



Human Resource Management

Post Office Box 25203
Baton Rouge, LA 70894-5203
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Authorization for Medical Treatment
under the Louisiana Workers' Compensation Act

Name of Employee: _____ Date of Injury: _____

Employee's Department: _____ Campus: **LSU Agricultural Center**

Date of Injury: _____ Date of this Referral: _____

This employee has been injured on the job and you are authorized to provide necessary medical services. Your medical reports, invoices, and this form should be sent to:

Torii Ransome Freeman
LSU Agricultural Center
Human Resource Management
P.O. Box 25203
Baton Rouge, LA 70894-5203

(The doctor is requested to give the employee a note when he/she is released to return to work.)

Disposition of Employee:

Referred to another doctor: _____
Dr's Name & Address

Treated and released to return to work: _____
Date

Sent home or sent to the hospital: _____

Estimated length of time away from the job: _____

FIRST AID TREATMENT ONLY: _____

Return to Health Service Facility: _____ Yes; _____ No

If yes, Date of return: _____

Health Service Provider