SANTA PAULA UNIFIED SCHOOL DISTRICT

Workers Compensation
201 S. Steckel Drive, Santa Paula, CA 93060
● Classified FAX (805) 933-8025 ● Certificated FAX (805) 933-8026●
● Email: workerscomp@santapaulaunfied.org ●

WORKERS COMPENSATION
MEDICAL SERVICE REQUEST

Use when sending employee to his/her predesignated personal physician.

Date of Injury: _____

Doctor: _____
(The Predesignated Physician/Medical Group)

We are sending _____ _____ to you for
(Injured Employee) (Title)
consultation and evaluation in accordance with the terms of the Workers' Compensation laws. Should you find that the injured worker requires treatment, please contact Athens' at (747) 222-8003 for authorization.

Employee left work at: _____. Doctors Office, Time In: _____ Time Out: _____

*Please send a copy of Doctor's First Report of Occupational Injury or Illness (DWC 1) to: Athens Administrators, PO Box 696, Concord, CA 94522 AND a copy to our office at the above address, Attention: Workers Compensation.

Thank you,

_____	(805) 933-8800	_____
Signed on behalf of SPUSD	Phone	Date

Employee takes this form to his/her predesignated physician. This form is returned to the district along with the Doctor's First Report of Injury.

Rev 11/16/2020