Occupational Injury Clinic

Recheck Worksheet

Patient	Employer	Guarantor
Anderson, Tiffany K 1416 Iris Dr #7 Lodi, CA 95242	SJ Mosquito and Vector Control 7759 S Airport Way Stockton, CA 95206	AIMS - Fresno 8046 PO Box 28100 Fresno, CA 93729
Phone: (209) 333-1037	Contact : John Stroh Phone : (209) 982-4675 x Fax : (209) 982-0120	Phone : (559) 227-9891 Fax : (559) 227-1579

Sex: Female **DOB** : 08/22/1970 **Age:** 35
Social Security # : 549-23-5133
Occupation : Tech I
Department :

Date/Hour of Injury : 10/11/2005 at 09:00 am
Last Work Date :
Case Number : 78225
Claim Number : Pending

Date/Time of Visit : 10/25/2005 at 07:25 am

Check In Instructions

Page OHS staff @ 929-2541 BEFORE proceeding

DRUG AND ALCOHOL TESTING
* None

OTHER INSTRUCTIONS
* Company may request: DOT UDS & BAT
* Lab: Quest, Test #35304N, Client #76337

TREATMENT AUTHORIZATION
1. John Stroh
2. Carol Aksland
3. Ed Lucchesi

Provider's Notes

☑ Dictation Complete

dlv