



(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\* (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\*

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 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](http://www.concentra.com))