



Emergency Room and Urgent Care Authorization for Treatment

City of Palm Springs - Occupational Health and Safety

JFK Emergency Department

Desert Regional Medical Center

Eisenhower Medical Center

Other

Date: _____ Time: _____

Patient Name: _____

Employer: City of Palm Springs

Department: _____

Body Part (Illness): _____

Date of Injury: _____ Time of Injury: _____

Injury/Illness Description: _____

DRUG TESTING:

Instant	Drug Screening	Collection-Lab	Random	NIDA	Non NIDA
Breath Alcohol Test	Hair Collection	Reasonable Cause	Post Accident		

PHYSICALS:

Return To Work	Lift Test	Pulmonary Function Mask Fitting
Fit For Duty	PPD TB	Back X-Ray Chest X-Ray

Other: _____

SPECIAL INSTRUCTIONS:

Please send results to Workers.Compensation@palmsspringsca.gov

BILLING INFORMATION:

Adminsure Inc.
3380 Shelby Street
Ontario, CA 91764

Phone: 909-978-2962
Fax: 909-860-3995

Claim Number: _____

Claim Number TBA

PHONE: 760-323-8215

AUTHORIZING SIGNATURE _____