MEDICAL SERVICE ORDER

Doctor Name:		Doctor Name:
Address:		Address:
Employee Name:		Employee Name:
(Date) (Time)	while in our employ.	(Date)
Please render necessary medical treatment forward the Doctor's First Report Of Occ ACWA/Joint Powers Insur PO Box 619082, Roseville (800) 231-5742 FAX	supational Injury Or Illness to: rance Authority	Please render necessary med forward the Doctor's First ACWA/Joint PO Box 6190 (800) 231-574
Employer:		Employer:
Address:		Address:
Employer Representative:	Date:	Employer Representative: _
One time visit only - call ACWA/	JPIA for authorization	One time visit only -
		One time visit only - MEDIC
One time visit only - call ACWA/	E ORDER	MEDIC
One time visit only - call ACWA/	ORDER	
One time visit only - call ACWA/ MEDICAL SERVICE Doctor Name:	E ORDER	MEDIC Doctor Name:
One time visit only - call ACWA/ MEDICAL SERVICE Doctor Name: Address: Employee Name:	E ORDER	MEDIC Doctor Name: Address:
One time visit only - call ACWA/ MEDICAL SERVICE Doctor Name: Address: Employee Name:	was injured on while in our employ. immediately, then complete and upational Injury Or Illness to: ance Authority CA 95661-9082	MEDIC Doctor Name: Address: Employee Name:
MEDICAL SERVICE Doctor Name: Address: Employee Name: (Date) (Date) (Date) (Date) (Date) (Time) Please render necessary medical treatment if forward the Doctor's First Report Of Occuration ACWA/Joint Powers Insurance PO Box 619082, Roseville (Date)	was injured on while in our employ. immediately, then complete and upational injury Or Illness to: ance Authority CA 95661-9082 (916) 786-0209	MEDIC Doctor Name: Address: Employee Name: (Date) Please render necessary med forward the Doctor's First F ACWA/Joint I PO Box 61908 (800) 231-5742
MEDICAL SERVICE Doctor Name: Address: Employee Name: (Date) (Date) (Date) (Date) (Time) Please render necessary medical treatment if forward the Doctor's First Report Of Occu. ACWA/Joint Powers Insura PO Box 619082, Roseville ((800) 231-5742 FAX	was injured on while in our employ. immediately, then complete and upational injury Or Illness to: ance Authority CA 95661-9082 (916) 786-0209	MEDIC Doctor Name: Address: Employee Name: (Date) Please render necessary med forward the Doctor's First F ACWA/Joint I PO Box 61908

One time visit only - call ACWA/JPIA for authorization

MEDICAL SERVICE ORDER

Doctor Name:	
Address:	
Employee Name:	was injured on
	while in our employ.
(Date)	(Time)
forward the Doctor's First F ACWA/Joint I PO Box 61908	ical treatment immediately, then complete and Report Of Occupational Injury Or Illness to: Powers Insurance Authority 82, Roseville CA 95661-9082 FAX (916) 786-0209
Employer:	
Address:	
Employer Representative:	Date:
	call ACWA/JPIA for authorization
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MEDICA Doctor Name: Address:	AL SERVICE ORDER
MEDICA Doctor Name: Address: Employee Name:	AL SERVICE ORDER
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Doctor Name: Address: Employee Name: (Date) Please render necessary medic forward the Doctor's First R ACWA/Joint F	was injured on while in our employ. (Time) cal treatment immediately, then complete and report Of Occupational Injury Or Illness to: rowers Insurance Authority 2, Roseville CA 95661-9082
Doctor Name: Address: Employee Name: (Date) Please render necessary media forward the Doctor's First R ACWA/Joint F PO Box 61908 (800) 231-5742	was injured on while in our employ. (Time) cal treatment immediately, then complete and teport Of Occupational Injury Or Illness to: Powers Insurance Authority 2, Roseville CA 95661-9082 FAX (916) 786-0209
Doctor Name: Address: Employee Name: (Date) Please render necessary medic forward the Doctor's First R ACWA/Joint P PO Box 61908	was injured on while in our employ. (Time) cal treatment immediately, then complete and eport Of Occupational Injury Or Illness to: Powers Insurance Authority 2, Roseville CA 95661-9082 FAX (916) 786-0209

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