



School Board of Alachua County

620 East University Avenue, Gainesville, Florida 32601

Authorization for Medical Treatment

To: First Care of Gainesville
From _____
(Name of School/Location)

(Address)

Please render treatment to:

(employee)

(address)

Date of injury _____ Hour _____

How injury occurred: _____

Authorized By: _____ Date _____

All bills to be sent to the third party administrator.
Please make no referrals without contacting the third party administrator or the Risk Management office at 955-7370

Form No. FIN 023.003
Revised Date: 2/16/06



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Medical Findings & Recommendations

Patient: _____

Date of Treatment: _____

Diagnosis & Treatment: _____

Occupational Non-Occupational

Able to Resume Regular Work

Able to Perform Light Work

Unable to Return to Work

Return to Work _____
(date)

Hospitalized at: _____

By: _____
(date)

Remarks or Referrals: _____

Treatment by:
Physician's Signature: _____