



Central Valley Occupational Medical Group, Inc.

PATIENT/EMPLOYEE REFERRAL

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

Employee: _____

Occupation: _____

Employer: _____

Treat Injury/Illness: Yes No If yes, date of Injury: _____

Drug Screening: Yes No
If yes: Quick Screen Non-DOT DOT Hair
Reason: Post Injury Pre-Emp Reas Susp Random
 Post Accident Other _____

Breath Alcohol Testing: Yes No Non-DOT DOT
Reason: Post Injury Post-Accident Reas Susp Random

Physical: Yes No If yes: Pre-Emp DOT Initial
 Other: _____ DOT Recert FFD/RTW
Additional Testing: Yes No If yes: TB Skin Test Audio*
 Other: _____ Spirometry FCE*
*Bakersfield Only

Test Results Reporting:

Follow Established Protocols Other _____

Comments: _____

Authorized by: _____

Telephone: _____ x _____ Fax: _____

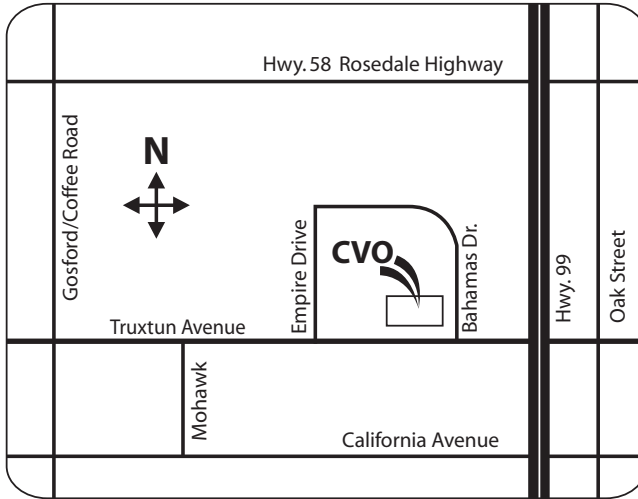
PLEASE SEE CLINIC LOCATIONS AND OFFICE HOURS LISTED ON REVERSE SIDE.

Bakersfield Location

4100 Truxtun Avenue, Suite 200
Bakersfield, CA 93309

661. 632.1540

Business Hours: 7:30 a.m. - 5:30 p.m., Mon. - Fri.



Delano Location

1427 South Lexington, Building A, Suite 9
Delano, CA 93215

661. 725.1094

Business Hours: 8:00 a.m. - 5:00 p.m., Mon. - Fri.



Just Off Hwy 99, Take Exit 54 - Delano, California

**AFTER HOURS, WEEKENDS AND HOLIDAYS
24 HOUR ON-CALL SERVICE AVAILABLE BY CALLING
661-632-1540**

**** OFFERED AT BAKERSFIELD LOCATION ONLY****