

Irwindale Industrial Clinic
15768 Arrow Hwy
Irwindale, CA 91706
Tele No. (626) 969-9800 Fax No. (626) 812-9091

New Company Injury Protocol

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ Email _____

Contact Person (s): 1. _____

2. _____

Temporary Modified Duty: Yes No Pending

Appointment Scheduling: Before Shift After Shift Flexible

Would you like to receive status updates via Email? _____
(Email address)

Number of Employees: _____

Drug Screen New Injury? Yes No _____

Insurance Carrier:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Policy Number: _____ Effective Date: _____ Exp. Date: _____

Claim Adjuster: _____

First Aid Billing? Yes No _____

Bill Directly to Company? Yes No _____

Special Instructions: _____

Date: _____ Signature: _____