

EMPLOYER AUTHORIZATION FORM

Employee(s) Name <i>(For multiple employees please attach listing):</i> Click here to enter text.			
Sex : M <input type="checkbox"/> F <input type="checkbox"/>		Date of Birth: Click here to enter a date.	
Employee Phone Number: Click here to enter text.			
Employer Name: Click here to enter text.			
Employer Address: Click here to enter text.		City: Click here to enter text.	State: Click here to enter text.
		Zip: Click here to enter text.	
Supervisor Name: Click here to enter text.		Supervisor Contact: Click here to enter text.	

Pacific Central Coast Health Centers is authorized to perform the services selected on the attached 'Price Sheet' for the above named employee(s).

Please contact the person listed below regarding any questions:

Authorized Personnel: Click here to enter text.		
Signature:	Phone Number:	Date: Click here to enter a date.