



WARNER MEDICAL CENTER

Dr. Allan L. Kurtz

Board Certified Internal Medicine
Medical Director

AUTHORIZATION FOR MEDICAL TREATMENT

WE: Leon's Transmission Service, Inc.
(Company)

authorize WARNER MEDICAL CENTER to treat:

_____ (Patient Name)

Vincent Archer

Authorized by:

Service Requested:

Vincent Archer

Print Name

Emergency Service

Vincent Archer

Signature

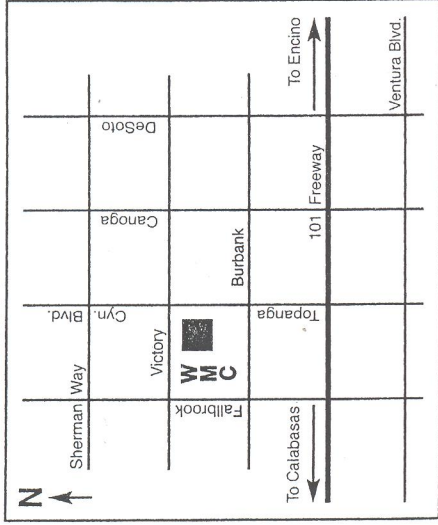
Pre-Employment Physical

Controller

Title

Other Drug Testing

_____ Date



Dr. Allan L. Kurtz
Board Certified Internal Medicine
Medical Director

6325 Topanga Canyon Boulevard
Suite 501
Woodland Hills, CA 91367
(818) 346-1440