



(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 \_\_\_\_\_

### Physical Examination

Preplacement     Baseline     Annual     Exit

### Substance Abuse Testing\* (check all that apply)

Regulated drug screen     Breath alcohol

Collection only     Hair collect

Non-regulated drug screen     Rapid drug screen

Drug Free Workplace

Other \_\_\_\_\_

### DOT Physical Examination

Preplacement     Recertification

### Special Examination

Asbestos     Respirator     Audiogram

Human Performance Evaluation\*

HAZMAT     Medical Surveillance

Other \_\_\_\_\_

### Type of Substance Abuse Testing

Preplacement     Reasonable cause

Post-accident     Random

Follow-up

### Billing (check if applicable)

Employee to pay charges

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/immediate medical 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))