SETON
PAIN & REHABILITATION
CENTER
3350 Wilkens Avenue, Suite 101
Baltimore, Maryland 21229
410-644-8500 FAX: 410-644-8900

POEM
PHYSICIAN OBJECTIVE EVALUATION & MANAGEMENT

Dr. Francisco Ward
BOARD CERTIFIED PHYSIATRIST

Authorization For Medical Treatment

Patient: _____

Company Name: _____ Job Description: _____

WORK RELATED:

❑ Injury ❑ Illness ❑ Evaluation

❑ FMLA Confirmatory Evaluation ❑ Workability

Date of Injury: _____

Area Injured: _____

_____

Is Modified Duty Available? ❑ Yes ❑ No

❑ Bill Company ❑ Bill Carrier

Special Instructions: _____

_____

_____

Authorized by: _____ _____
SIGNATURE PRINT NAME

Phone: _____ Fax: _____

Date: _____

When Quality Counts

City/MDOT MBE, SDB, 8 (a) Certified