



Airport Urgent Care & Industrial Medicine
1117 W. Manchester Blvd, Inglewood, CA 90301
Phone: (310) 215-3555 Fax: (310) 988-2669, Airporturgentcare@gmail.com

TREATMENT AUTHORIZATION

Date: _____

Person to be treated _____

Company: _____

Address: _____

Phone: _____ Email _____

Insurance Company: _____

Authorization by: _____

(sign and print name & title)

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 |
| <input type="checkbox"/> Respirator Clearance Physical | <input type="checkbox"/> BAT (Alcohol) |
| <input type="checkbox"/> X- ray (Why requested?) _____ | |

Other: _____

Special Instructions _____

Note: After hours please call (310) 908-5590 for Physician on call

