



3600 Workman Mill Rd.
Whittier, CA 90601
Ph: (562) 908-3405 Fax: (562) 908-0411



AUTHORIZATION TO TREAT

Today's Date: _____

Patient Name: _____ Last 4 of SS#: _____

Address: _____ Phone#: _____

Work Related Injury			
Date of Injury: _____		Injured Body Part(s): _____	
Pre-employment Physical	Lift Test	Lumbar X-ray	No Drug Screen
Drivers DOT Physical		Hepatitis B Injection	TB Test (Paid by Employee)
Return to Work Physical		Drug Screen	Breath Alcohol Test
Pulmonary Function Test		Audiometry (hearing test)	
Other: _____			
Physicals/Drug Screens 7:00 am – 4:30 pm PICTURE ID REQUIRED			

WORKERS' COMPENSATION CARRIER:
Keenan & Assoc., 2355 Crenshaw Blvd. #200, Torrance, CA 90501
Claims Adjuster: Michelle Kimbrough (310)212-0363 x 3255 Fax: (310) 212-0333

Name and Title of Authorized RHC Official

Phone# : () _____

Signature – Authorized RHC Official

**NORTH
OPEN 24 hrs/ 7 days**

11817 E. Telegraph Road
Santa Fe Springs, CA 90670
(562) 949-9328

Fax: (562) 949-4588

**SOUTH
OPEN 24 hrs/ 7 days**

13440 E. Imperial Hwy.
Santa Fe Springs, CA 90670
(562) 926-3440

Fax: (562) 926-0678

