



# CORPORATE HEALTH Authorization Form

Patient Name:

Employer Name:

Employer Address:

Employer Phone Number:

Fax:

Authorized by:

Print Name

Signature

Date/Time:

Please Check Each Service Requested:

<b>Work-Related Injury/Illness</b>	<input type="checkbox"/> Specify Body Part: _____ If this incident is deemed not work-related, the authorizing organization will be responsible for charges prior to written notification.
<b>Drug Screening</b>	<input type="radio"/> DOT <input type="radio"/> NON-DOT <input type="checkbox"/> Pre-placement <input type="checkbox"/> Post Accident <input type="checkbox"/> Witnessed/Observed <input type="checkbox"/> Follow-Up <input type="checkbox"/> Random <input type="checkbox"/> Employee Paid <input type="checkbox"/> Return to Work
<b>Alcohol Screening</b>	<input type="radio"/> DOT <input type="radio"/> NON-DOT <input type="checkbox"/> Pre-placement <input type="checkbox"/> Post Accident <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Follow-Up <input type="checkbox"/> Random <input type="checkbox"/> Employee Paid
<b>Physical Exam</b>	<input type="radio"/> DOT <input type="radio"/> NON-DOT <input type="checkbox"/> Pre-placement <input type="checkbox"/> Periodic/Annual <input type="checkbox"/> Respiratory Clearance <input type="checkbox"/> Employee Paid <input type="checkbox"/> Return to Work <input type="checkbox"/> Other: _____
<b>Immunization</b>	<input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Flu <input type="checkbox"/> Td <input type="checkbox"/> Tdap <input type="checkbox"/> Other _____ <input type="checkbox"/> Employee Paid
<b>Other</b>	<input type="checkbox"/> PFT <input type="checkbox"/> Audiometry <input type="checkbox"/> Other _____ <input type="checkbox"/> TB <input type="checkbox"/> Employee Paid

Patients under 18 years of age need written parental authorization for physicals, injury treatment and/or injections.

If your condition worsens, call the treating center. If your injury/illness requires emergency treatment, contact your employer for instructions and authorization to treat at an emergency room.

All return visits should be scheduled at **Urgent Specialists at 14169 Manchester Road, Manchester, MO 63011 T.636-220-1470 F. 636-220-1468**