



**Intermountain
WorkMed**

Date: _____ Appointment Time: _____

Authorization for Medical Treatment

Employee Name: _____

Company: _____

Supervisor's Name: _____

Telephone: _____

This is to authorize medical treatment to the above named employee for:

Injury _____ Date of Injury _____

Drug Screen / DOT _____ Non DOT _____

Breath Alcohol

Physical (type) _____ DOT _____

Other: _____

Go to the following clinic:



St. George WorkMed
385 North 3050 East
St. George, UT 84790
435-251-2630 | Fax: 435-627-0316
9:00 am - 5:00 pm



Cedar City WorkMed
962 So. Sage Drive
Cedar City, UT 84720
435-865-3460 | Fax: 435-865-3465
9:00 am - 5:00 pm

After-Hours Drug Screens —
Page 801-338-1536

For Extended & 24-Hour Treatment



Cedar City InstaCare
962 So. Sage Drive
Cedar City, UT 84720
435-865-3440
9:00 am - 9:00 pm



Dixie Regional Med. Ctr.
1380 E. Medical Center Dr.
St. George, UT 84790
435-688-4000



River Road InstaCare
577 S. River Road
St. George, UT 84790
435-688-6300



Valley View Med. Ctr.
1303 No. Main Street
Cedar City, UT 84720
435-868-5000

Instacare/Emergency Department - The employer requests that where medically appropriate, direct patient to WorkMed Clinic for follow-up care and forward all appropriate medical records to WorkMed.