

Sutter Occupational Health Services  
**Treatment Authorization**



*Getting People Back to Work is the Best Medicine.*

*Please print*

Date \_\_\_\_\_

Employee \_\_\_\_\_

Employer University of California, Davis

Employer Address One Shields Avenue, Davis, CA 95616

Phone 530-752-7243 Fax 530-752-3439

- Physical Exam       DMV/DOT Physical Exam       Breath Alcohol Test (BAT)  
 Non-DOT Drug Screen       DOT Drug Screen       TB (PPD Test)  
 Other \_\_\_\_\_

Bill First Aid to Employer       Work Related Injury      Please provide the following information

Worker's Comp Insurance Sedgwick CMS, P.O. Box 14533, Lexington, KY 40512-4533

Phone: 916-771-2900 Fax: 916-788-9992

Policy Self Insured

Effective Date 7/1/2022 Exp. 7/1/2023

\_\_\_\_\_  
Company Representative      Print Name      Signature

\_\_\_\_\_  
Title      Phone