Tulsa Bone & Joint
ORTHOPEDIC
URGENT CARE

Authorization for Treatment

Patient name:_____

Date of birth:_____

Address:_____

_____

Phone number:_____

Date of injury:_____

Injured body part:_____

Employer:_____

Employer phone number:_____

Treatment Authorized by:_____

Circle one

Direct bill to employer Patient private pay Bill WC carrier

Please provide billing information.

_____

Please return by fax to 918-236-4501, or the patient may hand carry it to their Urgent Care visit.