

Athens Administrators
PO Box 696
Concord, CA 94522
(925) 826-1000 FAX (619) 374-7246
(866)482-3535

MEDICAL SERVICE ORDER

To: _____
(PLEASE INDICATE WHICH FACILITY EMPLOYEE WILL BE SEEN AT)

Location: _____

Employee: _____ was injured on

Date: _____ at (time) _____ while in our employ.

Please give necessary medical care immediately, then complete and send the Doctor's First Report of Work Injury to Athen's Administrator at (619) 374-7246.

Employer: *FALLBROOK UNION ELEMENTARY SCHOOL DISTRICT*

Address: 321 Iowa Street, Fallbrook, CA 92028

Authorized by: _____ **Title:** _____

Date: _____

*Marlen Jimenez/Benefits/Risk Management
Specialist Tel: (760) 731-5406
Fax: (760) 731-1352*