

## Authorization to treat

Occ Med       Other \_\_\_\_\_

Patient's name: \_\_\_\_\_

Company's name: \_\_\_\_\_

Job title: \_\_\_\_\_

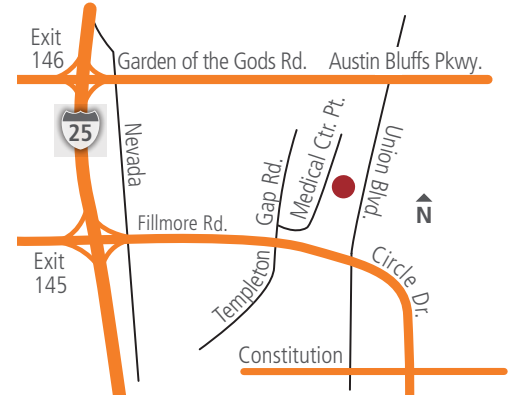
PE                       UDS                       Chest X-ray

TB                         Hep B series           Hep B titer

Today's date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Authorized company signature                      Phone

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### Urgent Care-Occ Med

1633 Medical Center Point  
Colorado Springs, CO 80907  
**1-719-636-2999 TTY 711**



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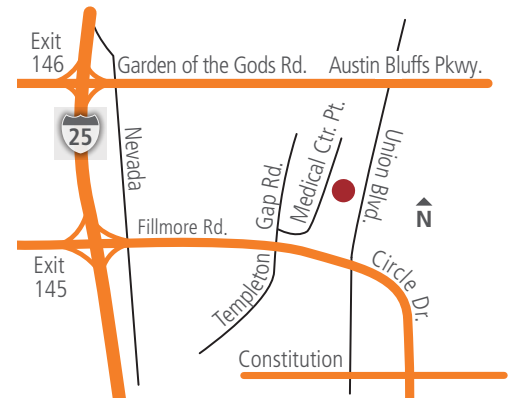
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