Employee Name: _____

Treatment Authorized By: _____ Date: _____

Address _____

Phone: () _____ - _____ Fax: () _____ - _____

Insurance Carrier _____

Policy Number _____ Phone: () _____ - _____

Claim Number _____

SERVICES REQUESTED:

Treatment of Work Related Injury

Please give a small description & date of injury _____

Do you want Drug Screen (DS) or Breath Alcohol Test (BAT) done with treatment of this injury?

DOT DS DOT BAT Non DOT DS Non-DOT BAT

Pre-Employment Services:

Physical (Includes Vision and UA) Functional Capacity

DOT DS DOT BAT Non DOT DS Non-DOT BAT

Additional Tests _____

Random Tests:

DOT DS DOT BAT Non DOT DS Non-DOT BAT

Other Tests _____