(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 ____________________

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 ____________________

Type of Substance Abuse Testing

☐ Preplacement ☐ Reasonable cause

☐ Post-accident ☐ Random

☐ Follow-up

Special instructions/comments: ____________________

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Physical Examination

☐ Preplacement ☐ Baseline ☐ Annual ☐ Exit

DOT Physical Examination

☐ Preplacement ☐ Recertification

Special Examination

☐ Asbestos ☐ Respirator ☐ Audiogram

☐ Human Performance Evaluation*

☐ HAZMAT ☐ Medical Surveillance

☐ Other ____________________

Billing (check if applicable)

☐ Employee to pay charges

★ 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: ____________________ Title: ____________________
Please print

Phone: (______) ____________________ ____________________
Date

Concentra now offers urgent/immediate medical care services for non-work related illness and injury.
We accept many insurance plans.

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