MedNOW
Walk-in Urgent Care Center

AUTHORIZATION FOR EXAMINATION OR TREATMENT

PATIENT NAME _____

SS# _____-____-_____ _____DATE OF BIRTH_____

Work Related

☐ Injury ☐ Illness

Date of Injury_____ Type of Injury _____

Substance Abuse Testing

☐ 5 Panel Drug Screen ☐ 10 Panel Drug Screen ☐ DOT Drug Screen

☐ Breath Alcohol ☐ Breath Alcohol DOT

☐ Collection Only Other _____

Type of Substance Abuse Testing

☐ Pre-placement ☐ Reasonable Cause ☐ Post Accident

☐ Random ☐ Periodic ☐ Follow-up

Physical Examination

☐ Pre-placement ☐ Baseline ☐ Annual

☐ Return to Duty MUST HAVE MEDICAL RECORDS FOR THIS

DOT Physical Examination

☐ Pre-placement ☐ Re-Certification

Special Examination

☐ Physical Capacity Profile ☐ Asbestos ☐ PFT/MASK FIT

☐ Other _____

Authorized by: _____

Signature

Date: _____ Company _____