



2400 Ryan Street
Lake Charles, LA 70601
Phone: (337) 990-8001
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PROTOCOL AUTHORIZATION FORM

Send the form with your employee or fax it to: (337) 240-7661 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

Form with columns for WORK COMP INJURY, DRUG SCREEN, ALCOHOL TESTING, REASON FOR TEST, and PHYSICAL EXAMS. Includes checkboxes for various services and fields for company/employee information.

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