



# AUTHORIZATION FOR MEDICAL TREATMENT

**Napa Valley's Occupational Health Clinic  
St. Helena Hospital**

10 Woodland Road, St. Helena, CA 94574 • 707-963-6491 • Fax 707-967-5676

\_\_\_\_\_ an employee of \_\_\_\_\_  
(Patient Name) (Company Name)

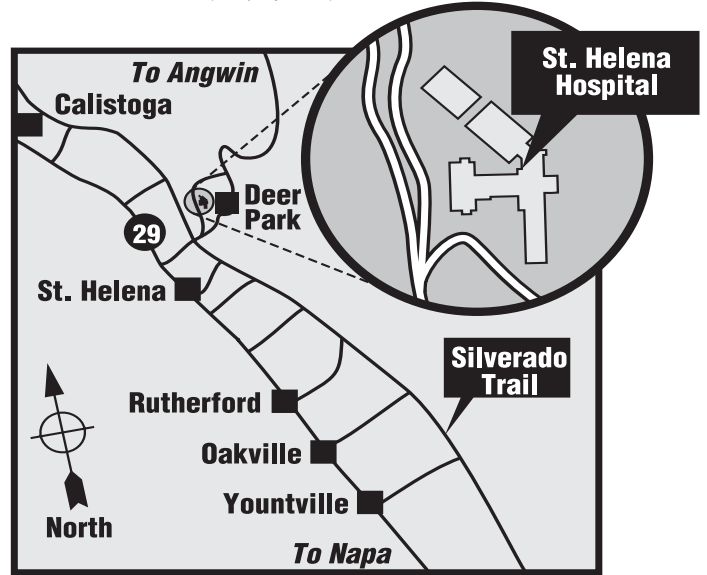
is being sent to JobCare at St. Helena Hospital for the following authorized service:

- Work Injury Treatment       Other \_\_\_\_\_
- Pre-placement Physical      \_\_\_\_\_
- Follow-up Exam      \_\_\_\_\_

Authorized by: \_\_\_\_\_ (signature)  
Title \_\_\_\_\_ Date \_\_\_\_\_

Please contact the following individual upon completion of Medical treatment:

Name: \_\_\_\_\_ (please print)  
Phone number: \_\_\_\_\_



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