



*CareFirst* MEDICAL GROUP

## IN CASE OF A WORK INJURY EN CASO DE UN ACCIDENTE DE TRABAJO

- ◆ **Notify Your Supervisor Immediately!**
- ◆ **Obtain a Signed Treatment Authorization Form**
- ◆ **Notifique Al Supervisor Inmediatamente!**
- ◆ **Obtenga Una Forma Firmada Para Autorizacion De Su Tratamiento**

Go To / Obtenga Atencion En:

*CareFirst* MEDICAL GROUP

3550 East Philadelphia Street, Suite 150  
Ontario, CA 91761

Phone: (909) 773-0022

Fax: (909) 781-6015

Email: [clinical@carefirstmedicalgroup.com](mailto:clinical@carefirstmedicalgroup.com)

Web: [www.carefirstmedicalgroup.com](http://www.carefirstmedicalgroup.com)

**OPEN:**  
Monday – Friday  
8am–7pm

**CLOSED:**  
Saturday/Sunday  
Holidays

For Medical Questions,  
speak with our team at:  
**(909) 773-0022**



**FOR A LIFE THREATENING INJURY ♦ ILLNESS CALL 911**  
**SI SU EMERGENCIA REQUIERE ATENCION INMEDIATAMENTE POR FAVOR LLAME AL 911**

*Focusing on Your CareFirst*