

AUTHORIZATION FORM FOR MEDICAL TREATMENT*

Injured Employee's Name	Department	Date of Injury
Authorizing Supervisor/ <u>signature and print</u> name	Supervisor Phone No.	Date of Signature

Report to a designated Wayne State University workers' compensation occupational center for injuries that you are claiming are in relation to a work-related injury. When you report to the facility, please take this signed authorization form with you. This will assist the staff in your care and in processing your medical bills correctly.

If you need medical treatment due to a work-related injury or illness, seek treatment at either:

<p>HENRY FORD MEDICAL CENTER- HARBORTOWN OCCUPATIONAL CLINIC 3300 East Jefferson, <u>Suite 100</u> Detroit, MI 48207 (313) 656-1618</p> <p>On Jefferson Avenue, just West of Belle Isle (next door to Henry Ford Health Systems Family Medicine)</p>	<p>UNIVERSITY HEALTH CENTER, CLINIC 4K 4201 St. Antoine Detroit, MI 48201 313-745-4522</p> <p><small>Located between Scott Hall and Detroit Receiving Hospital</small> Not Available At This Time</p>
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For a **serious work-related injury or illness** (or any treatment that should not wait until clinic hours the next day) seek treatment at**:

<p>HENRY FORD HOSPITAL-ER** 2799 W. Grand Blvd. Detroit, MI 48202 (313) 916-8742</p>	<p>DETROIT RECEIVING HOSPITAL-ER** 4201 St. Antoine Detroit, MI 48201 313-745-3000</p>
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**Report to HFH Harbortow's Occupational Clinic the morning of the next business day. If in-patient, contact hospital-affiliated occupational clinic upon in-patient discharge for follow-up reporting instructions.

Please Note
If you have any questions regarding this procedure, please call the workers' compensation coordinator, Kristin Coles, at 577-3112.

*By supervisor/department authorizing medical visit, it does not ensure that employee's claim will be automatically compensable under worker's compensation.