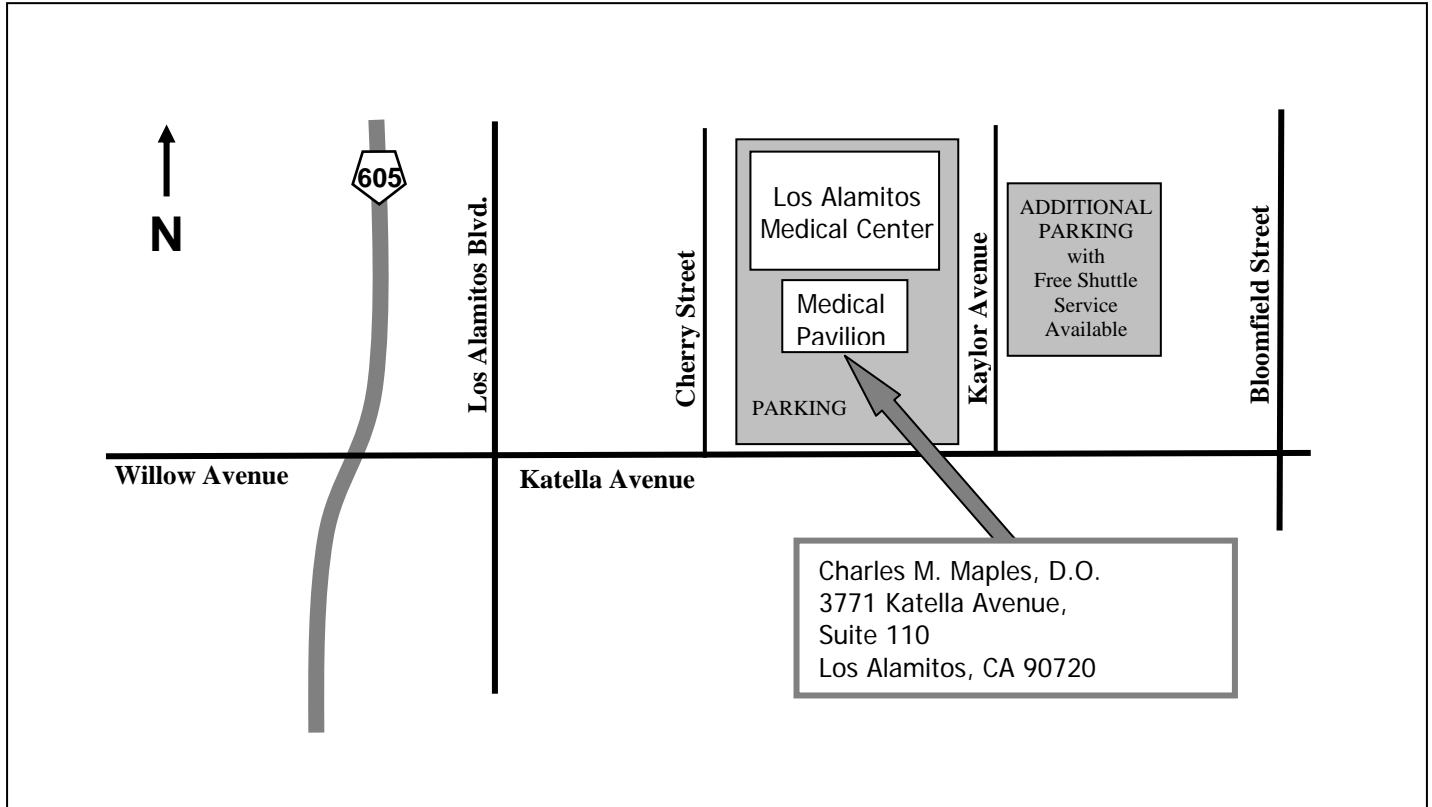




# Authorization for Treatment



**Treatment by Appointment Only**  
 Monday – Friday, 8:00am-12 noon &  
 1:00pm – 4:30pm

EMPLOYEE INFORMATION	
Name of Employee	Phone #
Date:	
<b>California State University, Long Beach</b>	<b>562-985-2366</b>
Company Name:	Phone #
CHERYL VELASCO	562-985-2366
Treatment Authorized By:	
<b>Sedgwick CMS</b>	
Date of Injury:	Ins. Co.

TREATMENT REQUESTED	
<input type="checkbox"/> Injury	
<input type="checkbox"/> First Aid Only	
<input type="checkbox"/> Basic Physical/with:	
<input type="checkbox"/> TB Tine Test	<input type="checkbox"/> Audiogram
<input type="checkbox"/> Pulmonary Function Test	<input type="checkbox"/> Breath Alcohol Test
<input type="checkbox"/> Back x-ray	<input type="checkbox"/> Chest x-ray
<input type="checkbox"/> Drug Test	
<input type="checkbox"/> Post Injury	<input type="checkbox"/> Post Offer
<input type="checkbox"/> Random	<input type="checkbox"/> For Cause/Reasonable Suspicion
<input type="checkbox"/> Post-Vehicular Accident	
<input type="checkbox"/> Return to Work Clearance	
<input type="checkbox"/> Other	_____
	_____
	_____