MEDICAL REFERRAL FORM - Work Related Injury

INSTRUCTIONS: If time permits but within 24 hours, call the HR Leaves Desk (ext. 3389 to report

INSTRUCTIONS FOR THE TREATING PHYSICIAN OR PRACTITIONER:

Please treat this employee in accordance with the terms of the Workers' Compensation laws. CSUMB has a strong interest in the rapid and effective treatment of injured workers, prompt payment of benefits due, and the exploration of early return to work light duty, job modification and other measures that will permit an employee to recover from the effects of work-related injuries and return to productive work as soon as possible. We appreciate your help in accomplishing these goals.

WITHIN 24 HOURS OF TREATMENT please fax the Doctor's First Report within 24 hours to Sedgwick and a work status to CSUMB leaves.

Sedgwick Fax: 916-851-8089

CSUMB Fax: 831-582-4736; Leaves@csumb.edu

WORKERS' COMPENSATION INSURANCE CARRIER:

Sedgwick CMS CSU Unit

P.O. Box 14629 Lexington, KY 40512-4629

Phone: (800) 225-2998

DOCTORS ON DUTY MEDICAL CLINICS

Μ	ari	na

3130 Del Monte Blvd., Marina, CA 93933 **831-883-3330**

Fax: 831-883-3335

Monterey

501 Lighthouse Ave, Monterey, CA 93940 **831-649-0770**

Salinas - North

1137 N Main, Salinas, CA 93901 **831-757-1110**

Salinas - South

1212 S Main, Salinas, CA 93906 **831-422-7777**Physical Therapy Department **831-769-9446**

Seaside

1513 Fremont Blvd., Ste.E-1, Seaside, CA 93955 **831-899-1910**

Watsonville

1505 Main, Watsonville, CA 95076 **831-722-1444**