



Fresno County  
**Economic Opportunities Commission**

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*"Helping People, Changing Lives"*

**FAX TRANSMITTAL SHEET**

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<b>To:</b>		<b>Telephone:</b>	
<b>At:</b>		<b>Fax:</b>	
<b>From:</b>		<b>Program:</b>	
<b>Date:</b>	<b>Phone:</b>		<b>Pages: 1</b>

**Authorization for Treatment of Occupational Injury**

Authorized by (please print name): \_\_\_\_\_  
(Supervisor)

Signature of authorizer: \_\_\_\_\_ Date: \_\_\_\_\_  
(Supervisor)

**Employee Information** - Patient name: \_\_\_\_\_

Program: \_\_\_\_\_ Date of birth: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Injury Information** (Please use first aid if possible)

Date of injury: \_\_\_\_\_ Time of injury: \_\_\_\_\_

Type of injury: \_\_\_\_\_

**Workers' Compensation Administrator**

Sedgwick CMS • P. O. Box 14221 • Lexington, KY • 40512  
 Adjuster: Debrah Ingersoll - (925) 988-1122

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