

**OCCUPATIONAL MEDICINE CENTERS OF AMERICA**

TREATMENT AUTHORIZATION FORM

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

SERVICES REQUESTED: *(Please Check all Appropriate Boxes)*

\_\_\_\_\_ WORKMAN'S COMP INJURY (EVALUATION AND TREATMENT)\*

DATE OF INJURY \_\_\_\_/\_\_\_\_/\_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ CLAIM# \_\_\_\_\_

BODY PART (S) \_\_\_\_\_

\_\_\_\_\_ DRUG TESTING \_\_\_\_\_ BREATH ALCOHOL TESTING

**Category (Choose one)**

\_\_\_\_\_ PRE-EMPLOYMENT \_\_\_\_\_ RANDOM \_\_\_\_\_ POST-ACCIDENT \_\_\_\_\_ REASONABLE SUSPICION

\_\_\_\_\_ 5 PANEL \_\_\_\_\_ 8 PANEL \_\_\_\_\_ 10 PANEL DOT \_\_\_\_\_ NON DOT \_\_\_\_\_

\_\_\_\_\_ PHYSICAL \_\_\_\_\_ IMMUNIZATION \_\_\_\_\_ PPD \_\_\_\_\_ CHEST X-RAY

\_\_\_\_\_ HEP B SERIES \_\_\_\_\_ TETANUS

COMPANY NAME \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

EMPLOYEE/APPLICANT'S NAME \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

**OCCUPATIONAL MEDICINE CENTERS OF AMERICA**

**ADDRESSES:**

**FLAMINGO PARK OF COMMERCE**  
12014 MIRAMAR PARKWAY  
MIRAMAR, FL 33025  
TELEPHONE: (954) 438-6228  
FAX: (954) 437-1079  
Email: [occumed@bellsouth.net](mailto:occumed@bellsouth.net)

**HOLLYWOOD OFFICE**  
3705 GARFIELD STREET  
HOLLYWOOD, FL 33020  
TELEPHONE: (954) 265-3406  
FAX: (954) 265-2984  
Email: [occumedhlwd@bellsouth.net](mailto:occumedhlwd@bellsouth.net)

**SUNRISE OFFICE**  
12651 W SUNRISE BLVD ST 101  
SUNRISE, FL 33323  
TELEPHONE: (954) 838-7491  
FAX: (954) 838-7492  
Email: [occumedsunrise@bellsouth.net](mailto:occumedsunrise@bellsouth.net)

- **PRIOR TO THE INJURED WORKER'S APPOINTMENT, PLEASE CONTACT THE WORKER'S COMP INSURANCE CARRIER AND HAVE THEM FAX THE FIRST REPORT OF INJURY AND A LETTER OF AUTHORIZATION FOR EVALUATION AND TREATMENT TO THE APPROPRIATE CENTER.**

**OCCUPATIONAL MEDICINE CENTERS OF AMERICA**

**NAME OF WORKER'S COMP INSURANCE** \_\_\_\_\_

**BILLING ADDRESS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_ **FAX** \_\_\_\_\_

**ADJUSTER'S NAME** \_\_\_\_\_

**ADJUSTER'S EMAIL** \_\_\_\_\_

**OCCUPATIONAL MEDICINE CENTERS OF AMERICA**

**ADDRESSES:**

**FLAMINGO PARK OF COMMERCE**  
12014 MIRAMAR PARKWAY  
MIRAMAR, FL 33025  
TELEPHONE: (954) 438-6228  
FAX: (954) 437-1079  
Email: [occumed@bellsouth.net](mailto:occumed@bellsouth.net)

**HOLLYWOOD OFFICE**  
3705 GARFIELD STREET  
HOLLYWOOD, FL 33020  
TELEPHONE: (954) 265-3406  
FAX: (954) 265-2984  
Email: [occumedhlwd@bellsouth.net](mailto:occumedhlwd@bellsouth.net)

**SUNRISE**  
12651 W SUNRISE BLVD ST 101  
SUNRISE, FL 33323  
TELEPHONE: (954) 838-7491  
FAX: (954) 838-7492  
Email: [occumedsunrise@bellsouth.net](mailto:occumedsunrise@bellsouth.net)