



PATIENT REFERRAL

Date: _____

Expires: _____ @ _____ a.m./p.m.

Employee: _____

Occupation: _____

Employer: California State University, Bakersfield

Requested Treatment:

Treat Injury/Illness

Date of Injury: _____

Drug Screening:

Yes

No

Quick Screen

Non-DOT

Hair

DOT - Pre-Emp

DOT Random

DOT Post Acc

Breath Alcohol Testing: Non-DOT DOT

Physical:

Pre-Emp

DOT Initial

Environmental

DOT Recert

Annual Phy

Functional
Capacity Exam

FFD/RTW

Audiogram

TB Skin Test

Spirometry

Test Results Reporting:

Call Results

Fax Results

Mail Results

E-mail Results

Comments: **Category:**

Authorized by: Tim Ridley, CSP, ARM-P

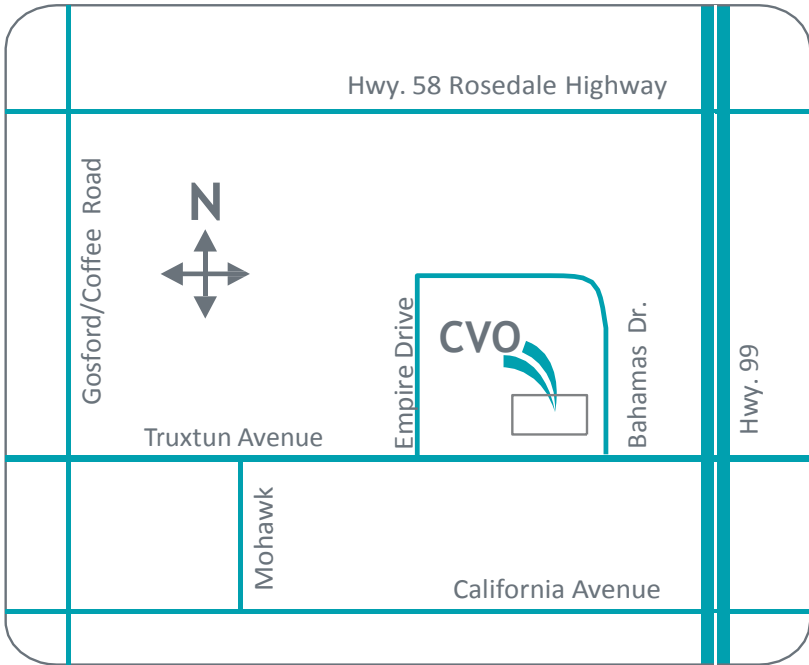
Telephone: 661-654-2066 Fax: 661-654-6117





Central Valley Occupational
Medical Group, Inc.

4100 Truxtun Avenue, Suite 200
Bakersfield, CA 93309
661. 632.1540



**24-Hour Work Comp Coverage
After Hours, Weekends, and Holidays**

Office Hours:
Monday-Friday
7:30 a.m. - 5:30 p.m.