



# URGENT CARE

YOUR DEPENDABLE URGENT CARE

2265 South Linden Road.

Flint, MI 48532

Phone: 810-720-8700 Fax: 810-720-3393

## AUTHORIZATION FOR EXAMINATION OR TREATMENT

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Work Related: \_\_\_\_\_  
 \_\_\_\_\_ Call me at (\_\_\_\_) \_\_\_\_\_ after  
 employee is seen by the physician.

\_\_\_\_ Injury  
 (Specify) \_\_\_\_\_

\_\_\_\_ Substance Abuse Drug Screen  
 Type: \_\_\_\_DOT \_\_\_\_Non-DOT

Physical Exam:  Post Offer/Pre-Hire  
 DOT (Initial/Recent)  
 Dept. of Education  
 Return to Work  
 Baseline Haz Mat  
 Annual Haz Mat  
 Exit Haz Mat

Other Tests: \_\_\_\_\_  
 Audiogram  
 Back Evaluation  
 Chest X-Ray  
 EKG  
 Essential Job Function  
 Hepatitis B Vaccine  
 Hepatitis B Antibody Titre  
 PPD (TB Test)  
 Pulmonary Function Test (PFT)  
 Respiratory Evaluation  
 Tetanus  
 Lab Collection

Reason: \_\_\_\_\_  
 Post Offer/Pre-Hire  
 Post Injury (Non-DOT Work Comp)  
 Post Accident (DOT Work Comp)  
 Reasonable Cause  
 Random  
 Periodic  
 Follow Up  
 Evidential Breath Test (Breath/Alcohol)

Special Instructions (Please Print)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Authorized By: *Kari Conner*  
 (Signature)

Kari Conner  
 (Print)

Phone: 989-631-6691 Date: \_\_\_\_\_ Title: H.R. Manager

Billing Address and Contact: \_\_\_\_\_

Consent for Release of Information:  
 I hereby authorized Genesee Urgent Care, its physicians, nurses, clerical staff, technicians, and laboratories to release any information pertinent to this specific injury/illnesses and or physical examination and/or drug or alcohol screen results to my Employer, Prospective Employer, Employer's Medical Review Officer or Third Party Administrator.  
 In addition, I hereby release Genesee Urgent Care, it's physicians, nurses, clerical staff, technicians, and laboratories from any and all claims of actions resulting from the disclosure of these results.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_