



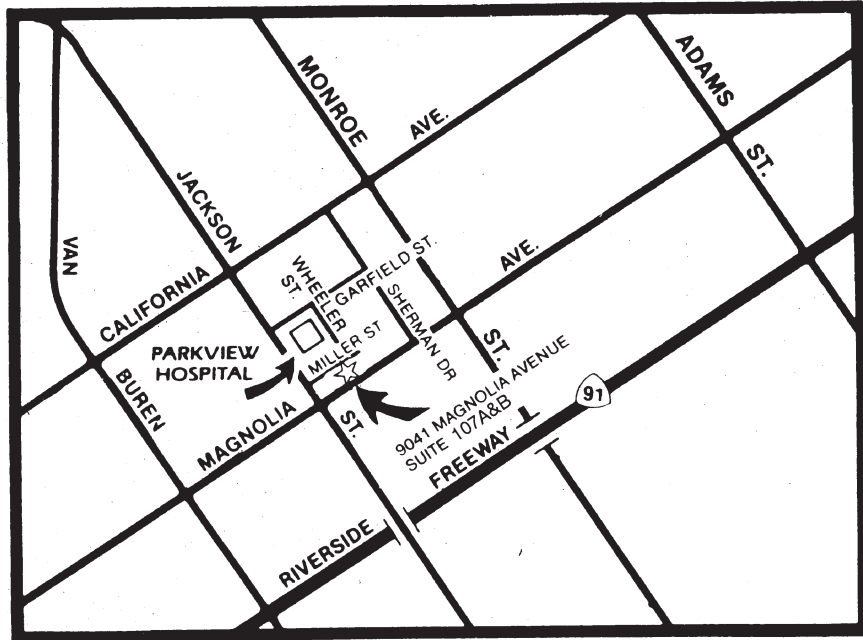
**Parkview Medical Group**  
 9041 Magnolia Ave., Ste. 107 • Riverside, CA 92503  
 (951) 353-1021 • Fax (951) 687-0692



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**AUTHORIZATION FOR MEDICAL SERVICES**

Date \_\_\_\_\_



Patient Name (Print) \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Name \_\_\_\_\_ Phone \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

WORKING FOR TEMPORARY AGENCY  YES  NO

Agency Name \_\_\_\_\_ Address \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

**SERVICE REQUESTED**

- W/C Injury/Illness
- Drug Screen Collection Only
- Drug Screen
- Preplacement Physical
- Hepatitis B Vaccine
- BAT Testing
- DOT physical
- PPD/TB
- Biodex

**POST-OFFER, WORKSTEPS PRE-PLACEMENT TEST**  
 (IF REQUESTED, PLEASE REPORT TO SUITE 005)

**MODIFIED WORK FOR THIS EMPLOYEE IS:**

- Available
- Not Available

**SPECIAL INSTRUCTIONS** \_\_\_\_\_

Company Authorization By \_\_\_\_\_

Phone Authorization By \_\_\_\_\_

Clinic Clerk \_\_\_\_\_

APPOINTMENT DATE \_\_\_\_\_ TIME \_\_\_\_\_

**PLEASE BE PROMPT AND BRING THIS AUTHORIZATION WITH YOU**

**Parkview Medical Group**  
*Hours*

**Mon. - Fri.: 8 a.m. - 9 p.m.**

**Sat. & Sun.: 9 a.m. - 6 p.m.**

**Holidays: 9 a.m. - 6 p.m.**