



Urgent Care & Diagnostic Center
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Phone 843-302-8840
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EMPLOYER INFORMATION AND AUTHORIZATION TO TREAT

EMPLOYEE: _____ DATE _____ TIME _____

EMPLOYER: _____

ADDRESS _____

HR/HEALTH SAFETY CONTACT _____

PHONE _____ FAX _____ EMAIL _____

WORKERS COMPENSATION INSURANCE INFORMATION

COMPANY NAME _____ POLICY # _____

ADDRESS _____

PHONE _____ FAX _____

INJURY INFORMATION

DATE OF INJURY _____ TYPE OF INJURY _____

TREATMENT AUTHORIZED BY: _____