**IN CASE OF**

**WORK RELATED INJURY**

1. **Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for a**

**treatment authorization form.**

1. **Go to Brentview Medical. You will receive immediate attention.**

****

|  |  |
| --- | --- |
| **Office Hours** | **After Office Hours** |
| **Monday-Friday: 8:00AM-8:00PM Saturday: 9:00AM-4:00PM**  **Sunday: 9:00AM-4:00PM** | Call 323-522-2222 to have the Physician paged or go to the nearest Emergency Room.(Please follow-up at Brentview Medical) |

**For life threatening emergencies, call 911**