



Treatment Authorization

Please call ahead when an employee needs to be seen for an injury: (707) 646-4600

Date: _____ Company: _____

Employee Name: _____

Social Security #: _____

Date of Injury: _____ Time of Injury: _____

Reason for Treatment: Injury Care Post Accident Drug Screen

(Employer's First Report of Injury will be completed and submitted to the insurance carrier.)

Authorized Name *(Please print)*: _____

Signature: _____ Date/Time: _____

Telephone # _____ Fax # _____

Workers' Compensation Insurance Carrier: _____

Policy Number _____

Tel: 707.646.4600

Fax: 707.646.4601

NorthBay.org/occhealth

Fairfield - 2470 Hilborn Rd., Ste 100, Fairfield
 Vacaville - 1679 E. Monte Vista Ave., Ste 104, Vacaville *(Inside of NorthBay Urgent Care)*
(Mailing address: 4500 Business Center Dr., Fairfield, CA 94534)

Due to the nature of our business, no children are permitted in the clinic. Appointments will be rescheduled.