



Authorization of Services

Name: _____

Employer: _____

Appointment date: _____ Time: _____

(Photo ID required at appointment.)

Service Requested:

Injury/illness treatment Date of injury: _____

Physical exam

DOT Non-DOT

Drug screen Breath alcohol

DOT Non-DOT Rapid

Reason for drug screen/breath alcohol:

Pre-employment Random Post-accident Reasonable cause Follow-up

Other: _____

Authorized by: _____

Locations:

Toledo

ProMedica Wildwood Medical Center

2865 N. Reynolds Rd., Suite 142

Toledo, Ohio 43615

419-291-5517

Fax: 419-479-3263

Fremont

ProMedica 360Health

Formerly ProMedica HealthLink

Herbert – Perna Center for Physical Health

710 Cleveland Ave.

Fremont, Ohio 43420

419-334-6657

Fax: 419-334-6637

Monroe

ProMedica 360Health

Formerly ProMedica Monroe Corporate Connection

901 N. Macomb St., Suite 1

Monroe, Michigan 48162

734-240-4150

Fax: 734-240-4170

Greenville

ProMedica 360Health

Formerly ProMedica HealthLink

716 Sweitzer St.

Greenville, Ohio 45331

937-547-0175

Fax: 937-548-0451

All locations are open 8 a.m. – 4:30 p.m.