


| | | |
|---|---|--------------------------------|
|  | Southern Heat Exchanger Services Safety Program | Section: 32 |
| | | Initial Issue Date: 3/30/2010 |
| AUTHORIZATION FOR MEDICAL TREATMENT FORM | | Revision Date: Initial Version |
| | | Revision No. 0 |
| | | Page: Page 1 of 1 |

AUTHORIZATION FOR MEDICAL TREATMENT

Supervisor _____ Job Site Location _____

At
 Address _____ City _____ Zip _____ Phone _____

Hereby Authorize

Hospital: _____
 To Treat

Patient Name: _____

For (Nature of Complaint) _____

Billing Information: 12210 A US 90 East, Houston, TX 77049

AUTHORIZED BY

Signature _____
 Treatment for Indicated Condition

Title _____

Date _____