

Initial Treatment Acknowledgment
for the
EMPLOYEE HEALTH SERVICES, GREEN CLINIC
900 N.E. 10th Street, 271-3100
University of Oklahoma Health Sciences Center

Employee's name: Last	First	Middle
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Supervisor's name		Department	
Title	Phone/Extension	E-mail address	Campus address

I am the employee's supervisor or otherwise similarly associated with the employee at the University, and I hereby acknowledge that the employee is employed by the University and that the employee reported a job-related injury or illness and an intention to seek treatment at the Employee Health Services, Green Clinic. At this time and by this document, I am not, on my behalf or on behalf of the University, confirming or denying an injury or illness, admitting liability, or authorizing or approving the provision of medical services.

Supervisor's signature _____ Date _____