

Santa Monica-Malibu Unified School District

1651 Sixteenth St., Santa Monica, CA 90404

Authorization for Treatment

Citizens Medical Group

11560 West Pico Blvd.

West Los Angeles, CA 90064

(310) 477-8285

Hours: Monday – Friday 8:30 am to 5:00 pm

Today's Date: _____ **Date of Injury:** _____

Name of Employer: Santa Monica-Malibu Unified School District

Company Contact: Risk Manager **Phone:** (310) 450-8338 x310

Name of Employee: _____

Type of Injury: _____

Treatment Requested: Initial examination and treatment of an occupational injury

Authorized By (print): _____

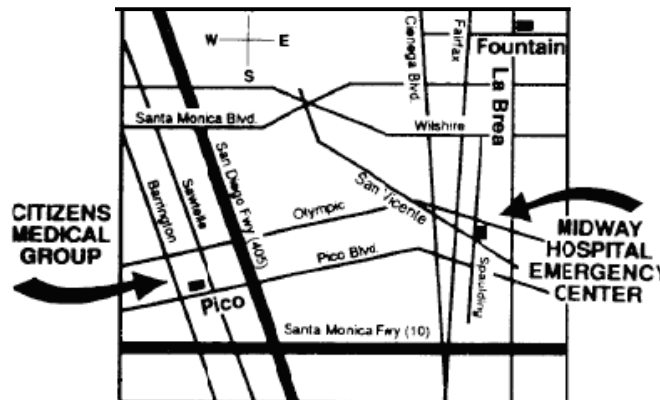
Insurance Company: Keenan & Associates

2355 Crenshaw Blvd., Suite 200

Torrance, CA 90501

Phone: (310) 212-0363 x3711 Fax: (310) 328-6793

Policy No.: 023C



After-hours care, report to:
Midway Hospital Emergency Center
5925 San Vicente Blvd. • (323) 938-3161