





	Employer's Authori	zation and Referral to	or vvorkers Compe	ensation
		nter noted below for evaluation a		lated injury.
This form is to be presented to the center's registration desk personnel.  Employee Name: Today's Date:				
Work Shift Days:		Hours:	Job Title:	
Employer:				
Name of Authorizing Agent: Phone #: ()				
Signature:				
		Reason For Referra		er to Call Ahead
		PLEASE CHECK ( 🗆	)	
WORKERS' COMPENSATION ILLNESS/INJURY:  Description of accident/incident:				
	Date of Accident:	Time of Acc	ident:	AM/PM
	Workers' Comp. Carrier:			
	Workers' Comp. Claim #:			
URINE DRUG SCREEN: Post-Accident Collection Only (Must provide COC)				
DOT Non-DOT 5 Panel 10 Panel				
BREATH ALCOHOL TEST: DOT Non-DOT Post-Accident				
OTHER:				
SPECIAL REQUESTS:				
Please Call Supervisor at:				
-	_ Please Fax <i>Return to</i> !	Work Form to:		
_	_			
Valley Medical Group 40 Washington Avenue Dumont, NJ 07628 (201) 387-7055		Valley Medical Group 104 E. Rt 59 Nanuet, NY 10954 (845) 623-4000	Valley Medical Group 759 Hamburg Turnpike Wayne, NJ 07470 (973) 709-0099	FOR EMERGENCIES and AFTER HOURS ONLY:
(201) 387-8605 (fax) M – Th 8 am – 9 Fri 8 am – 8 pm Sat 8 am – 6 pn Sun 9 am – 2 p	Sat 8 am – 5 pm Sun 9 am – 1 pm	(845) 623-5309 (fax) m	(973) 709-0201 (fax) M – Fri 8 am – 8 pm Sat 9 am – 3 pm Sun 9 am – 1 pm	THE VALLEY HOSPITAL EMERGENCY DEPT. 223 No. Van Dien Ave. Ridgewood, NJ 07450
Valley Medical Group 72 Hamburg Turnpike Riverdale, NJ 07457 (973) 835-7290 (973) 835-0696 (fax) M - F 8 am - 8 Sat 8 am - 4 p Sun 8 am - 2	780 Cedar Lane Teaneck, NJ 07666 (201) 836-7664 (201) 836-5710 (fax) 8 pm	Fri 8 am – 8 pm	Please Remember to Call Ahead	(201) 447-8300 (201) 447-8476 (fax) 24/7/365