

Authorization to Treat

Occ Med Other _____

Patient Name: _____

Company Name: _____

Job Title: _____

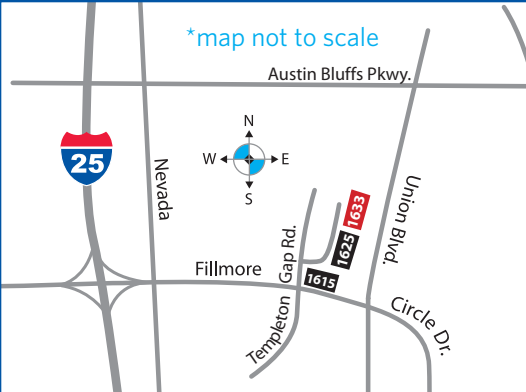
PE UDS Chest X-ray

TB Hep B series Hep B titer

Today's Date: _____

Authorized Company Signature Phone

Urgent Care Clinic
1633 Medical Center Point • (719) 636-2999



CSHP Occupational Medicine
1633 Medical Center Point
(719) 636-2999



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www.cshp.net

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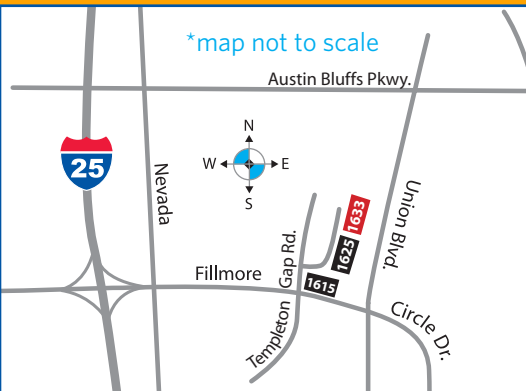
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