



6876 Katella Ave, Cypress, CA 90630  
PH: (714) 903-8900 FAX: (714) 903-8901 www.cypressurgentcare.com

## AUTHORIZATION FOR EXAMINATION AND TREATMENT

Please present photo ID

Patient Name \_\_\_\_\_ SS# \_\_\_\_\_ Birth Date \_\_\_\_\_

Employer (or Temp Agency) \_\_\_\_\_

Company Address \_\_\_\_\_

Job Description \_\_\_\_\_ Body Part Injured \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Insurance Phone \_\_\_\_\_

### Work Related

Injury       Illness

Date of Injury or Illness \_\_\_\_\_

### Physical Exam

Preplacement  Baseline  Annual  Exit

Recertification  Other

### Substance Abuse Testing

(Check all that apply)

Regulated Drug Screen  Follow Up  
 Collection Only  Hair Collect  
 Non-regulated Screen  Rapid Screen  
 Preplacement  Post-accident  
 Random  Reasonable Cause  
 Breath Alcohol  Other \_\_\_\_\_

### Special Exam

Asbestos  Respirator  Audiogram  
 DOT Physical  DMV Physical  
 Other \_\_\_\_\_

**Special Instructions** \_\_\_\_\_

**Authorized By** (Please Print) \_\_\_\_\_ **Title** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Date** \_\_\_\_\_

**For follow up care please go to Cypress Urgent Care.**

We offer services for all non-work related illness and injury and accept many insurance plans.



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**Urgent Care Hours:**

**Monday – Friday 8am – 8pm, Saturday & Sunday 9am – 5pm**

**After Hours:**

**Please visit Los Alamitos Hospital**

