

Authorization for Treatment Workers' Compensation

ENLOE

MEDICAL CENTER

OCCUPATIONAL
HEALTH CENTER

Date: _____ Time: _____

Injured employee report to:

- PROMPT CARE CALIFORNIA PARK**
888 Lakeside Village Commons
Open 8 a.m. - 7:30 p.m.
7 days a week
- PROMPT CARE COHASSET**
560 Cohasset Road
Visit 7:30 p.m. - 9:30 p.m.
7 days a week
- ENLOE MEDICAL CENTER ESPLANADE**
1531 Esplanade
Emergency Department services for
emergencies and after-hours care

This visit may require a drug test. (Enloe staff: Refer to OHM.)

Authorization to provide treatment to our employee:

Employee Name: _____

Employer Name: _____

Insurance Company: _____

Insurance Company Phone: _____

Authorized Employer Representative: _____

Prompt Care Cohasset **Prompt Care California Park**

Enloe Medical Center Esplanade

Appointments Recommended
for Non-Emergency Care
Please Call 530.332.6411