

# Authorization to Treat

- Initial Injury       Other \_\_\_\_\_
- Patient Name: \_\_\_\_\_
- Company Name: \_\_\_\_\_
- Job Title: \_\_\_\_\_
- Modified Duty Available?       Yes       No
- Insurance Name: \_\_\_\_\_
- Insurance Address: \_\_\_\_\_
- \_\_\_\_\_
- 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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