

MISSOURI UNIVERSITY OF SCIENCE AND TECHNOLOGY  
WORKERS' COMPENSATION REFERRAL FOR MEDICAL CARE

Patient Name: \_\_\_\_\_ Date/Time of Injury: \_\_\_\_\_

Department/Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Injury/Illness: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

Facility: \_\_\_\_\_

\_\_\_\_\_

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**TO BE COMPLETED BY ATTENDING THERAPIST**

Date(s) of Therapy: \_\_\_\_\_

Treatment Rendered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shows Improvement:      Yes      No

Next Appointment Date/s: \_\_\_\_\_

**Referrals For Specialist, PT, or diagnostic testing other than  
x-rays: call Brentwood Services at (636) 812-9913**

\_\_\_\_\_  
Therapist's Signature

Original - Return to Missouri S&T; Copy - Physician; Physician, please FAX to Brentwood Services at (615)724-9446

**All bills for these services to be submitted to:     Brentwood Services Administrators, Inc.  
PO Box 4605  
Chesterfield, MO 63006-4065**