Omega Medical Center
Your Occupational Health Resource
D.O.H.R., L.L.C.

AUTHORIZATION FOR TREATMENT

OMEGA MEDICAL CENTER is hereby authorized and directed to treat below-referenced employee. Reasonable medical care is hereby authorized to treat symptoms and complaints presented to Omega Medical Center from patient for related injury / illness. Employer hereby acknowledges responsibility for all medical charges generated through treatment by Omega Medical Center.

NAME OF COMPANY____

NAME OF PATIENT____________________________SS#________________

DATE OF INJURY____

TYPE OF INJURY____

PRINT AUTHORIZED NAME____

AUTHORIZED SIGNATURE____

TITLE____________________________PHONE #____________________

DATE OF AUTHORIZATION____

Revised form 2/19/10