DUNCANVILLE ISD
Writing success stories, one student at a time.

MEDICAL AUTHORIZATION FORM - for Work Related Injuries

DUNCANVILLE INDEPENDENT SCHOOL DISTRICT
710 S. Cedar Ridge Dr., Duncanville, TX 75137
Phone 972-708-2000 – Fax 972-708-2020

THIS SECTION TO BE COMPLETED BY SUPERVISOR/designee

To: Doctor/Medical Center/PHARMACY Date:

Our Employee: _____ Campus/Dept.: _____

This employee has been sent to you concerning an on the job injury on _____ affecting his/her
Date of Injury

_____.
Body Part Injury

The following supervisor is aware of the injury and would appreciate you sending a DWC Form-73 with the employee to inform the supervisor of their status.

SUPERVISOR SIGNATURE: _____

EMPLOYEE

I hereby authorize the Physician and/or Hospital to disclose the information contained on this form concerning my condition to my employer, and hereby releases the Physician and/or Hospital from liability arising from such disclosure.

EMPLOYEE SIGNATURE: _____ Date: _____

USE THIS FORM ALSO AT PHARMACY IF MEDICATION IS PRESCRIBED

INFORMATION FOR PHYSICIAN and/or PHARMACY

Since this appointment concerns a possible Workers' Compensation claim, would you please state your findings on a Status Report Form and send all bills and narratives for this employee to:

Duncanville ISD c/o Edwards Claims Administration
1004 Marble Heights Drive, Marble Falls, TX 78654
Phone 830-693-2728 - Fax 830-693-2729

In addition, please use the Status Report DWC Form-73 to report employee's status to Edwards Claims Administration (fax 830-693-2729) as well as to the Duncanville ISD Risk Management Dept. (fax 972-708-2020). Please give a copy to the employee as well.

USE THIS FORM ALSO AT PHARMACY IF MEDICATION IS PRESCRIBED