



STATE OF OKLAHOMA

405-522-4436

405-522-4442 (fax)

Authorization for Initial Treatment Form

***** OTC MEDICATION PREFERRED *****

Today's Date: _____

Date of Injury: _____

Injured Body Part: _____

Injured Employee Name: _____

Social Security Number: _____

Person Authorizing Treatment: _____

Authorized Signature: _____

Additional treatment must be authorized by

Gallagher Bassett Client ID #006405

Contact Trent Voth at 405-415-8304 or [Trent Voth@gbtpa.com](mailto:Trent.Voth@gbtpa.com)

Fax medical records or requests for authorization to 844-863-8277

For payment consideration, send all bills with accompanying reports to:

Gallagher Bassett Services, Inc.

PO Box 2831

Clinton, IA 52733-2831

