



Human Resource Management

103 J.N. Efferson Hall
110 LSU Union Square
Baton Rouge, LA 70803
Phone: 225/578/2258
Fax: 225/578/8284
dnehligh@agcenter.lsu.edu

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:

Dolores Nehlig
LSU Agricultural Center
Human Resource Management
103 J.N. Efferson Hall
110 LSU Union Square
Baton Rouge, LA 70803

(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