



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 _____