



1180 N. Indian Canyon Dr.
Suite W-200
Palm Springs, CA 92262
(760) 325-4472

39000 Bob Hope Dr.
Lakeview Building
Rancho Mirage, CA 92270
(760) 568-2684

82-013 Dr. Carreon Blvd.
Suite G
Indio, CA 92201
(760) 775-2840

NEW WORK COMP PATIENT AUTHORIZATION SHEET
(Please fax completed form to: (760) 837-2245.)

DOC ACCT # _____ **DATE** _____

Referring Physician/Phone _____

SS # _____

Patient Name _____ Date of Birth _____

Patient Address _____ Home Phone # _____

_____ Alternate Phone # _____

Employer Name _____ Employer Phone # _____

Employer Address _____ Employer Fax # _____

_____ Occupation _____

Interpreter Required – YES _____ NO _____ Name _____

Work Comp Carrier _____

Phone # _____ Fax # _____

Claim # _____ Adjustor _____

Date of Injury _____ Body Part Injured _____

Exam type authorized _____

If Consult/Evaluation only are X-rays authorized? Yes _____ No _____

(PATIENT IS RESPONSIBLE TO HAND CARRY ALL X-RAYS, MRI OR OTHER TESTING DONE.)

MRI _____ X-RAY _____ CT _____ OTHER _____

(TO BE COMPLETED BY DOC)

Appointment Date/Time _____ Physician _____

Appointment confirmed by _____ Date _____ Time _____

Records/Interpreter confirmed
(DOCUMENT TO SCAN)

w/c auth – km 8/02