

# AUTHORIZATION FOR MEDICAL TREATMENT

Contractor Name:\_\_\_\_\_

Employee Name:\_\_\_\_\_

Date of Injury:\_\_\_\_\_Time of Injury:\_\_\_\_\_

Insurance Information	Employee Information
Contact company contact number below for insurance info.	Name & Address

Please contact the number below prior to releasing the injured employee.

**This Contractor has a Return to Work Policy. Every effort will be made to provide modified duty that satisfies all physician's restrictions and or recommendations:**

**Call the contact listed below for further information regarding modified duty available.**

**Contact Name/Number: Patrick McNally – 860-965-3937 or  
Ryan Well – 203-980-0419**