

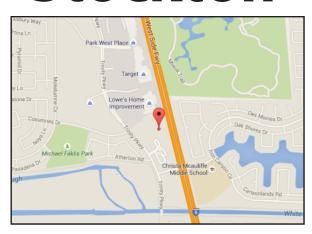
AUTHORIZATION	OF MEDICAL SERV	ICES	DAIE:/_	
Employer Information	<u>on</u>			
ompany Name:			Telephone No:	
Services Authorized By:				
Employee/Applicant	i.			
				
Work for Temp/Leasing	Agency? □Yes □No If	yes, name of agend	y:	
Appointment: Date:	:/ Time:	AM / PM		
Requested Services				
☐ Drug and Alcohol Sc	reening			
Drug Screen:	□ DOT □ Non-DOT	Rapid	□E-Screen	
Breath Alcohol:	□ DOT □ Non-DOT			
Reason:	☐ Pre-Employment			
	☐ Reasonable Suspicion	Other:		
☐ Treatment for Work	-Related Injury/Illness			
☐ Medical Exam (Job T	itle/Position:)	
	t Annual/Periodic			
☐ DOT – Initial	☐ DOT - Recertification	on		
☐ Other Services				
☐ TB Skin Test	Other:			



Trinity Urgent Care and Occupational Health

Two Locations To Serve You

Stockton



10200 Trinity Parkway Suite 202/204 Stockton, CA 95219

(209) 233 - 3004

Occupational Health Suite 204

M - F 7:00 a.m. - 5:00 p.m.

Urgent Care Suite 202 (209) 955-1229

9:00 a.m. - 9:00 p.m. 365 Days a Year

Call Trinity Occupational Health to Schedule follow-up appointment at 209-233-3004

Elk Grove



7811 Laguna Blvd. Ste 161 Elk Grove, CA 95758

(916) 877-7778

Occupational Health and Urgent Care Suite 161

9:00 a.m. - 9:00 p.m. 7 Days a Week Entire Services 365 Days a Year

Urgent Care and Occupational Health Clinic Work Related Injury Care

If your emergency occurs after regular business hours please refer to nearest emergency room.

For life threatening injury or illness, call 911
Para lesiones o enfermeadades que peligran la vida, llame al 911