

# Concentra®

(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 \_\_\_\_\_     Preplacement     Baseline     Annual     Exit

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

**Physical Examination**

Preplacement     Baseline     Annual     Exit

**DOT Physical Examination**

Preplacement     Recertification

**Special Examination**

Asbestos     Respirator     Audiogram

Human Performance Evaluation\*

HAZMAT     Medical Surveillance

Other \_\_\_\_\_

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

**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: \_\_\_\_\_ 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.

(Copies of this form are available at [www.concentra.com](http://www.concentra.com))