



(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: \_\_\_\_\_

### Work Related

☐ Injury ☐ Illness

Date of Injury \_\_\_\_\_

### Substance Abuse Testing<sup>★</sup> (check all that apply)

☐ Regulated drug screen ☐ Breath Alcohol

☐ Collection only ☐ Hair collect

☐ Non-regulated drug screen ☐ Rapid drug screen

☐ Other \_\_\_\_\_

### Type of Substance Abuse Testing

☐ Preplacement ☐ Reasonable cause

☐ Post-accident ☐ Random

☐ Follow-up

Special instructions/comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized by: \_\_\_\_\_

Please print

Phone: (\_\_\_\_\_) \_\_\_\_\_

### Physical Examination

☐ Preplacement ☐ Baseline ☐ Annual ☐ Exit

### DOT Physical Examination

☐ Preplacement ☐ Recertification

### Special Examination

☐ Asbestos ☐ Respirator ☐ Audiogram

☐ Human Performance Evaluation<sup>★</sup>

☐ HAZMAT ☐ Medical Surveillance

☐ Other \_\_\_\_\_

### Billing (check if applicable)

☐ Employee to pay charges

★ 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.

Title: \_\_\_\_\_

Date

Concentra now offers immediate care services for non-work related illness and injury.

We accept many insurance plans.

(Copies of this form are available at [www.concentra.com](http://www.concentra.com))