Bear Valley Urgent Care
12186 Hesperia Rd. Victorville, Ca. 92395
Ph: (760) 381-8848 | Fax: (760) 381-8810

Employer's Information:

Patient's Name: _____ DOB: _____

Patient's Address: _____

Phone #: _____ SSN #: _____-_____-_____

Job Title: _____

Date of Injury: _____ Time: _____ AM / PM

Reason for visit (type of injury): _____

_____

Employer's Information:

Employer's Name: _____

Employer's Address: _____

Employer's Ph #: _____Fax #: _____

Supervisor's Name: _____

Insurance Information:

Insurance Name: _____

Insurance Address: _____

Claim #: _____ Adjuster Name: _____

Insurance Phone #:_____ Insurance Fax: _____

(If any of this information is incorrect, it will cause a delay in treatment for patients. Please fill out correctly.)

Please check authorized services:

☐ Injury Evaluation & Treatment
☐ Post Accident Urine Drug Screening →

☐ 7 Panel + Alcohol
☐ 10 Panel + Alcohol

☐ 5 Panel Instant
☐ 10 Panel Instant

Authorized Person's Name: _____

Authorizing Signature: _____ **Date:** _____