

Concentra

(Patient Must Present Photo ID at Time of Service)

Authorization for Examination or Treatment

Patient Name: _____ Social Security Number: _____

Employer: _____ Date of Birth: _____

Street Address: _____ Location Number: _____

Temporary Staffing Agency: _____

<u>Work Related</u> <input type="checkbox"/> Injury <input type="checkbox"/> Illness Date of Injury _____	<u>Physical Examination</u> <input type="checkbox"/> Preplacement <input type="checkbox"/> Baseline <input type="checkbox"/> Annual <input type="checkbox"/> Exit
<u>Substance Abuse Testing*</u> (check all that apply) <input type="checkbox"/> Regulated drug screen <input type="checkbox"/> Breath Alcohol <input type="checkbox"/> Collection only <input type="checkbox"/> Hair collect <input type="checkbox"/> Non-regulated drug screen <input type="checkbox"/> Rapid drug screen <input type="checkbox"/> Other _____	<u>DOT Physical Examination</u> <input type="checkbox"/> Preplacement <input type="checkbox"/> Recertification
	<u>Special Examination</u> <input type="checkbox"/> Asbestos <input type="checkbox"/> Respirator <input type="checkbox"/> Audiogram <input type="checkbox"/> Human Performance Evaluation* <input type="checkbox"/> HAZMAT <input type="checkbox"/> Medical Surveillance Other _____
<u>Type of Substance Abuse Testing</u> <input type="checkbox"/> Preplacement <input type="checkbox"/> Reasonable cause <input type="checkbox"/> Post-accident <input type="checkbox"/> Random <input type="checkbox"/> Follow-up	<u>Billing (check if applicable)</u> <input type="checkbox"/> Employee to pay charges

Special instructions/comments: _____

*Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Authorized by: _____ Title: _____
Please print

Phone: _____ Date: _____

Concentra now offers urgent care services for non-work related illness and injury. We accept many insurance plans.

(Copies of this form are available at www.concentra.com)