SUNRISE healthcare centers

Treatment Authorization form

Date: _____________

Patient Name:____ Date of Birth____-____-_____ SSN#_____-_____-_____

Date of injury: __________ Employer:________________________________ Contact Name: __________________________

Street Address: _____________________________________ City:_______________________ State: _____ Zip: __________

Authorized Signature:_________________________ Phone #_________________ Work Comp. Carrier ________________

Does the employee work for a Staffing Agency: ☐ Yes ☐ No Agency:___________________________________

Contact Name:____ Phone #_______________________________

Treatment For Work Related Injury or illness: ☐ Physical Exams: ☐ Employee to pay charges: ☐

Other Exams/Screens

Post Offer ☐ Annual ☐ Exit ☐

Drug Type & Alcohol Testing:

- ☐ Non D.O.T. Breath Alcohol
- ☐ Non D.O.T. Drug Screen
- ☐ Rapid 5 Drug Screen
- ☐ Collection Only
- ☐ D.O.T. Breath Alcohol
- ☐ D.O.T. Drug Screen
- ☐ Rapid 10 Drug Screen
- ☐ Hair Drug Screen

DOT / DMV Exams:

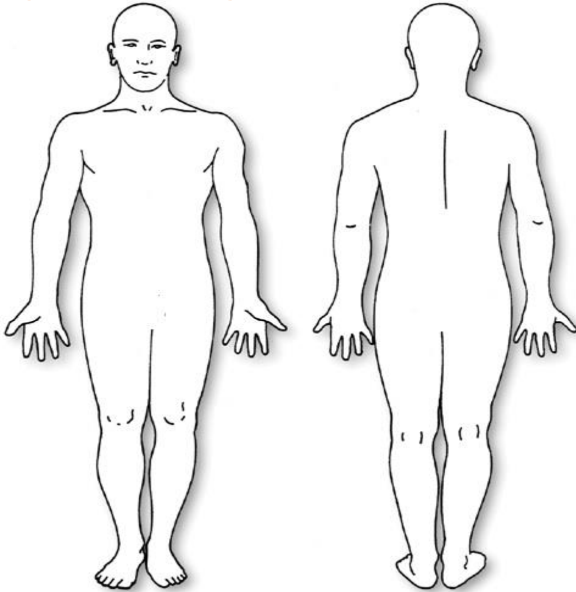
- ☐ New Certification
- ☐ Re-certification

Other_________________________________

- ☐ Audiogram
- ☐ Spirometry
- ☐ Respirator Fit Test
- ☐ Chest X-Ray
- ☐ Back X-Ray
- ☐ Back Exam
- ☐ Fit For Duty
- ☐ T.B. Skin Test
- ☐ Hepatitis B Vaccine

- ☐ Vision Exam (Snellen)
- ☐ Vision Exam (Color)
- ☐ Vision Exam (Jaeger)
- ☐ Vision Exam (Titmus)
- ☐ Lift Test
- ☐ Grip Strength

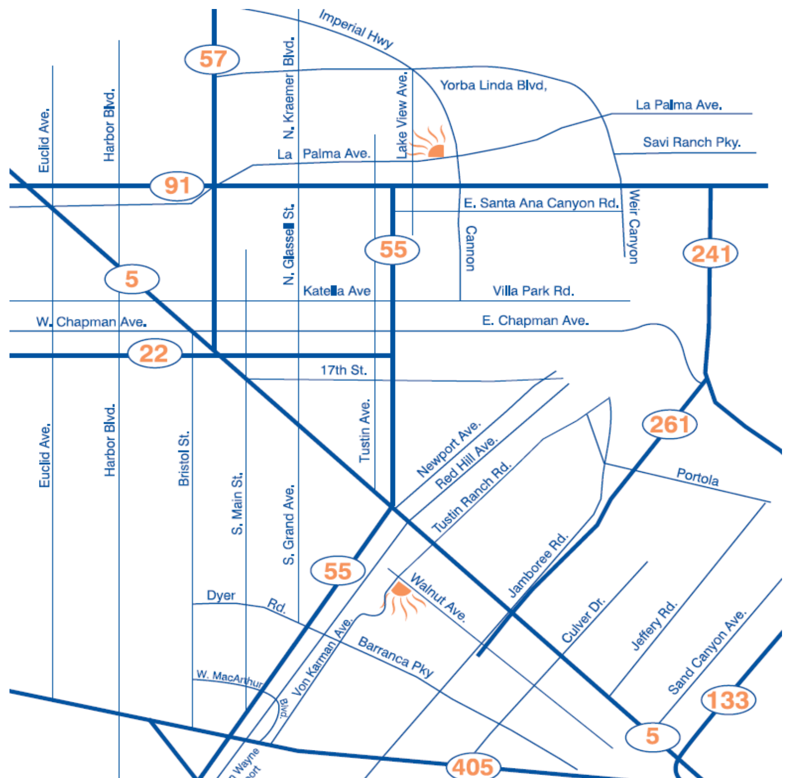
Injured body part identification



Pain Level (Nivel de Dolor)

0 1 2 3 4 5 6 7 8 9 10

No pain (No Dolor) — Extreme pain (Dolor extremo)



FORM MUST BE COMPLETED AND SIGNED IN ORDER FOR THIS TO BE VALID

By authorizing medical services, I understand the company will be responsible for payment **if for any reason the insurance company does not reimburse the medical provider.**

Sunrise Medical Group • 5475 E. La Palma Ave., Suite 100, Anaheim, CA • Phone 714-970-0911 • Fax 714-970-0604
Sunrise Multispecialty Medical Group • 2492 Walnut Ave., Suite 110 Tustin, CA 92780 • Phone 714-669-1997 • Fax 714-573-7424
Managed by Sunrise Healthcare Centers, LLC • 5475 E. La Palma Ave., Suite 100, Anaheim, CA • Phone 714-970-0911 • Fax 714-970-0604