



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): \_\_\_\_\_