



(Patient must present Authorization and Photo ID at the time of service.)

Authorization for Examination or Treatment

Patient Name: _____ Social Security Number: _____

Employer: Central State Community Services, Inc. Date of Birth: _____

Street Address: 2603 W. Waverly St
Ste. 201; Midland, MI 48640 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

Other _____

Type of Substance Abuse Testing

Preplacement Reasonable cause

Post-accident Random

Follow-up

Special instructions/comments:

Physical Examination

Preplacement Baseline Annual Exit

DOT Physical Examination

Preplacement Recertification

Special Examination

Asbestos Respirator Audiogram

Human Performance Evaluation*

HAZMAT Medical Surveillance

Other TB Test

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: Kari Conner

Please print

Phone: 989-631-6691

Title: Human Resources Manager

Date

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

(Copies of this form are available at www.concentra.com)