

Athens Administrators

P.O. Box 696, Concord, CA 94522
(925) 826-1000 FAX (619) 374-7246
1-866-482-3535

MEDICAL SERVICE ORDER

To Doctor _____

(address) _____

(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 Athens Administrators.

(employer) _____

(address) _____

(signed by) _____ (title) _____

(date)