

(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	Physical Examination
□ Injury □ Illness	☐ Preplacement ☐ Baseline ☐ Annual ☐ Exit
Date of Injury	DOT Physical Examination
Substance Abuse Testing* (check all that apply)	☐ Preplacement ☐ Recertification
☐ Regulated drug screen ☐ Breath alcohol	Special Examination
☐ Collection only ☐ Hair collect	□ Asbestos □ Respirator □ Audiogram
☐ Non-regulated drug screen ☐ Rapid drug screen	☐ Human Performance Evaluation*
☐ Other	☐ HAZMAT ☐ Medical Surveillance
Type of Substance Abuse Testing	☐ Other
☐ Preplacement ☐ Reasonable cause	Billing (check if applicable)
☐ Post-accident ☐ Random	☐ Employee to pay charges
☐ Follow-up	
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:Please print	Title:
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)



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Pinnacle requires the following 14 panel screening:

The following drugs were tested:

AMPHETAMINES

BARBITURATES

BENZODIAZEPINES

COCAINE METABOLITES

MARIJUANA METABOLITES

METHADONE

MOA-ANALOGUES

OPIATES

6-ACETYLMORPHINE

OXYCODONES

PHENCYCLIDINE

PROPOXYPHENE

Please feel free to contract me if you should have any further questions or concerns.

Thank you

Mary C. Halerz
Office Manager