URGENT SPECIALISTS

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:

Work-Related Injury/Illness	☐ **Specify Body Part:** _____ **If this incident is deemed not work-related, the authorizing organization will be responsible for charges prior to written notification.**
Drug Screening	○ **DOT** ○ **NON-DOT** ☐ Pre-placement ☐ Post Accident ☐ Witnessed/Observed ☐ Follow-Up ☐ Random ☐ Employee Paid ☐ Return to Work
Alcohol Screening	○ **DOT** ○ **NON-DOT** ☐ Pre-placement ☐ Post Accident ☐ Reasonable Suspicion ☐ Follow-Up ☐ Random ☐ Employee Paid
Physical Exam	○ **DOT** ○ **NON-DOT** ☐ Pre-placement ☐ Periodic/Annual ☐ Respiratory Clearance ☐ Employee Paid ☐ Return to Work ☐ Other: _____
Immunization	☐ Tdap ☐ Other _____ ☐ Flu ☐ Employee Paid
Other	☐ PFT ☐ Audiometry ☐ Other _____ ☐ TB ☐ 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 2120 W. Ina Road, Suite 100, Tucson, AZ 85741 T.(520) 395-0471 F. (520) 989-0573**