

Workers' Compensation (720) 423-3281

AUTHORIZATION FOR TREATMENT

Employer Denver Public Schools Date _____

Address 900 Grant Street, Denver, CO 80203

Patient's Name _____ Supervisor's Name _____

Department/School _____ Phone Number _____

MEDICAL TREATMENT

On the Job Injury? Yes No Don't Know

Date of Injury _____

Area of Body Injured _____

Comments _____

WORKERS' COMPENSATION CLINICS

1 **OccMed Colorado**
Aurora
3449 Chambers Road, Suite B
Aurora, CO 80011
(720) 859-6139
7:00-5:00 M-F

2 **OccMed Colorado**
Thornton
550 E. Thornton Pkwy #110
Thornton, CO 80229
(303) 341-1799
7:00-5:00 M-F
8:00-12:00 Noon SAT

3 **HealthONE Occupational
Medicine and Rehabilitation**
120 Bryant Street
Denver, CO 80219
(303) 936-9700
7:00-5:00 M-F

4 **HealthONE Occupational
Medicine and Rehabilitation**
1444 S. Potomac St., #200E
Aurora, CO 80012
(303) 214-0000
7:00-5:00 M-F

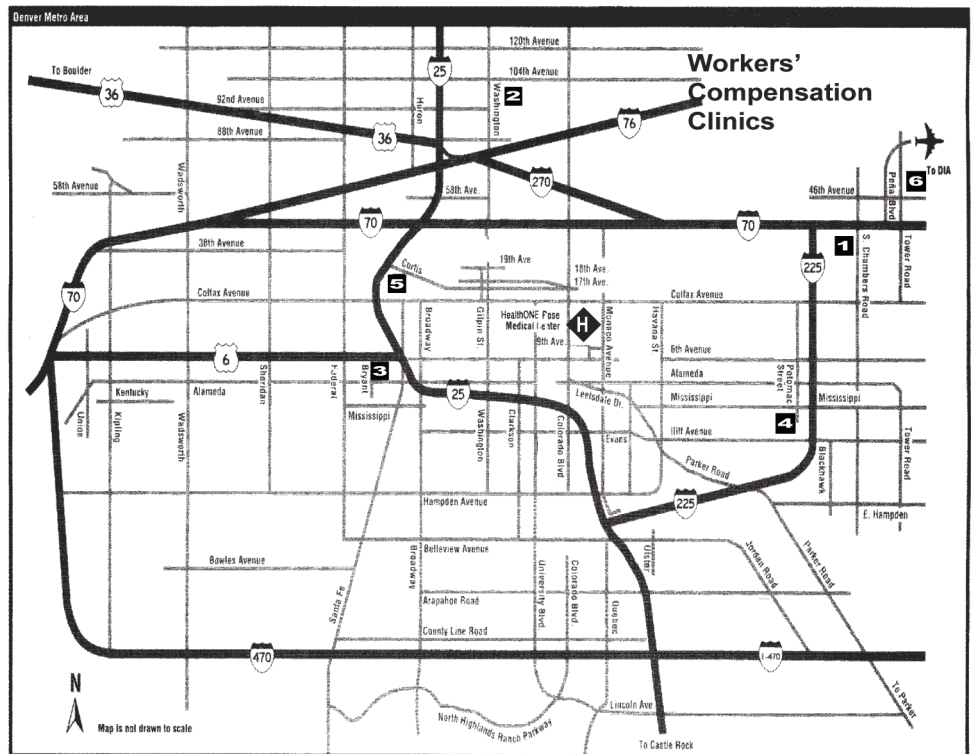
5 **HealthONE Occupational
Medicine and Rehabilitation**
1515 Wazee, Suite D
Denver, CO 80202
(303) 534-9550
7:00-5:00 M-F

6 **HealthONE Occupational
Medicine and Rehabilitation**
4809 Argonne Street, Suite 150
Denver, CO 80249
(303) 563-2750
8:00 - 5:00 M-F

After Hours
Emergency Care



Rose Medical Center
4567 East 9th Avenue
Denver, CO 80220
(303) 320-2121



Authorized by: _____ Title: _____