



• 3431 Broadway Street #A8
American Canyon, CA 94503
Phone: (707)731-1108
Fax: (707)652-2679

AUTHORIZATION FOR TREATMENT

Employer Information

Company Name: _____ Fax: _____
Contact Person: _____ Phone: _____ Ext: _____

Employee Information

Last Name: _____ First Name: _____ Occupation: _____

Injury Description: _____

Date of Injury: ____/____/____ Time of Injury: ____ am/pm Place of injury: _____

PLEASE SIGN & FAX TO NEWMD URGENT CARE CENTER AT (707) 652-2679
I understand, assign directly to NewMD Urgent Care Center, all procedures and medical benefits, if any, otherwise payable to me for the services rendered. I understand that I am financially responsible for all charges whether or not paid by my insurance. I hereby authorize NewMD Urgent Care to render services to the above named employee.

Supervisor - Print Name: _____

Supervisor - Signature: _____

DATE _____