

Authorization to treat: Initial

Initial injury Other _____

Patient's name: _____

Company's name: _____

Job title: _____

Modified duty available? Yes No

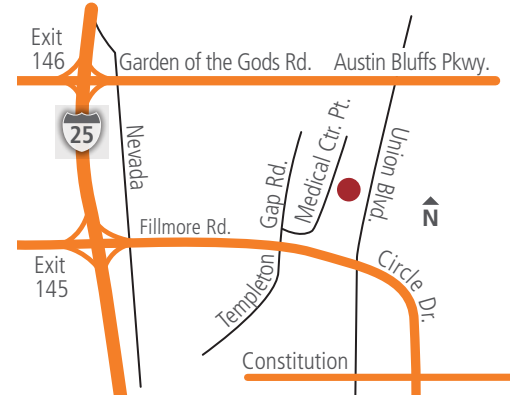
Insurance name: _____

Insurance address: _____

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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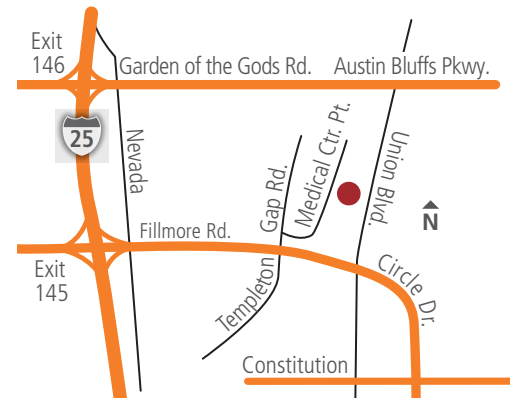
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