



Treatment Authorization

Company: _____

Authorized by: _____ Date: _____

6000 Fairway Dr #3, Rocklin, CA 95677
 P 916-315-0100 F 916-315-0200

Hours: Monday-Friday Call for Appointment

Employee Info

Name: _____ ID: _____
 Date of Birth: _____ Phone #: _____

Reason for Visit

Drug Screen

Type:

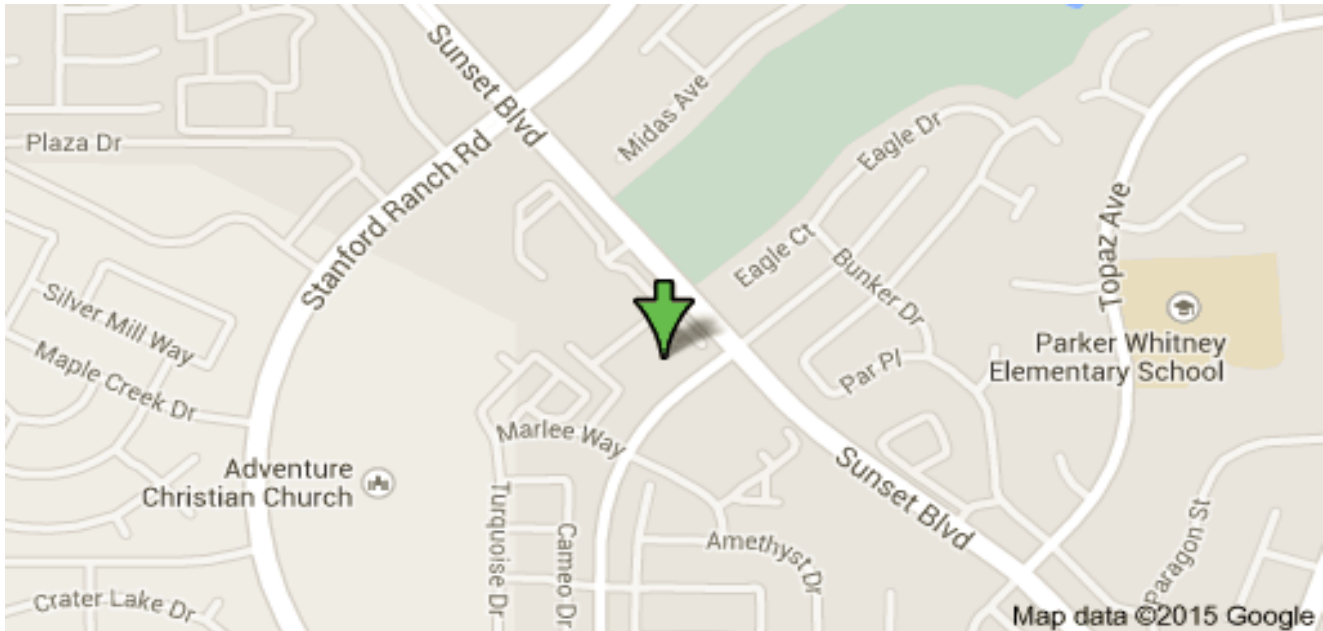
Physicals

Type:

No Fluids 2 Hours Prior to Arrival

Notes for CMI Staff:

6000 Fairway Dr #3, Rocklin, CA 95677



Prices are subject to change based on Lab fees.