

Sacramento Occupational Medical Group

Fidel Realyvasquez, M.D.
Medical Director

New Employer Injury Intake Form

Employer/ Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Main Fax: _____

Primary Contact: _____ Phone: _____

Email: _____ Fax: _____

Secondary Contact: _____ Phone: _____

<u>Work Status Information</u>	<u>In modified work available?</u>
<input type="checkbox"/> Call	<input type="checkbox"/> Yes
<input type="checkbox"/> Fax	<input type="checkbox"/> No
<input type="checkbox"/> Email	<input type="checkbox"/> Case-By-Case

Guarantor Information

W/C Insurance: _____ Policy No. _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____