



Walk-in care for minor injury and illness

Rayville
203 Glenda Street
Rayville, LA 71269
Phone: (318) 661-1181 Fax: (318) 661-1180

AUTHORIZATION FORM

Send the form with your employee or fax it to: (318) 998-0706 DATE:

EMPLOYEE NAME: DATE OF INJURY:

COMPANY NAME: PHONE:

COMPANY ADDRESS: FAX:

CITY: STATE: ZIP: PO/JOB #:

SUPERVISORS NAME: PHONE:

SEND REPORTS VIA: FAX E-MAIL

MAIL OTHER

\*\*\*SERVICES RENDERED ON CHECKED ITEMS ONLY\*\*\*

WORK COMP INJURY
DRUG SCREEN
ALCOHOL TESTING
REASON FOR TEST
PHYSICAL EXAMS
OTHER

AUTHORIZED BY: (PRINT NAME) TITLE: (REQUIRED)