



**Dougherty County School System
MEDICAL AUTHORIZATION FORM**

Panel of Physicians (Please Circle One)			
Orthopedic Associates 2002 Palmyra Road Suite 100 883-4707	Southwest Georgia Orthopedic & Sports Medicine Center, Inc. 2709 Meredyth Drive Suite 450 889-0018	Albany Arthritis and Orthopaedic Center 2100 Palmyra Road 446-1990	Dr. Bruce Houston 2002 Palmyra Road 439-8441
Musculoskeletal Associates 2311 Lake Park Dr. 435-0525	Dr. Scott Wall 2308 Palmyra Road 888-2395	Albany Orthopedic Center 2405 Osler Court 435-1458	Dr. Clarence Calhoun 801 W Highland 432-2042
Albany Surgical PC 401 4 th Ave 434-4200	Dr. Thomas Hilsman 2201 Dawson Road 883-1368	Phoebe East 2410 Sylvester Road 312-9220	

Please treat our employee _____ for an on the job injury sustained on _____ in accordance with the Worker's compensation Statute. If possible, please schedule follow-up appointment before or after employee's regular working hours. The medical report and bill for services rendered should be sent to: Dougherty County School System, Benefits Department, P. O. Box 1470, Albany, GA 31702-1470.

Authorized Signature: _____

Date: _____

Note: The Dougherty County School System has a modified duty program which offers work to injured employees. Job descriptions which accommodate the injury will be furnished upon request.

Medical Release (To be completed by the Physician)	
I have examined and treated _____ on _____ (Employee) (Date)	
for _____ (Injury)	
The above employee is hereby released: To return to normal duties	
For modified duty with these restrictions. _____ _____	
Other _____ _____	

Signature _____ (Attending Physician)	_____ (Date)
No Stamped Signatures, Please	
Return Appointment	Date: _____ Time: _____