



Risk Management Division

Authorization for Medical Treatment

To: First Care of Gainesville, 4343 W. Newberry Road, Ste. 10, Gainesville, FL 32607 (352-373-2340)

From (Name of School/Center): _____

Please render treatment to:

Employee: _____ Address: _____

Date of injury: _____ Hour: _____ City/State/Zip: _____

How injury occurred (**INCLUDE BODY PART**):

Authorized By: _____ Date: _____

All bills are to be sent to the third party administrator. Please make no referrals without contacting Florida School Board Insurance Trust (Policy No. Self-Insured by State Statute 768.28) phone: (850) 414-0818 or (850) 414-0021, or the Risk Management Office at (352) 955-7677.

Medical Findings and Recommendations

Patient Name: _____ Date of Treatment: _____

Diagnosis & Treatment:

- Occupational Non-Occupational
- Able to Resume Regular Work
- Able to Perform Light Work
- Unable to Return to Work
- Return to Work (date): _____

Hospitalized at: _____ By: _____

Remarks of Referrals:

Treatment by (Physician's Signature): _____